

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Marie J. Carter Calvin (b) (6), (b) (7)(C)	Organization:	Nakamoto Group, Inc.
Email address:	(b) (6), (b) (7)(C)	Telephone number:	904-962-(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:	Phoenix Field Office
Field Office Director:	Enrique M. Lucero
ERO PREA Field Coordinator:	(b) (6), (b) (7) SDDO
Field Office HQ physical address:	2035 N. Central Avenue, Phoenix, Arizona 85004
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Eloy Detention Center
Physical address:	1705 E. Hanna Road, Eloy, AZ 85131
Mailing address: (if different from above)	
Telephone number:	520-466-4141
Facility type:	<input type="checkbox"/> SPC <input type="checkbox"/> CDF <input checked="" type="checkbox"/> DIGSA <input type="checkbox"/> IGSA <input type="checkbox"/> FRC <input type="checkbox"/> Other, Describe:

Facility Leadership

Name of Official/Officer in Charge:	Michael J. Donahue (b) (6), (b) (7)(C)	Title:	Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-466-4141
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Gina Sween (b) (6), (b) (7)(C)	Title:	Assistant Warden
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-466-4141

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site PREA (Prison Rape Elimination Act) audit of the Eloy Detention Center (EDC), Eloy, AZ was conducted February 7-9, 2017. The audit was completed by Marie J. Carter Calvin (Lead) and David Andraska, Nakamoto Group Inc. certified auditors. This was the first PREA audit for this facility. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire to the auditors. The documentation consisted of ICE and Core Civic Policy Statements, as well as other documentation.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: Team Lead (b) (6), Chief-ODO (b) (6), (b) (6), Assistant Field Office Director (AFOD) (b) (6), Supervisory Detention Deportation Officer (SDDO) (b) (6), (b) (6), Warden Michael Donahue, Assistant Warden/Institution PREA Compliance Manager (IPCM) Gina Sween, and several other ICE and facility support staff. There were 1401 detainees during the audit which included 937 males and 464 females. A comprehensive tour of the facility was completed. The tour included the intake processing area, all housing units, including restricted housing, the medical services department, recreation, food service, the library, visiting room, and other facility support areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for detainees and staff. Signs were posted (in English and Spanish) that indicated that employees of the opposite gender would be working in the housing units. Detainees are able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all housing units, common areas and throughout the facility. Audit notifications were also located in the same areas. Even though the notifications had (b) (6), Team Lead, the address was the Nakamoto Group. There was one letter mailed to the auditor, as a result of the audit notifications in the (b) (6) housing units. The detainee was no longer at the facility at the time of the audit and a copy of the letter was given to the SDDO for follow up and investigation.

Eloy Detention Center is owned and operated by Core Civic (CC). The facility is 1,596-bed facility housing detainees for Immigration and Customs Enforcement (ICE) as a Dedicated IGSA. The male and female detainees are housed in eight housing units and the facility consists of 15 support buildings. EDC was opened in May 1994 and has 392,000-square-feet, with state-of-the-art safety and security equipment, including electronic controls and digital video recording cameras. The institution also has four courtrooms used for immigration hearings operated by Executive Office Of Immigration Review (EOIR). EDC is accredited by the American Correctional Association and the National Commission on Correctional Health Care (NCCHC). ICE Immigration Health Service Corps (IHSC) operates medical and mental health care at the facility.

A total of forty-eight staff interviews were conducted during the audit. The interviews included security staff on all shifts. All were aware of the agency's zero tolerance policy and knew their responsibilities to protect detainees from sexual abuse/harassment and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed and included the Warden, the IPCM, the Chief Psychologist, the investigator, the Human Resource Manager, IHSC Commander, and two Trinity Service Group contractors. All interviewed staff and contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status. The auditor confirmed that Scottsdale Lincoln Health Network has a MOU with EDC to conduct forensic examinations, when requested by the facility. In addition, the auditor also confirmed that the facility has a MOU with the Southern Arizona Center Against Sexual Assault for detainee reporting and victim advocate services.

Sixty-nine detainees (46 males and 23 females) were interviewed and were randomly selected from the housing units. The interviewed detainees were of various ages, nationalities and ethnic backgrounds. Of the interviewed detainees, four self-identified as LGBTI and two had previously reported an allegation of sexual abuse/sexual harassment. No detainees self-identified as being intersex. Twenty-two limited English proficient were included in the group of detainees interviewed utilizing Certified Languages International translation service. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms and stated they felt safe at the facility. No detainees refused to be interviewed.

A review was conducted of the investigative files opened during the past 12 months alleging sexual abuse. There were 31 allegations by detainees, with one occurring at another facility. All investigative files were reviewed and found to have been completed promptly, thoroughly and were well documented. Of the 30 cases investigated at EDC, 26 were found to be unsubstantiated and 4 were found to be unfounded.

SUMMARY OF AUDIT FINDINGS:

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

When the on-site audit was completed, a close-out meeting was held with the AFOD, Warden and other staff to discuss audit findings. The facility staff were found to be extremely courteous, cooperative and professional. Staff morale appeared to be good and the observed staff/detainee interactions were seen as appropriate. (b) (7)(E)

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(b) (7) During the tour it was observed that the announcements were only made in English, which by the employees' own admission, was not the primary language of the majority of the detainees housed at the facility. The auditor recommended the announcements be made in the languages used by the majority of the detainees. At EDC, it would be Spanish and French Creole.

The standards used for this audit became effective in March 2014. The facility was found to be fully compliant to the PREA. Thirty-eight standards were found to "Meet" the standards and two standards were determined to be "Not-Applicable." The auditor had been provided with extensive and lengthy files prior to and during the audit for review, to support a conclusion of compliance to the PREA. All interviews also supported compliance. All areas of the facility were observed to be clean and well maintained. At the conclusion of the audit, the auditors thanked the AFOD, Warden, and staff for their hard work and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	38
Number of standards not met:	0

PROVISIONS

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

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

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

Notes:

IHSC Directive 01-20 and CC Policy 14-2 DHS addresses the requirements of this standard. The facility's zero tolerance against sexual abuse is clearly established and the policy also outlines the facility's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated CC PREA Coordinator to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Warden and indicated, during her interview, that she has enough time to perform her duties overseeing the PREA process. Zero tolerance posters are displayed throughout every area of the facility.

§115.13 – Detainee supervision and monitoring.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Policy requires each facility to review the staffing plans on an annual basis. A review of the staff plan, organizational chart, post orders, as well as interviews with the Warden, Assistant Warden, and the Human Resource Manager confirmed that the facility has a staffing plan which provides adequate staff to ensure a safe and secure environment for staff and detainees. The staff/detainee ratio is (b) which is supplemented by video cameras, and various ICE and IHSC on-site staff. The audit included an examination of video monitoring systems, unannounced rounds reports, detainees' access to telephones, rosters, and staff/detainee interviews.

§115.14 – Juvenile and family detainees.

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

Notes:

Non-Applicable. EDC does not house juvenile or family detainees.

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

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

Notes:

CC Policy 14-2 DHS outlines the requirements of the standard. EDC does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility reported there was no cross-gender visual body cavity or strip search conducted during the audit period. When conducted, the search is required to be documented. During the tour, it was observed that the announcements were only made in English, which by the employees' own admission, was not the primary language of the majority of the detainees housed at the facility.

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

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

Notes

CC Policy 14-2 DHS outlines the requirement of the standard. EDC takes appropriate steps to ensure detainees with disabilities and detainees with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and detainee handbooks are in both English and Spanish. The facility has a contract with an interpretation service to provide translation services for detainees who have a need that exceeds English or Spanish. Detainees from Haiti confirmed through interviews that they received PREA information through an interpreter.

§115.17 – Hiring and promotion decisions.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. The Human Resource Manager was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. A tracking system is in place to ensure that updated background checks are conducted every five years, which was reviewed by the auditor. Policy clearly states the submission of false information by any applicant is grounds for termination.

§115.18 – Upgrades to facilities and technologies.

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

Notes:

Non-Applicable. EDC has an extensive video and monitoring system in place. Since May 2014, there has not been any significant upgrades, to include technologies, at the facility.

§115.21 – Evidence protocols and forensic medical examinations.

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

Notes:

IHSC Directive 01-20 and CC Policy 14-2 DHS addresses the requirements of this standard. Security, Mental Health, and Medical Service staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff was also aware that the facility investigator conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by a SAFE/SANE through an agreement with Scottsdale Lincoln Health Network. An interview with the service provider verified the agreement for the SANE/SAFE protocols to be performed at their hospital. There were no forensic medical exams conducted during the past 12 months.

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

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

Notes:

CC Policy outlines the requirements of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. The local investigator and the Eloy Police Department may conduct investigations. The facility investigator was interviewed and found to be very knowledgeable concerning her responsibilities in the investigative process. All allegations are reported immediately to the on-site ICE staff. The on-site ICE staff have the responsibility of notifying the Joint Intake Center, OPR, and the OIG when necessary. The Eloy police department conducts the criminal investigations for the facility.

§115.31 – Staff training.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of the standard. A review of the annual training plan and curriculum showed all the mandatory training outlined in the standard. Staff receive initial PREA training when they are hired and annually thereafter. In addition, staff receive additional training during monthly meetings and roll calls. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities.

§115.32 – Other training.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. There are 16 active contractors and volunteers providing services to the detainees at the facility. A review of the training records revealed that all have received PREA training, to include the facility's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. There were no volunteers available to be interviewed during the audit, however, 2 contractors (Trinity Services Group) were interviewed and were found to be well versed in the provision of the PREA.

§115.33 – Detainee education.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of the standard. During intake, each detainee receives a pamphlet describing ICE's Sexually Abuse and Awareness policy, the National Detainee Handbook and the facility handbook. The pamphlet and handbooks identify the key elements of the program and informs detainees of the zero-tolerance policy regarding sexual abuse/ assault and multiple ways to report any such incidents. The pamphlet is available in English and Spanish. Staff are aware of their responsibility to assist detainees either individually or through translation services to make a confidential report.

§115.34 – Specialized training: Investigations.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. The facility investigator has received PREA specialized training at the National Institute of Corrections. This auditor reviewed specialized training documentation and interviewed the investigator which confirmed compliance to this standard.

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

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

Notes:

IHSC Directive 03-01, IHSC LOP 203, and CC Policy 14-2 outline the requirements of this standard. All mental health and medical staff are provided by IHSC and have received specialized training on victim identification, interviewing, reporting and clinical interventions. This training is provided initially and annually thereafter. The auditor reviewed the training lesson plan and training sign-in sheets, which confirmed the staff received the necessary training. All cases requiring the processing of sexual assault evidence collection kit are transported to a local hospital for a forensic exam. This was confirmed through an interview with the vendor (Scottsdale Health Network) and they confirmed that there is SAFE/SANE staff available at all times.

§115.41 – Assessment for risk of victimization and abusiveness.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. All detainees are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or being sexually abusive towards other detainees. A unit staff member screens all new arrivals within their first 72 hours. They are almost always seen the first day of their arrival. The staff review all relevant information from other facilities and may reassess an detainee's risk level within 30 days of his arrival. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to the mental health staff for additional assessment. Information received during the screening is only available to staff with a need to know and never to other detainees.

§115.42 – Use of assessment information.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. The facility uses a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, and other program assignments, with the goal of keeping detainees at high risk of being sexually abused/sexually harassed separate from those detainees who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and detainees are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard. The average length of stay for detainees is 84 days and there were no transgender detainees housed at the facility during the audit.

§115.43 – Protective custody.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Policy states detainees at high risk for sexual victimization shall not be placed in restricted housing, unless an assessment of all available alternatives has been made and there's no available means of separating the detainee from the abuser. The detainee will be assessed with 72 hours and reassessed every 7 days thereafter while in restricted housing. There were no detainees at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. There were no detainees at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months. Interviews with staff and an examination of documentation confirm compliance to this standard.

§115.51 – Detainee reporting.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. A review of documentation and staff/detainee interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for detainees to report sexual abuse. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. Facility staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting. Family and friends of detainees may report sexual abuse by using the Core Civic/DHS website or contacting any facility staff.

§115.52 – Grievances.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Detainees may file a grievance; however, all allegations of sexual abuse or sexual assault, when received by staff, would immediately result in an administrative or criminal investigation. Detainees are not required to use the informal or formal grievance process. Facility procedures allow a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Detainees are also able to request assistance from outside sources to complete their grievance. There were seven grievances alleging sexual assault in the last year and each was forwarded to the investigator and an investigation was completed.

§115.53 – Detainee access to outside confidential support services.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. The auditor confirmed that Scottsdale Lincoln Health Network has a MOU with EDC to conduct forensic examinations, when requested by the facility. In addition, the auditor also confirmed that the facility has a MOU with the Southern Arizona Center Against Sexual Assault (SACASA) for detainee reporting and victim advocate services. Interviews with staff and detainees support the compliance with this standard.

§115.54 – Third-party reporting

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

Notes:

EDC has established procedures for third-party reporting which includes the ICE ERO Reporting and Information Line and the Office of Inspector General telephone number. Mailing addresses are posted in the units and made available in the detainee handbook. The company website: www.cca.com/securityoperations/prea/facility-prea-information assist third party reporters on how to report allegations of sexual abuse. Staff and detainees interviewed were aware of the procedures for third-party reporting. The facility also has signs in the visiting room which allows for family and friends of detainees to note the procedures for reporting allegations.

§115.61 – Staff reporting duties.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Staff confirmed during interviews that they know that they are responsible for immediately reporting any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participant in an investigation about such actions. Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case be limited to staff who need-to-know, because of their involvement with the victim's welfare and the investigation of the incident. Interviews with employees and contractors confirmed they were aware of their reporting duties. There were no volunteers on duty during the on-site audit.

§115.62 – Protection duties.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Interviewed staff were well aware of their duties and responsibilities, as it relates to them having knowledge of an detainee being at imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the detainee. Correctional officers are issued a pocket PREA guide outlining all actions to be taken. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their supervisor, medical and psychology staff.

§115.63 – Report to other confinement facilities.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Policy requires the reporting of any PREA related allegation by a detainee that occurred at another facility to the Warden of the facility where the incident is alleged to have occurred, by the Warden (or equivalent person) of the facility in which the detainee is currently housed. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. During the last year, there was one case of a PREA allegation reported that took place at another facility. A review of documentation verified an investigation was opened with appropriate measures initiated and notifications were completed. Interviews with staff and an examination of documentation confirm compliance to this standard.

§115.64 – Responder duties.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. All staff interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse/harassment. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact the operations lieutenant, medical and psychology staff. The supervisor would continue to protect the detainee by immediately notifying investigative and administrative staff. Staff are issued and carry a pocket sized PREA first responder card for quick reference and were able to describe all first responder actions when advised that an detainee had been a victim of sexual abuse.

§115.65 – Coordinated response.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. The facility has established a PREA checklist to aid in their response to allegations of sexual abuse/harassment. The policies provide direction to security, medical and mental health practitioners, investigators, community providers (SAFE/SANE and victim advocates) and facility leadership. Staff and community provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response.

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

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Staff, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact pending the outcome of an investigation. Interviews with the investigator and a review of investigative files confirm compliance with this standard.

§115.67 – Agency protection against retaliation.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Policy prohibits any type of retaliation against any staff or detainee who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The facility PREA Compliance Manager is the designated retaliation monitor. She stated she follows up on all potential cases to ensure policy is being enforced and conducts periodic status checks on the frequency of incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the Associate Warden indicated she would monitor the situation indefinitely. There have been no suspected or actual incidents of retaliation in the previous 12 months.

§115.68 – Post-allegation protective custody.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of the standard. The policy requires the facility to notify the ICE Field Office of any detainee that has been held in restricted housing for 72 hours. This notification is given to the on-site AFOD at EDC. A detainee that has been placed in protective custody shall not be returned to general population until completion of a proper reassessment. Staff indicated that the detainee would be placed in the most supportive environment to ensure their well-being. There have been no detainees placed in post-allegation protective custody during the last 12 months.

§115.71 – Criminal and administrative investigations.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. The facility investigator conducts administrative investigations within the facility and refers criminal investigations to the Eloy Police Department. There were no criminal prosecutions during this auditing period. According to the Warden and the investigator, the facility fully cooperates with any outside agency who initiates an investigation. The facility investigator serves as the liaison that provides requested information to the outside agency and provides access to the detainees.

§115.72 – Evidentiary standard for administrative investigations.

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

Notes:

CC Policy 14-2 outlines the requirements of this standard. The evidence standard is a preponderance (51%) of the evidence in determining whether allegations of sexual abuse/assault are substantiated.

§115.73 – Reporting to detainees.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. The policy indicates that a detainee shall be notified of the result of the investigation and any responsive action taken as a result of an allegation of sexual abuse. All such notifications should be documented. Through interviews with staff and a review of the investigative files, detainees were notified in accordance with the standards.

§115.76 – Disciplinary sanctions for staff.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. Staff are subject to disciplinary sanctions for violating agency sexual abuse policies. All terminations for violations of agency sexual abuse policies, or resignations by staff who would have been terminated, if not for their resignation, are reported to law enforcement agencies and to any relevant professional/certifying/licensing agencies by the facility, unless the activity was clearly not criminal. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

§115.77 – Corrective action for contractors and volunteers.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. During the past year, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse at EDC. Compliance with this standard was determined by a review of policy, documentation and staff interviews.

§115.78 – Disciplinary sanctions for detainees.

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

Notes:

CC Policy 14-2 outlines the requirements of this standard. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Detainees found guilty of sexual abuse shall be disciplined in accordance with the disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed. The detainee's disciplinary history, mental disabilities, and mental illness should be considered all decisions. Interviews with the facility investigator, Assistant Warden, and the Warden support a finding that the facility is in compliance with this standard.

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

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

Notes:

IHSC 03-01 outlines the requirements of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. When detainees are referred for medical follow-up, procedures indicate that the health evaluation would take place within two working days. The procedures also allow for detainees who report being sexual abusive will be offered a follow up meeting with mental health staff. Treatment services are offered without financial cost to the detainee. There were no detainees determined during their intake to have experienced prior sexual victimization or perpetrated sexual abuse in the last 12 months.

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

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

Notes:

IHSC 03-01 outlines the requirements of this standard. ICE Immigration Health Service Corps (IHSC) provides medical and mental health services at EDC. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community, when health care needs exceed the level of care available within the facility. Victim advocacy is offered through an agreement with a community provider. There is no financial cost to the detainee for any sexual abuse/assault related incident, related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation.

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

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

Notes:

IHSC 03-01 outlines the requirements of this standard. Medical and mental health evaluations and, as appropriate, treatment to all detainees who have been victimized by sexual abuse is offered immediately. Services are consistent with a community level of care, without financial cost to the detainee. Detainee victims of sexual abuse, while detained, are offered tests for sexually transmitted infections and lawful and timely pregnancy-related medical services, in accordance with professionally accepted standards of care, where medically appropriate. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

§115.86 – Sexual abuse incident reviews.

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

Notes:

CC policy 14-2 DHS outlines the requirements of this standard. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, and status and/or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. The review team consists of the Assistant Warden, Health Services Administrator, Chief of Psychology, Investigator, and the Chief of Security. A review of all sexual abuse investigations support the finding that this facility is in compliance with this standard.

§115.87 – Data collection.

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

Notes:

CC Policy 14-2 DHS outlines the requirements of this standard. The facility maintains all records of PREA related allegations for five years, after the detainee is released from custody. Interviews with the staff support compliance with this standard.

§115.201 – Scope of audits.

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

Notes:

The auditor was able to access and observe all areas of the facility. The auditor was provided with all relevant documents and conducted private interviews with detainees. Audit notices were posted in each housing unit giving the detainees an opportunity to confidentially correspond with the auditor. The auditor did not receive any correspondence from the detainees at Eloy Detention Center.

ADDITIONAL NOTES

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

115.11 - Staff receive initial training and annual training, as well as, updates throughout the year. Security staff are issued a pocket sized PREA Standards/First Responder Guideline card to carry at all times for reference. Interviews with staff, contractors and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse. There were no volunteers on duty during the audit.

115.13 - Interviews with staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff. Video cameras with monitoring capabilities are visible throughout the facility. The cameras are monitored by the control center, the Chief of Security, and the Warden. There were (b) (7)(E)

115.15 - The auditor recommended the announcements be made in the languages used by the majority of the detainees. At EDC, it would be Spanish and French Creole. Detainees are allowed to shower, change their clothing and use the toilet without staff of the opposite gender viewing. Training sign-in sheets and staff interviews confirmed that staff received cross-gender pat search training (including how to search transgender and intersex detainees). Training is conducted during initial training and annually thereafter. In addition, training is also received monthly through meetings and roll calls. Interviewed staff also acknowledged they were well aware of the policy prohibiting the search of a transgender or intersex detainee for the sole purpose of determining the detainee's genital status. Interviews with detainees confirmed that none of them had been visual body cavity or strip searched by staff of the opposite gender.

115.16 - Staff interviewed confirmed they were well aware of the policy that, under no circumstances, are detainee interpreters or assistants to be used when dealing with PREA issues.

115.17 - The facility makes its "best effort" to contact all prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The auditor reviewed a random sampling of hiring and promotion packets during the audit and found them to be in compliance with the standard.

115.21 - In addition, the auditor also confirmed that the facility has a MOU with the Southern Arizona Center Against Sexual Assault for detainee reporting and victim advocate services. There were 31 sexual abuse allegations by detainees with one occurring at another facility. All investigative files were reviewed and found to be completed promptly and thoroughly and were well documented. Of the 30 cases investigated at EDC, 26 were found to be unsubstantiated and 4 were found to be unfounded.

115.22 - There were 31 sexual abuse allegations by detainees with one occurring at another facility. All investigative files were reviewed and found to be completed promptly and thoroughly and were well documented. Of the 30 cases investigated at EDC, 26 were found to be unsubstantiated and 4 were found to be unfounded. Detainees were notified in accordance with the standards. The facility utilizes a Tracking Log to ensure all required steps of the investigation are completed and are timely. The information being tracked includes the date the allegation was reported, name of the victim/perpetrator, restricted housing placement/reviews, full protocol, investigation outcome/date, date detainee notified of outcome and retaliation monitoring. The protocols are also posted on the company's website.

115.31 - The auditor reviewed the training curriculum, training sign-in sheets and other related documentation, as well as interviewed staff that indicated they were required to acknowledge, in writing, not only that they received PREA training, but they understood it as well.

115.33 - Detainees indicated, at the time of arrival, they received information about the PREA, their right to be free from sexual abuse, harassment, retaliation for reporting and multiple ways how to report abuse. This information was also noted in the handbook and on posters throughout the facility. The facility uses an interpreter to conduct verbal orientation for those detainees that do not speak and/or read English or Spanish to provide them with all the PREA protocols. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common areas. Interviews with staff and detainees; as well as an examination of documentation confirm compliance to this standard.

115.35 - Interviews with medical and mental health staff confirmed they are aware of their duty to report allegations and suspicions of sexual abuse/harassment.

115.41 - Staff and detainee interviews, as well as a review of documentation, support the finding that facility is in compliance with this standard.

115.42 - Those detainees that self identified were gay, lesbian, and or bisexual.

115.51 - All detainees interviewed confirmed that they were aware of multiple methods of reporting sexual abuse/assault allegations. Interviews with staff and an examination of documentation also confirm compliance to this standard.

115.61 - Additional compliance with all aspects of the standard was verified through document and policy review. The facility does not house detainees under the age of 18.

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

115.64 - Interviews with staff and an examination of documentation confirm compliance to this standard.

115.65 - If a detainee victim of sexual assault is transferred to or received from another facility, the sending facility has the responsibility to let the receiving facility know the details, to ensure the detainee's continued safety. Interviews and an examination of documentation also confirm compliance to this standard.

115.67 - Compliance with this standard was determined by a review of policy and staff interviews.

115.81 - All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

ADDITIONAL NOTES

115.82 - Detainee victims of sexual abuse, while detained, are offered information about and timely access to information on emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided at the facility. There has been no instance within the last year that required outside services of SAFE/SANE or the community advocacy agency. Compliance with this standard was determined by a review of policy, documentation and interviews with the local hospital representative, victim advocacy agency representative and staff.

115.86 - The review team seeks additional information from other staff as needed to ensure a thorough review. The final report is forwarded to the Warden and the on-site AFOD. The facility is also responsible for completing an annual report which is forwarded to their company headquarters, on-site AFOD, and the ICE PSA Coordinator.

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.

Marie J. Carter Calvin

Auditor's Signature

March 9, 2017

Date