

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



**Homeland
Security**

AUDIT DATES

From:	12/05/2023	To:	12/07/2023
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AUDITOR INFORMATION

Name of auditor:	Ronnie Kidwell	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	409-866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	Atlanta
Field Office Director:	Sean Ervin
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	180 Ted Turner Drive SW Atlanta, GA 30303

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Stewart Detention Center
Physical address:	146 CCA Road Lumpkin, Georgia 31815
Telephone number:	239-838-5000
Facility type:	Dedicated Inter-governmental Service Agreement
PREA Incorporation Date:	9/26/2014

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	239-838-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	239-838-(b) (6), (b) (7)(C)

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 Stewart Detention Center (SDC) was conducted on December 5 – 7, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Ron Kidwell employed by Creative Corrections, LLC, assisted by (b) (6), (b) (7)(C), Assistant Program Manager (APM). The lead 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 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. SDC is operated by Core Civic and is in Stewart County, Georgia. The audit period is from May 27, 2021, through December 7, 2023. This is the facility's third PREA audit. Team Lead (TL) (b) (6), (b) (7)(C) from OPR ERAU provided the completed Pre-Audit Questionnaire (PAQ), along with supporting documents and policies for the SDC on the secure ERAU SharePoint site approximately two weeks prior to the audit. The provided information included policies, memorandums of understanding (MOUs), training records and curricula, facility schematics, and a multitude of other related documentation and materials used to determine compliance with the DHS PREA standards. The main policy that governs SDC PREA Program is 14-2-DHS Sexual Abuse Prevention and Response. The current Warden was appointed in October 2023, therefore, the memorandums provided as part of the PAQ were issued by the Acting Warden to explain this reference in this report.

The SDC reported that they have 20 ICE Enforcement and Removal Operations (ERO) Officers assigned to their facility. On November 30, 2023, the Auditor emailed the ICE OPR Personnel Security Operations (PSO) Unit and Team Lead with a background clearance form that listed four ICE ERO officers, six CoreCivic security officers, and three medical staff. The Auditor received a response the same day from the PSO providing the requested information.

During the Pre-Audit, the lead Auditor identified possible gaps or issues that needed to be followed up on and in some cases requested additional information on an Issue Log. The log is used to outline requests for response to questions that need to be clarified during the audit process. The lead Auditor submitted his Issue Log on December 3, 2023, to the Team Lead for further assistance from the facility. The Issue Log contained 13 requests for additional information. The Team Lead was able to facilitate this need and the facility indicated that they would make the additional information available during the onsite portion of the audit. The lead Auditor also reviewed the Agency website (www.ice.gov/prea) and the facility website (<https://www.corecivic.com/facilities/stewart-detention-center>). No correspondence was received from any detainee, outside individual, or staff member.

SDC takes custody of detainees who are pending immigration review, transportation to another ICE facility or deportation. The facility also has four Immigration Courtrooms and court proceedings are held during the regular work week. The facility houses adult male and female detainees with low, medium, and high custody levels. The facility does not house juveniles or family units. The facility reported that 8879 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 61 days. According to the PAQ, the top three nationalities processed through SDC are from Mexico, Guatemala, and Honduras. On the first day of the audit the facility reported 1,449 detainees housed at the facility, consisting of 188 females and 1261 males. The facility is comprised of one building with seven housing units. The facility also has an intake processing center with four holding areas that surround the booking/processing desk. This allows the facility to process male and female detainees separately. The facility is further comprised of an administrative segregation unit, an infirmary, outside recreation yard, dining hall,

kitchen, library, four courtrooms, and laundry room. Units 1-3 are comprised of 5 housing pods each capable of holding between 40 to 60 detainees. These pods are open bay/dormitory housing units. Units 4-6 are three multiple occupancy cell housing pods capable of holding up to 90 detainees each. Unit 7 consists of 2 pods and is the facility's restricted housing unit. Each pod is equipped with 40 segregation cells. The infirmary contains 4 negative pressure rooms, 4 medical/observation cells and 11 exam rooms.

On December 5, 2023, at approximately 8:15 a.m., the lead Auditor met with facility staff and proceeded to the facility conference room where the in-briefing was conducted by the Auditor and ERAU Team Lead [REDACTED]. Those in attendance were:

(b) (6), (b) (7)(C) Warden, Officer in Charge (OIC), SDC
(b) (6), (b) (7)(C) Assistant Warden (AW), SDC
(b) (6), (b) (7)(C) Prevention of Sexual Assault (PSA) Compliance Manager, SDC
(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE/ERO
(b) (6), (b) (7)(C) Facility Investigator, SDC
(b) (6), (b) (7)(C) Health Services Administrator (HSA), SDC
(b) (6), (b) (7)(C) Assistant Health Services Administrator (AHSA), SDC
(b) (6), (b) (7)(C) CoreCivic, PREA Coordinator
(b) (6), (b) (7)(C) Unit Manager, SDC
(b) (6), (b) (7)(C) Unit Manager, SDC
(b) (6), (b) (7)(C) Unit Manager, SDC
(b) (6), (b) (7)(C) Restrictive Housing Supervisor, SDC
(b) (6), (b) (7)(C) Unit Manager, SDC
(b) (6), (b) (7)(C) Unit Manager, SDC
(b) (6), (b) (7)(C) Human Resources Manager, (HRM), SDC
(b) (6), (b) (7)(C) Classification Supervisor, SDC
(b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU
(b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU
(b) (6), (b) (7)(C) APM, Certified DOJ/DHS Auditor, Creative Corrections, LLC
Ron Kidwell, Certified DOJ/DHS Auditor, Creative Corrections, LLC

The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next three days. Soon after the conclusion of the meeting the lead Auditor began the facility tour accompanied by the Warden, Assistant Warden, PSA Compliance Manager, ERAU Team Lead and each Unit Manager. The support Auditor began compiling lists of detainees to be interviewed and conducted the detainee file reviews while the Lead Auditor was on the facility tour. The tour took approximately four hours and covered the entire facility where an ICE detainee would have access and be housed. The lead Auditor observed both male and female housing units, the intake area, library, infirmary, recreation yard, sallyport, control room, and restricted housing unit. During the tour, the lead Auditor looked at camera placements for possible blind spots and detainee to officer ratio in accordance with the housing dorms capacity occupancy and found them to be adequate. The lead Auditor looked at how the toilets and shower areas were configured and determined that detainees are able to change clothes, shower, and use the restroom without being viewed by opposite-gender staff. The lead Auditor noted the number of phones in each housing dorm and that the advocacy information along with the outside reporting entity contact information was readily available in the housing areas. The posters 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. The lead Auditor was able to observe the detainee intake process area. Detainees are brought into the sallyport area, and a pat-down search is conducted. Once the pat-down search is completed, detainees are placed in a holding cell and processed one at a time. At the intake desk the detainee is 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.

The lead Auditor also conducted multiple test calls to the outside entities which included the DHS OIG in an attempt to prove the effectiveness of the facility's practice. This call was completed successfully. The lead Auditor also tested the facility's internal PREA hotline service that immediately resulted in the notification to both the Assistant Warden and PSA Compliance Manager. At the conclusion of the onsite audit the lead Auditor was also successful in contacting the facility's sexual abuse advocate through the detainee phone system. SDC has (b) (7)(E) located throughout all areas of the facility. The cameras run 24/7 and video footage is stored for up to 60 days on an external hard drive before deletion. SDC employs 305 security officers (71 male and 234 female) with the remaining staff consisting of administrative, management, food service and support staff. Medical and mental health services are provided by CoreCivic and consists of 62 medical staff and 6 mental health staff.

Immediately following the facility tour, the lead Auditor began privately interviewing staff in an office room located in the administrative hallway. The 12 officers interviewed were randomly selected by the lead Auditor using the daily duty roster provided by the PSA Compliance Manager. The lead Auditor chose staff working different assignments, and with different levels of experience. The lead Auditor also made sure interviews were conducted with the appropriate number of female staff that corresponded with the daily duty roster. Over the 3-day period, the lead Auditor conducted a total of 27 interviews, including 18 specialized positions and 12 randomly selected officers. Listed below is the sample of specialized staff positions that were interviewed: 1-Warden, 1-PSA Compliance Manager, 1-HRM, 1-investigator, 1-medical staff member, 1-mental health staff member, 1-Training Supervisor, 1-Grievance Coordinator, 1-Intake Officer, 1-first line supervisor, 1-Classification Officer, 1-non-security first responder; 1-retaliation monitor; 1-incident review team member, 2-Trinity (food service) contractors, and 2-Transcor (detainee transportation) contractors. The support Auditor interviewed a total of 39 detainees, (22-female/17-male). All detainees were interviewed using questions based on the Random Detainee interviews with 32 being asked questions from a targeted questionnaire. A total of 42 targeted questionnaires were administered as several detainees qualified for more than one targeted survey. The support Auditor used the language line service contracted with Creative Corrections for all LEP interviews; however, that service did not have a Wolof interpreter available, so the support Auditor used the facility's contracted service to conduct interviews with two Wolof speaking detainees. The lead Auditor requested that the Team Lead ask the PSA Compliance Manager to provide the Auditors with a predetermined list of investigations, detainee files, and employee files selected by the Auditors. Those files consisted of 10 employee files, 32 detainee files, and 11 investigative files.

On Thursday, December 7, 2023, an exit briefing was held at approximately 2:30 p.m. in the facility conference room to discuss the audit findings. ERAU Team Lead (b) (6), (b) (7)(C) opened the meeting and then turned it over to the lead Auditor for an overview of the findings. The following individuals were in attendance:

- (b) (6), (b) (7)(C) Warden/OIC, SDC
- (b) (6), (b) (7)(C) AW, SDC
- (b) (6), (b) (7)(C) PSA Compliance Manager, SDC
- (b) (6), (b) (7)(C) Deportation Officer (DO), ICE/ERO,
- (b) (6), (b) (7)(C) Facility Investigator, SDC
- (b) (6), (b) (7)(C) HSA, SDC
- (b) (6), (b) (7)(C) AHSA, SDC
- (b) (6), (b) (7)(C) CoreCivic, PREA Coordinator,
- (b) (6), (b) (7)(C) Unit Manager, SDC
- (b) (6), (b) (7)(C) Unit Manager, SDC
- (b) (6), (b) (7)(C) Unit Manager, SDC

(b) (6), (b) (7)(C) Restrictive Housing Supervisor, SDC
(b) (6), (b) (7)(C) Unit Manager, SDC
(b) (6), (b) (7)(C) Unit Manager, SDC
(b) (6), (b) (7)(C) HRM, SDC
(b) (6), (b) (7)(C) Classification Supervisor, SDC
(b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C) APM, Certified DOJ/DHS Auditor, Creative Corrections, LLC,
Ron Kidwell, Certified DOJ/DHS Auditor, Creative Corrections, LLC

The Auditors thanked everyone present and the entire staff at the SDC for their cooperation, professionalism, and hospitality during the audit. The lead Auditor advised those in attendance that he would be unable to provide them with the final audit findings until performing a triangulation of all information collected (policy, interviews, observations) to determine if each standard is met before making a final determination.

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: 0

Number of Standards Met: 40

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 - Hiring and promotion decisions
- §115.18 - Upgrades to facilities and technologies
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 - Staff Training
- §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: 1

- §115.14 - Juvenile and family detainees

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 has mandated zero-tolerance towards all forms of sexual abuse. Such conduct is prohibited by this policy and will not be tolerated; to include Detainee-on-Detainee Sexual Abuse and Employee-on- Detainee Sexual Abuse. 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. It is CoreCivic's policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse. Alleged victims of sexual abuse will be provided a supportive and protective environment." During the onsite audit the lead Auditor observed the DHS sexual assault awareness notice in the male and female housing and processing areas, mess hall area, laundry room, visitation area, medical unit, segregation unit and all common areas. Interviews with 23 CoreCivic staff, 2 food service staff, 1 medical staff, and 1 mental health 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 memorandum dated March 1, 2023, written by the AFOD confirmed the agency has reviewed and approved its PREA policy.

(d): Policy 14-2-DHS states, "The facility shall designate a Prevention of Sexual Assault (PSA) Compliance Manager who shall serve as the facility point-of-contact for the local ICE field office and ICE PSA Coordinator. The 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 lead Auditor reviewed the organizational chart and observed the PSA Compliance Manager reports directly to the Assistant Warden who answers directly to the Warden. An interview with the PSA Compliance Manager confirmed he is the point of contact for the facility and Agency PSA Coordinator. In addition, the PSA Compliance Manager confirmed he 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, SDC has a total of 305 security staff, consisting of 71 males and 234 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 62 medical and 6 mental health staff employed by CoreCivic. SDC has 4 security staff squads that consists of two day and two night 12-hour shifts: 7:00 a.m. - 7:00 p.m., and 7:00 p.m. - 7:00 a.m. This allows for 24-hour continuous coverage. The lead Auditor observed appropriate staffing levels in the 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 pan, tilt, and zoom (PTZ) functionality. Cameras are continuously monitored by staff members assigned to Central Control that covers cameras located in the (b) (7)(E) (b) (7)(E), (b) (7)(E), (b) (7)(E), (b) (7)(E), and in (b) (7)(E). Camera views that had direct line of sight to a toilet were pixilated with a colored box over the area preventing opposite gender viewing and providing detainees privacy while performing bodily functions. During the onsite audit, the lead Auditor observed adequate cameras within the housing units and found there were no direct camera views (b) (7)(E) areas. 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 lead Auditor’s review that confirmed all policies and post orders have been reviewed on an annual basis. The facility further submitted an Annual Sexual Abuse and Assault Prevention and Intervention (SAAPI) Staffing Plan Assessment for 2023. The completed assessment 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 lead Auditor reviewed 11 sexual abuse incident reviews when conducting the investigative file review, 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.

(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.” In addition, policy PO-00 Post Orders states, "Employees are prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility." During the onsite audit the lead 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 12 random staff 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): The facility provided a memorandum written by the Acting Warden dated September 13, 2023, indicating the facility does not house juveniles. According to the PAQ and interviews with the Warden, PSA Compliance Manager and 12 random security staff, SDC 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.” The facility provided a memorandum dated September 13, 2023, written by the Acting Warden indicating there had been no instances during the audit period where SDC staff had conducted a cross-gender pat-down search. The lead Auditor interviewed 12 security officers (4-male and 8-female). During officer interviews, both male and female staff conveyed they are aware that only male officers may conduct pat searches of male detainees, and female officers only pat search female detainees barring any extenuating circumstances which would have to be documented. They all indicated that they had never experienced a situation where there was a need or exigent circumstance to search a detainee of the opposite gender. However, they reported if an incident occurred it would be immediately documented. It should be noted that the female housing units are supervised by gender specific female officers.

(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 copies of their strip search log for the previous 12-month period. The log listed 33 strip searches being conducted during that time period. The log listed the detainee's name, the officer conducting the search which indicated same gender searches occurred, supervisor authorizing the search, date and time, reason for the search and results of the search. All 33 searches were conducted for the reason of a detainee being actively suicidal. During officer interviews, both male and female staff conveyed they are aware that only male officers may conduct strip searches of male detainees, and female officers strip search female detainees, barring any extenuating circumstances which would have to be documented. They all indicated that they had never experienced a situation where there was a need or exigent circumstance to search a detainee of the opposite gender or to conduct a visual body cavity search. The medical staff member indicated that medical staff would not perform a strip

search or body cavity search. If a body cavity search were necessary, that detainee would be sent out to the local hospital for the search to be conducted. The facility does not accept or house juvenile ICE detainees. In addition, the facility provided a memorandum dated September 13, 2023, written by the Acting Warden indicating there had been no instances during the audit period where SDC staff had conducted a cross-gender strip-search or cross-gender visual body cavity search.

(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.” During the onsite audit the lead Auditor observed staff of the opposite gender announce their presence upon entry in the housing units. Interviews with 12 security staff confirmed they are aware of this policy, and all stated they do announce their presence or the presence of other staff when entering a unit of opposite gender. Interviews with all 39 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): SDC 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, “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.” 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 12 security staff confirmed that cross gender strip, body cavity searches or searches to determine the detainee’s genital status are not allowed. Interviews further confirmed all 12 security staff had received training on proper pat down searches to include cross-gender pat down searches and searches of transgender and intersex detainees. The facility provided the training course curriculum and staff attendance records as proof of training. The lead Auditor also reviewed 10 staff files that indicated those staff members had received the training.

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 lead Auditor observed the ICE Detention Reporting and Information Line (DRIL) posters, the DHS-prescribed SAA Information pamphlet in English and Spanish, Lilly Pad SANE Centro Inc. 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 confirmed that all languages for the ICE National Detainee Handbook and the SAA Information pamphlet are available on a facility shared drive and available for printing to distribute to detainees as needed. The lead Auditor observed intake staff utilizing the language line (Voyce Inc.) to interpret information into the detainee’s preferred language should the detainee speak a language other than English. Should a detainee have a cognitive disability, intake staff stated they would speak slower, communicate with the detainee using words the detainee could understand or request assistance from medical staff. 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 12 security staff confirmed that majority of them 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 necessary and appropriate. Twenty-eight detainees interviewed were LEP. The support Auditor used the language line service contracted with Creative Corrections for all LEP interviews; however, that service did not have a Wolof interpreter available, so the support Auditor used the facility’s contracted service to conduct interviews with two Wolof speaking detainees. Four detainees stated they didn’t receive the SA-API information or National Detainee Handbook during intake. The support Auditor reviewed all four files which were well documented that an interpreter was used to provide the information and the detainee signed receiving the information. Through the assistance of an interpreter using the Creative Corrections contracted language line service, the detainees explained that when they first arrived at the facility, staff used an interpreter service to communicate over the phone. The detainees also stated that they were provided a facility handbook and ICE National Detainee Handbook in a language they could understand. The detainees also acknowledged awareness of the PREA posters displayed in the housing units on the walls.

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 lead Auditor reviewed 10 staff files and confirmed that all had received a background check prior to employment and the required 5-year background investigations excluding those staff members that had not been employed within that 5-year period. The lead Auditor additionally reviewed three contractor files which also had the required background investigations completed. SDC staff files also confirmed through employee 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 confinement setting 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 when acknowledging the review of their PREA policy 14-2-DHS. Interview with the HRM 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 HRM also confirmed that SDC would share any lawful relevant information on substantiated allegations of sexual abuse involving a former employee applying to a different institutional employer once a release of information form was received from the requester. A background investigation form for security staff, ICE staff and medical staff was 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: Meets Standard

Notes:

(a)(b): Policy 14-2-DHS states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the company's ability to protect detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations form." The policy further states that, "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect detainees from sexual abuse. Such considerations shall be documented on the 7-1B PREA Physical Plant Considerations form." 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, the facility has policy to address this standard and provide guidance if or when the designing or acquiring any new facility or planning and substantial expansion or modification of the existing facility.

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 lead Auditor was provided with documentation that ICE has reviewed facility policy. The SDC provided an MOU with the Lily Pad SANE Center in Albany, Georgia. This MOU acknowledges the services requested regarding advocacy and medical forensic examinations to detainees housed in the SDC. The lead Auditor contacted the Lily Pad Center and spoke to the Director who informed the lead Auditor that they provide advocacy and SANE examinations to incarcerated detainees housed at the SDC. The Director also confirmed that her agency would provide those services that are listed in the SDC policy. The Director informed the lead Auditor that, if necessary, a forensic medical examination (FME) would be performed by a SANE nurse from the Lily Pad Center at their facility in Albany Georgia. The Director stated that they have an exam area within her facility where the procedure is conducted. The Director confirmed that those services are offered 24 hours a day 365 days a year because she always has SANE nurses on-call. When interviewing the PSA Compliance Manager, he indicated that they provide detainee victim advocacy through the Lily Pad Center and that all contact information is made available to the detainees at the facility; additionally, he confirmed detainee victims would be taken to the Lily Pad Center facility for a SANE examination. The PSA Compliance Manager and facility investigator confirmed that Stewart County Sheriff’s Office (SCSO) would conduct criminal investigations. The lead Auditor reviewed an MOU between the SDC and SCSO that requested the SCSO follow the requirements of subsections (a) through (d) of the standard. During the interview with a medical staff member, she confirmed that the detainee’s consent is required for the FME. The facility reported one incident of sexual abuse, that required an FME. The lead Auditor reviewed this investigative case file and noted the allegation was criminally investigated by the SCSO and the SANE examination was provided by the Lily Pad Center.

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 SCSO 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.” 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 confirmed 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 lead Auditor reviewed the agency website (<https://www.ice.gov/prea>) and the facility website, (<https://www.corecivic.com/facilities/stewart-detention-center>) and confirmed the agency website includes the agency’s investigative protocol and the facility website also includes verbiage through their downloaded PREA policy that all allegations of sexual abuse will be investigated. Interviews with the Warden and facility 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. The lead Auditor reviewed 11 investigative files and documented that ICE was notified in all 11 cases and the SCSO was notified in 10 of the 11 investigative case files.

Recommendation: The lead Auditor recommends that the SDC update the PREA policy DHS-14.2 on their website to the most current available version of that policy.

Corrective Action:

No corrective action needed.

§115.31 - Staff Training

Outcome: Meets 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. 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. How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees. Instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and instruction on documentation and referral procedures of all allegations or suspicion of sexual abuse and or assault.” 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 SDC provided the PREA training

curricula in a PowerPoint format for the lead Auditor's review which included all the required elements of training along with training rosters identifying all officers, medical, and mental health staff received the initial PREA training. The facility also provided PREA policy refresher training histories for these employees and the "Acknowledgement of Training" PREA forms signed and dated by SDC staff that is placed into the employee's personnel file. The lead Auditor reviewed 11 employee files during the document review phase and confirmed that all files that were reviewed contained evidence of the initial PREA employee training and annual refresher training. This information was confirmed and provided by the Training Supervisor during the onsite audit and during the interview. During the staff interviews, 10 officers were asked if they had received PREA training and when it occurred. All officers indicated that they had received the training during their initial training and the policy refresher during annual in-service training. Additionally, the lead Auditor interviewed two ICE staff that confirmed that they had received training within the past year. At the initial PREA audit entry briefing, the AFOD provided the lead Auditor with all her staff's PREA training certificates of completion.

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 SDC provided a PowerPoint presentation (Overview of Facility) that contained information regarding their zero-tolerance policy and the ways to report sexual abuse along with how to detect, respond to and prevent sexual abuse. The Training Supervisor was asked during her interview if contractors and volunteers that have contact with detainees are provided with the agency's zero-tolerance policy and how to report sexual abuse. The Training Supervisor indicated that volunteers and contractors receive the training prior to providing any services. The facility also provided signed PREA training log sheets and certificates of completion for both contractors and volunteers. The lead Auditor interviewed four contractors who confirmed that they had received the PREA training and that they receive annual refresher training. The lead Auditor reviewed the training records for two contractors confirming their PREA training had been completed. An interview with the PSA Compliance Manager also confirmed volunteers and contractors are required to complete PREA training prior to performance of their duties.

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 14-2-DHS further states, "The facility shall make available and distribute the DHS-prescribed "Sexual Assault Awareness Information" pamphlet." During the onsite audit the lead Auditor observed the intake process which included providing to each detainee written material and a video. Information was given to the detainee in their preferred language. The lead 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 Lily Pad Center advocate displayed in the intake area and in the housing units. Interviews with 39 detainees and review of 32 detainee files confirmed that all received notification of the zero-tolerance policy and written materials during the intake process. The files reviewed 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 and the preferred language was documented on the outside of each detainee folder.

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 lead Auditor interviewed the facility investigator who would be responsible for conducting an administrative investigation if directed. The facility investigator was asked if he had received specialized training on investigating sexual abuse in a confinement setting. The investigator stated that he had received that training through the National Institute of Corrections (NIC) online platform. The lead Auditor asked what was taught in the online NIC investigator training and he indicated that the training covered investigative techniques, evidence collections, Miranda, Garrity, and all aspects to investigating sexual abuse in a confinement setting. The investigator also indicated that he had previously received training regarding cross-agency coordination concerning sexual abuse allegations made by ICE detainees through a SAAPI/PREA power point presentation. The facility provided both the training logs with signatures for the cross-agency training and the NIC PREA investigator training certificate of completion for the facility investigator and two other trained investigators. Agency Policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lead Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims, best practices for interacting with LEP, LGBTI and disabled detainees, and an overall view of the investigative process. The agency provides the lesson plan and rosters of trained ICE/ERO/OPR investigators on OPR's SharePoint site for

Auditors' review; this documentation is in accordance with the standard's requirements. The lead Auditor reviewed 11 sexual abuse case files from the audit period that contained an investigative report of detainee alleged sexual abuse written by the specially trained facility investigator.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard

Notes:

(a)(b): The facility provided a memorandum dated July 21, 2023, from the Warden indicating that there are no IHSC or USPHS full time or part-time staff present at SDC; therefore, provisions (a)(b) are not applicable.

(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 facility provided a copy of a memorandum dated October 19, 2023, from the AFOD indicating that ICE has reviewed and approved the use of CoreCivic Policy 14.2 DHS Sexual Abuse Prevention and Response, including the appropriate training for facility medical staff for examining and treating victims of sexual abuse. When conducting an interview with the medical staff member she indicated that she had received her initial PREA training from the facility and annual in-service training through a platform called "Talent Central." The mental health professional indicated that she had received additional PREA training through an on-line class provided by a training portal. The Training Supervisor indicated that the medical staff receive the specialized training through CoreCivic and have to take a test at the conclusion with a passing score of 80%. The facility received both the training curriculum and a printout of training records indicating all medical and mental health professionals have received the required specialized training in accordance with the facility's policy.

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." 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 policy further states that, "The facility shall implement appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff

or other detainees.” Policy 14-2-DHS further states, “The facility shall reassess each detainee's risk of victimization or abusiveness between sixty (60) and ninety (90) days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. A reassessment of the detainee's risk level of victimization or abusiveness will be conducted by the appropriate Case Manager, or a staff member designated by the Facility Administrator. The 14-2B-DHS Sexual Abuse Screening Tool will be used for completing the re-assessment. The reassessment will include any additional relevant information received by the facility since the initial intake screening; and when warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the detainee's risk of victimization or abusiveness.” 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 (a), (g), (h), or (i) 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 Intake Officer explained that the intake process and the classification process are two different procedures. However, it is during the intake process where the detainee is risk screened for possible victimization or abusive behavior. The SDC refers to the risk screening form as a 14-2-B questionnaire. The detainees are processed one at a time as the rest are placed in multiple holding cells and are separated based on gender/sex and custody status, awaiting the process. Prior to the detainee’s arrival, the Classification Officer receives all ICE collected information regarding the detainee including a background criminal history check. The PREA risk screening questions, consisting of 22 yes and no questions that are asked by the Intake Officer. The Auditors reviewed the facility’s screening tool and found that it contained all required information defined in provisions (c)(d) of this standard. The security classification criteria are either minimum, medium, or maximum custody levels. All detainees are housed accordingly with other detainees of the same classification. The intake staff utilize the Sexual Abuse Screening Tool by paper and then enter 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. When interviewing both the Classification and Intake Officers they stated that the facility limits who has access to the risk screening form. Both officers indicated that only security staff with a need to know have access through their sign-on credentials. The screening tool has a block for staff to check that indicates initial, new information or a 60-90-day assessment. The Intake Officer stated that if a detainee answers yes to certain risk screening questions related to possible victimization or abuse, the jail management system software automatically identifies the detainee as either a predator, potential predator, potential victim, or victim. The Intake Officer would immediately notify medical staff and the shift supervisor to make the necessary housing assignments. Both the Classification and Intake Officer indicated the initial intake risk screening is completed within the first 12 hours of intake. The support Auditor initially reviewed 20 randomly selected files (from the list of interviewed detainees) and found well documented evidence that SA-API information was delivered and that a risk screening was conducted. Five of these files indicated that the risk screening was not completed within the 12 hours during intake. Conversation with the Classification Manager and PSA Compliance Manager confirmed that this was an issue identified during the pre-audit review and they had implemented procedures to ensure that they are all completed now within 12 hours. The support Auditor requested an additional random 12 files for detainees who had arrived within the past 30 days and found that all had their risk screening completed within 12 hours of arrival during intake. Four of the files indicated the detainee reported prior victimization during the risk screening and the support Auditor was provided documentation to indicate a referral was made to medical/mental health and the appropriate evaluation was conducted. Detainees are reassessed between 60 and 90 days from the date of the initial assessment or when additional information is received, and a review of the detainee files confirmed that detainees held over 60 days had been reassessed as required of the standard. The Auditors 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 Officer confirmed that detainees are not disciplined for refusing to answer questions on the screening tool.

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 or intersex detainee in a male housing unit/area or female housing unit/area or when making other housing and programming assignments for such detainees, the facility shall consider the transgender or intersex detainee's gender self-identification and an assessment of the effect of placement and shall consider on a case-by-case basis whether such a placement would ensure the detainee's health and safety. The facility shall consult a medical or mental health professional as soon as practicable on this assessment. The facility should not base placement decisions on transgender or intersex detainees solely on the identity documents or physical anatomy of the detainee; detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. Placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced by the detainee." The policy further states, "Transgender and intersex detainees shall be given the opportunity to shower separately from other detainees." An interview with an intake officer 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, the detainee 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. Both the Classification Officer and PSA Compliance Manager explained that if a detainee identified as transgender or intersex that detainee would be given the opportunity to express their preference of housing assignment. A committee made up of the PSA Compliance Manager, Warden, medical staff, and mental health staff would convene to discuss the appropriate housing assignment based on the best interest of the detainee and facility. The lead Auditor asked the PSA Compliance Manager, Intake Officer, and 12 random security staff if transgender or intersex detainees are given an opportunity to shower separately from other detainees. All staff confirmed that they would be allowed to shower separately during daily head count procedures. The support Auditor interviewed one transgender detainee who explained that upon entering the facility she was placed in segregation for one day and then released after a meeting with classification staff. The detainee met with the “department heads” at which time they discussed results of the risk screening and asked about her preferences. Protocols were implemented as a result of the meeting. Detainee’s preference was to remain with the male population. The detainee indicated that she is allowed to shower during count time and searches are conducted by female staff. The detainee file review indicated that the Sexual Abuse Response Team (SART) met with her as she explained. Decisions for housing were made using information obtained from screening and meeting with detainee. The detainee has been screened twice since arrival and has contact with staff routinely.

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. Staff shall document detailing reasons for placement of an individual in Administrative Segregation on the basis of a vulnerability to sexual abuse and assault. 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.” SDC 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 lead Auditor reviewed documentation which confirmed ICE has reviewed this policy. The lead Auditor reviewed an Administrative Segregation Review form which documents formal reviews of a detainee’s special housing status. The Warden was interviewed and stated that if a detainee needed to be placed in protective custody/administrative segregation, the facility would immediately notify ICE via email and phone call. The Warden also indicated that ICE is provided with a detainee roster every day. The Warden also stated that a detainee should be held in administrative segregation for the least amount of time as practicable and not to exceed 30 days. If a detainee was placed in protective custody for sexual victimization or vulnerability, he would immediately contact ICE and have the detainee transferred to another facility if necessary. The 12 officers interviewed indicated that if a detainee were placed in protective custody that detainee would be afforded the same opportunities and privileges as all other detainees. The facility reported one instance of having to place an ICE detainee in protective custody or administrative segregation based on sexual abuse vulnerability at their facility during this audit period. The facility provided the documentation related to the administrative process for the auditors’ review which indicated the detainee was released from protective custody after meeting with classification and within 24 hours of placement.

Corrective Action:

No corrective action needed.

§115.51 - Detainee Reporting

Outcome: Meets Standard

Notes:

(a)(b)(c): Policy 14-2-DHS states, “The facility shall provide multiple ways for detainees to privately report sexual abuse. Detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse as well as possible retaliation by other detainees or employees for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. Staff shall take seriously all statements from detainees claiming to be victims of sexual abuse or assault and shall respond supportively and non-judgmentally. Any detainee may report acts of sexual abuse or assault to any employee, contractor, or volunteer. If a detainee is not comfortable with making the report to immediate point-of-contact line staff, he/she shall be allowed to make the report to a staff person with whom he/she is comfortable in speaking about the allegations. Detainees who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods: Submitting a request to meet with Health Services staff and/or reporting to a Health Services staff member during sick call; calling the facility's twenty-four (24) hour toll-free notification telephone number; verbally telling any employee, including the facility Chaplain; forwarding a letter, sealed and marked “confidential”, to the Facility administrator or any other employee; calling or writing someone outside the facility

who can notify facility staff; contacting the respective consular office; and/or forwarding a letter to the FSC PREA Coordinator at the provided address. Detainees shall also be permitted to directly report to the U.S. Department of Homeland Security OIG via telephone at 1-888-351-4024 or the toll-free hot line at 1-800-323-8603 (TTY 1-844-889-4357). This number and pertinent information will be securely posted inside each housing unit for access twenty-four hours per day seven days per week (24/7). Detainees may also report by mailing a letter to ICE at the provided address. Detainees may make telephone calls or file written reports to Consulates and/or Consular offices. Resources with phone numbers and addresses for Consulates and/or Consular offices will be kept in the detainee library and by request for detainees unable to visit the library. Each facility shall establish a method to receive third-party reports of sexual abuse and shall post this information on the facility PREA link found on the CoreCivic website. Each facility shall provide at least one way for detainees to report 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 to facility officials, allowing the detainee to remain anonymous upon request. At this facility, third party and anonymous reporting mechanisms and processes have been established as follows: Detainees may anonymously report pressure, threats, or instances of sexual violence/misconduct directly to the U.S. Department of Homeland Security Office of the Inspector General via telephone @ 1-800-323-8603; and Facility Hotlines: 0*911 & 1-229-555-1234. The numbers and pertinent information will be securely posted inside each housing unit for access twenty-four hours per day, seven days per week." The facility provided examples of the DHS/OIG, ICE/DRIL and the Consular list posters. The Consular list poster contains 171 different Embassy or Consulate phone numbers and an additional 20 numbers for outside resources in the United States. These posters were observed in the detainee housing units during the onsite facility tour and the DHS/OIG and ICE/DRIL contact information can also be found in both the ICE National Detainee Handbook and the facility handbook. The PSA Compliance Manager was asked how detainees can report sexual abuse. He indicated they can report sexual abuse to any staff member, contractor, volunteer, outside family members, Attorney, DHS/OIG hotline, ICE/DRIL, advocate, and their Consular office, or the facility's internal PREA hotline. The SDC utilizes the DHS/OIG hotline as their outside reporting entity for ICE detainees being held in their facility. The facility handbook provides the contact information for the DHS/OIG as the detainee outside reporting entity regarding allegations of sexual abuse. The DHS/OIG poster states that the detainee may remain anonymous when making a report if they choose. While conducting the facility tour, the lead Auditor attempted to contact the DHS/OIG through use of a phone located in the detainee housing unit. The lead Auditor was able to connect a call to the DHS/OIG Hotline. Interviews with 12 random security staff confirmed they would accept reports made verbally, in writing, anonymously and from third parties and they would promptly document verbal reports. The lead Auditor reviewed 11 investigative case files and confirmed that allegations were reported directly to a staff member 7 times, through the grievance process 3 times, and 1 informed an Immigration Judge. Staff members forwarded the information immediately for investigation through their supervisor and then documented the incident in a report. Interviews with 39 detainees confirmed they are made aware of the various reporting methods available to them.

Corrective Action:

No corrective action needed.

§115.52 - Grievances

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): Policy 14-2-DHS states, "Alleged PREA incidents submitted through the grievance system will be processed as an Emergency Grievance in accordance with CoreCivic Policy 14-5 detainee/Resident Grievance Procedures." Should a report be submitted and received as a detainee grievance, it will immediately be referred to the Facility Investigator or Administrative Duty Office. Policy 14-5 states, "The detainee may file a formal grievance at any time during, after, or lieu of lodging an informal complaint. The facility may not impose a time limit on when a detainee may submit a formal grievance. A detainee may obtain assistance from another detainee, the housing officer, or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. Another detainee facility staff,

family member, legal representative or non-governmental organization may assist in the preparation of a grievance with a detainee's consent." Policy 14-5 further states "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 seven (7) 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 lead Auditor reviewed a section of the facility handbook entitled "Grievance Procedures." The handbook includes information to detainees on how to file an emergency grievance related to sexual abuse at any 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. An 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. He was also knowledgeable about issuing a decision within five days and a response to an appeal within seven days. Interviews with 12 security staff confirmed that time-sensitive grievances would be immediately processed and handled as any sexual abuse allegation. During the facility tour the lead Auditor observed many grievance drop boxes in all common area hallways inside each housing unit. In addition, hard copy grievance forms are made available outside each pod/dorm mounted on the security officer's pod for convenience and accessibility. The lead Auditor reviewed 11 investigative files and noted that in 4 of those the allegation was made by way of an emergency grievance through the detainee tablet system.

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 services advocacy and confidential emotional support for immigrant victims of crimes. Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. 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's sexual abuse prevention and intervention protocols, if such resources are available. Detainees shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving detainees mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Such information shall be included in the facility's Detainee Handbook. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. Detainees shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews." The lead Auditor reviewed an MOU with the Lily Pad SANE Center and interviewed the Director. The Director confirmed that her agency provides advocacy and confidential emotional support for detainee victims of sexual abuse at the SDC. She also indicated that her agency provides these services and forensic medical examinations for multiple corrections facilities, 14 law enforcement agencies, and the Georgia Bureau of Investigations (GBI). The lead Auditor confirmed the Lily Pad SANE Center provides expertise and support for crisis intervention, counseling, and forensic medical examinations for the prosecution of sexual abuse. The SDC posted the Lily Pad SANE

Center informational sexual assault hotline poster with contact information (phone number and mailing address) in all the detainee housing units, dining areas, and intake center, both in English and Spanish. In addition, this information can also be found in the facility's handbook that is issued to each detainee during intake. The Lily Pad SANE Center MOU states that, "the SDC will respect the nature of privileged communication between the rape crisis personnel and the detainee pursuant to Georgia Code title 24." The MOU also indicates that the hotline and mail correspondence must remain confidential. The facility handbook indicates that, the call to the Lily Pad Center is confidential and the Lily Pad posters indicate that the hotline and mailing address can be anonymous and confidential. The lead Auditor has confirmed these advocacy services are provided by Lily Pad SANE Center through interviews with the PSA Compliance Manager and the Director of the Lily Pad SANE Center. The PSA Compliance Manager indicated that arrangements would be made so that the advocate could have professional visits with the detainee victim at the facility if requested and that the communication would be as confidential as possible.

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." The established method for third-party reports of sexual abuse for this facility is reporting directly to the DHS OIG and through the facility hotlines of 0*911 and 1-229-555-1234. During the facility tour the lead 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 lead Auditor reviewed SDC's website, <https://www.corecivic.com/facilities/Stewart-detention-center> and confirmed it contains instruction for third party reporting to include the method reporting to the corporate ethics line at www.corecivic.com/about/corporate-ethics. A review of the ICE web page (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 of 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, "Employees must take all allegations of sexual abuse seriously, including verbal, anonymous and third-party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse will be reported to the Facility Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive, and non-judgmental. All employees are required to immediately report: Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic's management authority. Retaliation against detainees or employees who have reported such

an incident and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. 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 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.” The PSA Compliance Manager indicated that staff are aware that they are to report immediately any knowledge, suspicion, or information regarding sexual abuse, retaliation, or staff neglect. He also stated that staff can report incidents of sexual abuse outside their chain of command by going to the CoreCivic ethic line. The PSA Compliance Manager further indicated that the facility does not house juvenile detainees. However, if they did have a situation regarding a vulnerable adult, he stated that he is aware that Protective Services/Social Services must be called. When interviewing the 12 random security officers all stated that they would report immediately to their supervisor and would limit the information to those with a need-to-know. When asked about a method to report sexual abuse outside the chain of command, not one officer referred to the CoreCivic Ethics Line either by phone or on the CoreCivic website. During interviews the 12 random security officers mentioned they could report outside their chain of command to an outside third-party entity or even contacting the OIG hotline. However, when reviewing staff files, the lead Auditor observed signed acknowledgement forms from all 12 officers confirming the review and comprehension of SDC policy 14-2-DHS where the information regarding the ethics line can be found. When interviewing the Warden, he indicated that the facility would report all sexual abuse allegations to the ICE Field Office and SCSO. If an allegation were to involve a vulnerable adult detainee, the Warden stated that the Stewart County Human Services Department and ICE would have to be notified. There have been no allegations of sexual abuse that included a vulnerable adult during the audit period. The lead Auditor was provided with documentation of the agency’s review and approval of the facility policy.

Recommendation: The lead Auditor recommends the facility provide refresher training regarding the facility's policy on reporting detainee sexual abuse outside the chain of command.

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.” When interviewing 12 security officers, they indicated that they would immediately remove a detainee who is subject to a substantial risk of imminent sexual abuse from the situation and contact a supervisor. The first line supervisor interviewed stated that he would interview the detainee to determine the circumstances and make necessary housing assignments and contact ICE. Interviews with the PSA Compliance Manager, Warden, officers, and first line supervisor confirmed that there have been no instances of a detainee at substantial risk of imminent sexual abuse during the audit period. The lead Auditor reviewed 11 investigation files; however, there were no examples of a detainee that was subject to a substantial risk of imminent sexual abuse where immediate action needed to be taken to protect the detainee.

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, "If the allegation of sexual abuse involves events that took place while the alleged victim was not in CoreCivic custody (e.g., while housed at another provider's facility, or state, or federal facility), the Facility Administrator of the facility that received the allegation shall ensure that the following actions are taken. Contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation. Determine from the facility administration at that facility whether the allegation was reported and investigated. If the allegation was reported and investigated by the appropriate officials, the receiving facility shall document the allegation, the name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur." The policy further states, "If the allegation was not reported or not investigated, a copy of the statement of the detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred. All such contacts and notifications shall be documented on the 5-1B Notice to Administration; including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation. If an allegation is received from another facility, he/she will ensure the allegation is investigated." When interviewing the PSA Compliance Manager, he indicated that if SDC were to receive an allegation regarding sexual abuse that occurred at another facility, the SDC would immediately notify that facility's administrator the next business day or at least within 72 hours by phone then followed up with an email. He further stated that if SDC received a sexual abuse allegation from another facility, they would immediately initiate a PREA investigation into the matter. The Warden confirmed this practice and indicated that ICE would be notified via phone call followed up with an email. SDC reported one instance where SDC medical staff were made aware of an incident that occurred at another ICE facility. SDC provided an ICE Incident Notification form with all pertinent documentation and evidence of the notifications being made to the appropriate facility and ICE.

Corrective Action:

No corrective action needed.

§115.64 - Responder Duties

Outcome: Meets Standard

Notes:

(a)(b): Policy 14-2-DHS states, "Any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished: The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to the Health Services Department. The Health Services Department is responsible for medical stabilization and assessment of the victim until transported to an outside medical provider, if medically indicated, for collection of evidence and any necessary medical treatment. CoreCivic will request, in writing, that the examination be performed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). If a SAFE or SANE provider is not available, the examination may be performed by other qualified medical practitioners. If the abuse occurred within a time period that still allows for the collection of physical evidence, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing without medical supervision, use the restroom facilities, eat, drink or brush his/her teeth. The highest-ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation. When the alleged perpetrator is a detainee, he/she is secured in a single cell (if available) in the event evidence collection is required. All acquired information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know. 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." All 12 random officers interviewed indicated if they became aware of an incident of sexual abuse, they would immediately separate the individuals involved, secure the scene, preserve the evidence, and request that the victim not brush their teeth, use the

bathroom, change their clothes, shower, and notify the medical staff. The officers also indicated that they would ensure the alleged perpetrator not destroy physical evidence by placing the individual in a single cell until the situation could be assessed. The lead 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 lead Auditor's review of 11 case file found that in 8 incidents the allegation was reported to a staff member or contractor and an appropriate response was provided by the staff member.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated Response

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): Policy 14.2-DHS states, "Each facility will establish a SART which includes the following positions: PSA Compliance Manager; Medical representative; Security representative; Mental health representative; and Victim Services Coordinator. The medical and/or mental health professional may serve as the facility Victim Services Coordinator. The facility Victim Services Coordinator will not be a member of security. The SART responsibilities shall include the following: responding to reported incidents of sexual abuse; 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 of sexual abuse and enhance compliance with PREA National Standards. The PSA Compliance Manager will review the facility's response to sexual abuse allegations, with the Administrator or designee, to ensure the policy is implemented effectively and victim needs are addressed, serve as a primary liaison with local law enforcement or delegate this responsibility to the Facility Investigator, ensure the completion of the 14-2C Sexual Abuse Incident Check Sheet, and ensure prompt actions are taken to remedy any identified retaliation. The Medical Representative will ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim before assessment by a community medical provider, if medically indicated; and address any ongoing medical care needs following the incident. The Security Representative will ensure detainee safety needs are addressed, including separating the alleged victim and perpetrator; and ensure employee responses to reports of sexual abuse are timely and consistent with policy. The Mental Health Representative will ensure the alleged victim is assessed and ensure mental health needs are addressed according to policy and local procedure. The Victim Services Coordinator will attempt to obtain the services of a victim advocate from a rape crisis center to assist the alleged victim. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check Sheet via the Incident Reporting Database. In the absence of a victim advocate, and/or facility mental health services the Victim Services Coordinator will attempt to obtain confidential emotional support services related to sexual abuse for detainees ensure that detainees are aware they may access additional victim resources through community victim resource agencies and ensure that alleged victims are informed of their rights to care and protection from further victimization. If a victim of sexual abuse is transferred between facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. The PSA Compliance Manager, Facility Administrator, or ADO will ensure that the following is completed: The PSA Compliance Manager, Facility Administrator or designee shall immediately report all allegations of rape, sexual assault, or Employee on-Detainee sexual misconduct to the appropriate law enforcement agency having jurisdiction for criminal investigation if the allegation (if proven true) would be considered a criminal act under federal, state, or local law. The reporting party should request guidance from the law enforcement agency in preserving the crime scene and coordinating an investigation. Ensure the alleged perpetrator is secured in segregation in a single cell (when possible) pending an investigation into the allegation. Ensure the alleged victim is separated/isolated from the alleged perpetrator until completion of the investigation. Victims shall not be held for longer than five (5) days in any type of Administrative Segregation. If the allegation involves an employee, ensure steps are taken to place this person in a non-detainee contact role. All allegations of sexual abuse or assault shall be immediately and effectively reported to ICE/Enforcement and Removal Operations (ERO). In turn, ICE/ERO will report the

allegation as a significant incident and refer the allegation for investigation. As instructed by the ICE Field Office Director, the facility will comply with any requirements for coordination with the ICE OPR for investigation or referral of incidents of sexual assault to another investigative agency, and discipline and prosecution of assailants." SDC Policy 14-1 states, "If a victim of sexual abuse is transferred from this facility to another DHS Immigration Detention Facility or to a DHS Holding Facility, 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. If a victim of sexual abuse is transferred from this facility to a facility not covered by section M.10.c. above, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." SDC 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, SDC 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 that they not share that information.

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." During the interview with the Warden, he indicated that if staff were involved in a sexual abuse allegation the staff member would not have contact with detainees until the conclusion of the investigation. He also stated that if a contractor or volunteer were involved in a sexual abuse allegation, they would not be allowed back into the facility until the investigation was completed and a conclusion was determined. The lead Auditor reviewed 11 investigative files for which 3 involved staff allegations. However, only one reviewed investigation fit the criteria and definition of staff-on-detainee sexual abuse as outlined in 14-2-DHS. In this situation, the documentation reflected the employee was removed from contact with detainees until the investigation was completed.

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. Monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need." The lead Auditor reviewed 11 investigative files and in each file the lead Auditor observed the 14-2D DHS Retaliation Monitoring Report. This form has specific areas to list the reviewers name and position, date of the check, type of periodic status check, and comments from the staff member's interaction during each retaliation monitoring check with the alleged detainee victim. In addition, the staff member monitoring retaliation documents the Voyce interpreter confirmation number for each encounter, if a translator is needed. An interview with the 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 is necessary. The PSA Compliance Manager also confirmed that it is each Unit Manager's responsibility to monitor for retaliation regarding an alleged detainee victim that is housed in that Unit Managers housing unit. The facility reported there were no allegations of retaliation during the audit period.

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 proper re-assessment." 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." The SDC reported no instances where they received complaints of sexual abuse from ICE detainees that resulted in ICE detainees being placed in protective custody, or restrictive housing to protect them from alleged sexual abuse. The PSA Compliance Manager indicated that if an alleged detainee victim needed to be placed in protective custody they would evaluate each incident on a case-by-case basis, and if needed, the detainee would be housed in the least restrictive safe area, and that it would not be for more than five days. The PSA Compliance Manager indicated that the facility must complete a reassessment before returning a detainee victim to general population and that the facility would notify ICE whenever a detainee victim has been held in administrative segregation for 72 hours. Interviews with four detainees' that reported sexual abuse at the facility indicated that no alleged detainee victim was moved into restrictive housing and the detainee files revealed the reassessments were conducted after the incident was reported. 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 SDC due to an allegation of sexual abuse 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, where appropriate, are completed for all allegations of

sexual abuse. All Investigations into alleged sexual abuse must be prompt, thorough, and objective. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for termination the investigation." Policy 14-2-DHS further states, "All reports of sexual abuse will be reported to the Facility Investigator. 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. Administrative Investigation Procedures include the preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available electronic monitoring data. Interviewing alleged victims, suspected perpetrators, and witnesses. Reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph. An effort to determine whether actions or failures to act at the facility contributed to the abuse. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five (5) years. Coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation." SDC utilizes one specific facility investigator to conduct the majority of their administrative investigations, with two backup investigators if needed. Review of 11 investigative files confirmed that the administrative investigations were completed promptly, thoroughly, objectively, and all were conducted by the specially trained and qualified facility investigator. The investigative files also indicated that ICE and the SCSO was contacted and consulted in every incident the lead Auditor reviewed. The lead Auditor reviewed documentation that the specialized training required under standard 115.34 has been completed. An interview with both the Facility Investigator and PSA Compliance Manager further confirmed that should a criminal investigation result in an unsubstantiated or substantiated finding, 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. The interview with the facility investigator further confirmed that should the alleged victim or abuser leave the facility or control of the facility the investigation would continue until it was concluded. Should a criminal investigation need to be conducted, SDC would remain informed through the point of contact staff member being the facility investigator via telephone calls, emails or in person by way of updates with the SCSO. After review of this policy, the lead Auditor has concluded that this facility investigates all allegations of sexual abuse and makes contact every time they receive an allegation with the SCSO. Therefore, regardless of the outcome of a criminal investigation, the facility will perform their own administrative investigation in every allegation of sexual abuse. This fact was confirmed by interviews conducted and investigative files reviewed.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

Policy 14-2-DHS states, "In any sexual abuse investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse has taken place." An interview with 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 lead Auditor reviewed 11 investigative files that confirmed the facility is utilizing a preponderance of evidence standard when determining the outcome of all administrative investigations.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

Policy 14-2-DHS states, "When the detainee is still in immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation that he/she suffered sexual abuse at the facility, the detainee shall be notified of the result of the investigation and any responsive action taken. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the detainee. All detainee notifications or attempted notifications shall be documented 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." The Warden stated the PSA Compliance Manager is the designee for notifying detainees who reported sexual abuse about the results of the investigation and any actions taken by the facility. When interviewing the PSA Compliance Manager, he indicated that he would draft a 14-2E Detainee Allegation Status Notification form and have the detainee sign the form acknowledging receipt of the finding's notification. The 14-2E would be delivered either by hand or by mailing the letter to the last known address of the detainee. The lead Auditor reviewed 11 investigative case files and observed documentation in the form of the 14-2E notifications present in each case file.

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." The SDC reported no instances during this audit period where they had any terminations, resignations, or other sanctions of staff members for violating sexual abuse policies during the audit period. During the interview with the Warden, he explained that staff who violate the sexual abuse policy are subject to disciplinary action up to and including termination. He also stated that if staff is terminated or resigns in lieu of removal for violating the sexual abuse policy, the SCSO are made aware of the situation. The Warden explained that if staff resigns or is terminated due to violating the facility's sexual abuse policy, the facility investigator notifies local law enforcement and any licensing bodies. The facility provided a memorandum dated October 19, 2023, from the ICE AFOD confirming review, acknowledgment, and approval of the facility's disciplinary policy for staff.

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 sexual abuse policies. Incidents of substantiated sexual abuse by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility shall also report such incidents to the ICE Field Office Director 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." SDC reported no instances of 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 SDC 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." When interviewing the Warden, he stated that the facility would discipline detainees who engaged in sexual abuse. He further stated that the alleged detainee abuser would have a due process hearing and if found guilty would receive disciplinary sanctions. All institutional disciplinary sanctions are to correct behavior. The SDC provided their disciplinary hearing documents as evidence of their due process administrative procedures regarding their disciplinary system. The lead Auditor reviewed the SDC disciplinary procedures and found they provide a system with progressive levels of reviews, appeals, procedures, and procedure to ensure due process. During the investigative file review the lead Auditor noted that in the four substantiated cases disciplinary action was taken and that the due process hearing documents were located in the investigative files. SDC prohibits all sexual activity between detainees and may discipline detainees for such activity. However, policy indicates that staff should be sensitive to the possibility that seemingly consensual behavior may have involved coercion by either person involved. When interviewing the Warden, he indicated

that the hearing officer would consult with the mental health provider regarding any relevant information about a detainee's mental state that may have contributed to the offense. He also stated that no detainee would be disciplined for engaging in sexual contact with a staff member unless the contact was not consensual. The Warden indicated that no detainee would be disciplined if a report of sexual abuse were made in good faith, but the investigation did not establish enough evidence to substantiate the incident.

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 lead 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 staff completes an intake questionnaire that also serves to identify detainees who have been sexually victimized or perpetrated sexual abuse. Detainees that have reported prior sexual abuse are then referred to medical immediately and seen within four hours. The medical staff populates a category on the intake form that notifies mental health professionals to meet with the detainee that reported prior sexual abuse. Interview with intake staff confirmed that an entry is made into the system and a verbal notification is also made to medical staff conducting intake medical evaluations. Interview with medical staff confirmed that when detainees are initially processed, medical staff are stationed at intake to perform their medical screening. If a detainee reports prior sexual victimization the intake staff would verbally notify the medical staff present at intake. The medical staff would confirm the information and schedule a follow-up meeting with a mental health professional. All of this would usually occur within the first 4 hours of intake but no later than 24 hours. An interview with a mental health professional further confirmed that referrals are normally seen the following day but always within the 72-hour requirement of this standard. The facility provided two examples of mental health secondary follow-up notes indicating that detainees that reported prior sexual abuse at intake were seen within 72 hours. The support Auditor interviewed seven detainees that reported prior sexual abuse and they all indicated that they were seen by medical and mental health staff within a couple of days of intake. Review of their detainee files confirmed this statement with documentation of the follow-up meetings taking place.

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." The medical staff member explained during her interview that the initial triage would be performed at the medical office inside the facility. She indicated that all detainees have access to emergency medical treatment and crisis intervention services at either the Lily Pad SANE Center in Albany GA, if a forensic medical examination is warranted, or the Martin Army Community Hospital in Fort Moore GA for immediate emergency care. The medical staff member stated at the Lily Pad SANE Center the detainee would receive the necessary treatment

such as emergency contraception and sexually transmitted infections prophylaxis. The medical staff member also confirmed that the medical treatment received for sexual abuse victims is free of charge regardless of whether the victim names the abuser or cooperates with the investigation. The SDC provided a case file that the lead Auditor reviewed where a detainee was taken to the Lily PAD Center for a SANE examination during the audit period. The lead Auditor confirmed through interviews with both the medical and mental health professionals that their responsibility is the continuity of care that is directed by the attending physician and facility physician. During the interview with the Director of the Lily Pad SANE Center, the Director confirmed that her agency provides both SANE examinations and crisis intervention to detainees who would experience sexual abuse at the SDC. The four detainees interviewed who reported sexual abuse at the facility did not require emergency medical treatment.

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 support Auditor interviewed four detainees who reported sexual abuse at the facility who confirmed that facility staff immediately responded to their complaint and were taken to medical. Review of documentation confirms that the alleged detainee victims were referred appropriately to medical and mental health. 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 regardless of whether they cooperate with the investigation. Interview with the mental health professional additionally confirmed that detainee care is consistent with care received in the community. She also indicated during her interview that an attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers would occur within 60 days of learning of such abuse history and treatment would be offered when deemed appropriate. However, she indicated that she had not received any referrals during the audit period.

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 shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault. For any substantiated or unsubstantiated allegation, the facility shall prepare a written report within thirty (30) days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so, in a written response. Both the report and response shall be forwarded to the ICE Field Office Director, or his or her designee, for transmission to the ICE PSA Coordinator. The facility shall also provide any further information regarding such incident reviews as requested by the ICE PSA Coordinator. The review team shall consider whether the incident or allegation 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. The facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the Facility Administrator and ICE Field Office Director, or his or her designee, for transmission to the ICE PSA Coordinator." The lead Auditor reviewed 11 investigative files and each file contained a copy of the "Sexual Abuse or Assault Incident Review Form 14-2F." Review of the incident reviews confirmed that 10 of the 11 14-2F's reviewed were 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 facility provided a copy of the 2022 Facility Annual Sexual Abuse and Assault report that was completed and reviewed by the AFOD, SDDO, three ICE/ERO officers and the Assistant Warden as well as confirmation that the report was forwarded to the FOD 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 must maintain two types of files. General files include the victim(s) and assailant(s) of a sexual assault, crime characteristics, and all formal and/or informal action taken. Investigative files include all reports, medical forms, supporting memos and videotapes, and any other evidentiary materials pertaining to the allegation. The Facility Administrator shall maintain these files chronologically in a secure location. At least annually, CoreCivic shall aggregate the incident based sexual abuse data. The date, time, location, and nature of the incident. The demographic background of the victim and perpetrator (including citizenship, age, gender, and whether either has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming). The reporting timeline for the incident (including the name of the individual who reported the incident and the date and time the report was received) and any injuries

sustained by the victim. Post-report follow-up responses and action taken by the facility (e.g., housing placement/custody classification, medical examination, mental health counseling, etc.), and any sanctions imposed on the perpetrator." An interview with the PSA Compliance Manager confirmed that case records associated with claims of sexual abuse are secured in a locked cabinet located in the Assistant Warden's office.

Corrective Action:

No corrective action needed.

§115.201 - Scope of Audit

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): The Auditors were provided full access to and observed all areas of the SDC without restriction. The Auditors were also permitted to conduct all interviews in a private setting with the detainees. The Auditors were provided relevant documentation to complete a thorough audit of the facility prior to the onsite visit, during the visit, and upon request during the post audit period. The Auditors received the requested documents or copies of relevant materials. PREA Audit Notices in English and 11 other languages (Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese) were sent to the SDC prior to the onsite visit. The PREA Audit Notice communicates to staff and detainees that the facility will be undergoing an audit for compliance with the DHS/ICE Standards to Prevent, Detect, and Respond to Sexual Abuse in a Confinement Setting. The notice also spells out how confidential information is to be handled and where that confidential information can be reported. These notices explained that detainees, staff, or any other interested party were permitted to send the Auditor confidential correspondence through the Creative Corrections, LLC mailing address. The Auditors did not receive any correspondences from either staff, ICE detainees, or other parties.

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.

Rennie Kidwell

1/12/2024

Auditor's Signature & Date

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

1/12/2024

Program Manager's Signature & Date

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

1/16/2024

Assistant Program Manager's Signature & Date