

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Marie J. Carter Calvin	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:	Baltimore Field Office
Field Office Director:	Dorothy Herrera-Niles
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C) SDDO
Field Office HQ physical address:	31 Hopkins Plaza, Baltimore, Maryland 21201
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Howard County Detention Center				
Physical address:	7301 Waterloo Road, Jessup, Maryland 20794				
Mailing address: (if different from above)					
Telephone number:	410-313-5200				
Facility type:	<input type="checkbox"/> SPC	<input type="checkbox"/> CDF	<input type="checkbox"/> DIGSA	<input checked="" type="checkbox"/> IGSA	<input type="checkbox"/> FRC
	<input type="checkbox"/> Other, Describe:				

Facility Leadership

Name of Official/Officer in Charge:	John J. Kavanagh	Title:	Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	410-313-5200
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Renea Somerville	Title:	Corrections Program Supervisor/PCM
Email address:	(b) (6), (b) (7)(C)	Telephone number:	410-313-5200

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 Howard County Detention Center (HCDC), (b) (6), was conducted February 28 - March 2, 2017. The audit was completed by Marie J. Carter Calvin of the Nakamoto Group Inc. certified auditor. This was the first DHS 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 HCDC Policy and Procedures, 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 - External Reviews and Analysis Unit (ERAU) (b) (6), (b) (7), Section Chief - Office of Detention Oversight (ODO) (b) (6), (b) (7), Field Office Director (FOD) Dorothy Herrera-Niles, Assistant Field Office Director (AFOD) (b) (6), (b) (7), Deportation Officer (DO) (b) (6), (b) (7), Director John Kavanaugh, Administrative (b) (6), (b) (7)(C), PREA Compliance Manager (PCM) Renea Somerville, and several other facility support staff. 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 yards, 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. 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. There were 69 male detainees during the audit.

The mission of the Howard County Department of Corrections is protect the public and the employees of the department by providing a safe, secure, and humane conditions for persons legally under its authority. Within this framework, the department provides opportunities for offenders to become law abiding and productive members of society. Howard County's original jail, in Ellicott City, opened in 1878 and was built to accommodate 12 inmates. In 1975, the Division of Corrections was established. Several years later, the Division of Corrections was established as the Department of Corrections. Due to overcrowding conditions and an antiquated facility, the Department of Corrections sought and received funding for the construction of a new detention center. In 1983, the present Howard County Detention Center in Jessup, MD, was opened with a rated capacity of 108 inmates. The new facility opened with 63 inmates; within five years, the inmate population had greatly exceeded its rated capacity. The Department of Corrections again sought and obtained funding for the expansion of the detention center. The expansion was completed in 1994 with a rated capacity of 361 inmates. In March 2005, the responsibility for booking offenders was transferred from the Police Department to the Department of Corrections with the opening of the Central Booking Facility increasing the rated capacity to 531. Medical and mental health services are provided through a full services contract with Correct Care Solutions.

A total of twenty-seven 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 Director, the PCM, the Health Services Administrator, the Chief of Security, the Human Resource Manager, Classification Supervisor, and the Training Coordinator. 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 HCDC would transport detainees to the Howard County General Hospital to conduct forensic examinations, when requested by the facility. In addition, the auditor also confirmed that the facility has a Memorandum of Understanding (MOU) with the The Domestic Violence Center of Howard County, Inc. reporting and victims advocate services. Medical care at HCDC is provided by Correct Care Services and they provide both medical and mental health practitioners.

Thirty-nine male detainees 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, there were no self-identified Lesbian, Gay, Bi-Sexual, Transgender, and or Intersex (LGBTI) detainees at the facility and no detainees that previously reported an allegation of sexual abuse. Fifteen limited English proficient detainees were 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.

The facility reported that they had no allegations of sexual abuse in the last 12 months. During the audit, it was discovered that the facility did not have anyone on staff that received specialized training to conduct administrative investigations regarding sexual abuse. This was corrected during the audit. The Chief of Security completed specialty training through the National Institute of Corrections. All cases of sexual assault is immediately referred to the Howard County Police Department.

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 FOD, Director 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. During the tour, it was observed that the announcements of staff of the opposite gender entering the unit are only made in English, which by the employees' own admission, was not the primary language of the majority of the detainee, at HCDC the primary language is Spanish. The tour also revealed when entering the open bay housing units, there is no opportunity for the detainees to prepare themselves for a staff member that maybe of the opposite gender. It was recommended that the announcement of staff of the opposite gender entering the unit take place prior to entering the unit using the intercom system. That will place the detainees on notice that a female will be entering the unit before they enter. It was also recommended that the facility increase the zero tolerance postings throughout the facility.

The standards used for this audit became effective in March 2014. Thirty- eight standards were found to "Meet" the standards and two standards were determined to be "Not-Applicable".

The auditor was provided with extensive and lengthy files prior to and during the audit for review, to support a conclusion of compliance with the standards. 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 FOD, Director, 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:	39
Number of standards not met:	1

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:

HCDC Policies and Procedures A-033 addresses the requirement 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 allegations. The facility PREA Compliance Manager work with all staff to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Director 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. (Continued on last page)

§115.13 – Detainee supervision and monitoring.

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

Notes:

HCDC Policies and Procedures A-033 outlines the requirement of the standard. HCDC takes appropriate steps to ensure detainees with disabilities and detainees with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse. PREA handouts, bulletin board postings and detainee handbooks are in both English, Spanish, Chinese, and Braille. The facility has a contract with an interpretation service to provide translation services for detainees who have a need that exceeds English or Spanish. (Continued on last page)

§115.14 – Juvenile and family detainees.

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

Notes:

Non-Applicable. HCDC 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:

HCDC Policies and Procedures E-402 outlines the requirement of the standard. HCDC does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, the search is required to be documented. 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. (Continued on last page)

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

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

Notes

HCDC Policies and Procedures H-736 outline the requirements of the standard. HCDC takes appropriate steps to ensure detainees with disabilities and detainees with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse. PREA handouts, bulletin board postings and detainee handbooks are in both English, Chinese, Spanish, and in Braille. The facility has a contract with an interpretation service to provide translation services for detainees who have a need that exceeds English or Spanish. Staff interviewed confirmed that 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 – 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:

HCDC Policies and Procedures A-017 outlines the requirement of this standard. The Human Resource Manager and a Captain were 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. (Continued on last page)

§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. HCDC has an extensive video and monitoring system in place. Since May 2014, there have not been any upgrades to the facility or technologies.

§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:

HCDC Policies and Procedures addresses the requirement of this standard. Security, Mental Health, and Medical 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 all allegations of sexual abuse are referred to the Howard County Police Department. All forensic medical examinations are conducted by a SAFE/SANE through an agreement with Howard County General Hospital. 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:

HCDC Policies and Procedures A-033 outline the requirement of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse. All allegations of sexual assault are immediately referred to Howard County Police Department to conduct investigations. The Chief of Security was interviewed and found to be very knowledgeable concerning his responsibilities in the investigative process. All allegations are reported immediately to the ICE Field Office. (Continued on last page)

§115.31 – Staff training.

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

Notes:

HCDC Policies and Procedures A-033 outlines the requirement 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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. There are **(b)** active contractors who provide medical and mental health care for detainees under a contract with Correct Care Solutions (CCS). 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, three contractors (Correct Care Solutions) were interviewed and were found to be well versed in the provisions 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:

HCDC Policies and Procedures A-033 outlines the requirement 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 and multiple ways to report any such incidents. The pamphlet is available in English and Spanish. The handbook is available in English, Spanish, and Chinese. (Continued on the last page)

§115.34 – Specialized training: Investigations.

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

Notes:

The facilities procedures outlines the requirement of this standard. During the on-site audit, it was discovered that there were no staff trained to conduct administrative investigations regarding sexual abuse. As a result of the discovery, the Chief of Security completed the National Institute of Corrections "PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations" training during the audit. This auditor reviewed specialized training documentation. The Howard County Police Department conducts all criminal investigations for the facility. There have been no administrative/criminal investigation in the last 12 months. (Continued on last page)

§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:

All mental health and medical staff are provided by Correct Care Solutions (CCS) 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 (Howard County General Hospital) and they confirmed that there is SAFE/SANE staff available at all times. (Continued on last page)

§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:

HCDC Policies and Procedures C-200 outlines the requirement 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. The intake staff screens all new arrivals within their first 72 hours. They are almost always seen the first day of their arrival. The staff reviews 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. (Continued on last page)

§115.42 – Use of assessment information.

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

Notes:

HCDC Policies and Procedures D-300 outlines the requirement of this standard. The facility uses a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, and other program assignments, with the goal of keeping detainees at high risk of being sexually abused separate from those detainees who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and detainees are not placed in housing units based solely on their sexual identification or status. 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 180 days and there were no LGBTI 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:

HCDC Policies and Procedures D-306 outlines the requirement 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 are 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.

§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:

HCDC Policies and Procedures A-033 outlines the requirement 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 the 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 HCDC website or contacting any facility staff. (Continued on last page)

§115.52 – Grievances.

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

Notes:

The facility handbook outlines the requirements of this standard. Detainees may file a grievance; however, all allegations of sexual abuse, 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 have been no grievances alleging sexual abuse in the last year.

§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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. The auditor confirmed that Howard County General Hospital has agreed to conduct forensic examinations, when requested by the facility. In addition, the auditor also confirmed that the facility has a MOU with the The Domestic Violence Center of Howard County, Inc. for detainee reporting and victim advocate services. Interviews with staff and detainees support compliance with this standard.

§115.54 – Third-party reporting

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

Notes:

HCDC 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 housing units and made available in the detainee handbook. The facility website: <https://www.howardcountymd.gov/Departments/Corrections/Prison-Rape-Elimination-Act-PREA> 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 has signs in the lobby 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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. Staff confirmed during interviews they know 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.

§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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. Interviewed staff were well aware of their duties and responsibilities, as it relates to them having knowledge of a detainee being at imminent risk for being sexually abused. All staff indicated they would act immediately to protect the detainee. Correctional officers stated they would separate the potential victim/perpetrator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their supervisor, medical and mental health 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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. Policy requires the Director or the Chief of Security at HCDC to report any PREA-related allegation by a detainee, that occurred at another facility, to the Director of the facility where the incident is alleged to have occurred. The notification is to occur as soon as possible, but always within 48 to 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. During the last year, there were no cases of any PREA allegations reported that took place at another facility.

§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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. All staff interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse. They also stated they would separate the potential victim/perpetrator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact the shift supervisor, medical and mental health staff. The supervisor would continue to protect the detainee by immediately notifying PCM and the Chief of Security.

§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:

HCDC Policy and Procedures A-033 outlines the requirement of this standard. The facility has established a PREA coordinated response check list to aid in their response to allegations of sexual abuse. The policies provide direction to security, medical and mental health practitioners, and the community providers (SAFE/SANE and victim advocates). 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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. Staff suspected of perpetrating sexual abuse shall be subjected to disciplinary action up to and including termination. Contractors and volunteers will lose their privileges to enter the facility. Interviews with the PCM and the Director confirms 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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. Policy prohibits any type of retaliation against any staff or detainee who has reported sexual abuse or cooperated in any related investigation. The facility PCM is the designated retaliation monitor. The PCM stated that she would follow-up on all potential cases to ensure that policy is being enforced and would conduct periodic status checks on the frequency of incident reports, housing reassignments and negative performance review/staff job reassignments. If there was a concern that there was the potential for possible retaliation, she 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:

HCDC Policies and Procedures A-033 outlines the requirement 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. 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:

HCDC Policies and Procedures A-032 outlines the requirement of this standard. The Chief of Security will conduct administrative investigations within the facility and will refer criminal investigations to the Howard County Police Department. There were no criminal prosecutions during this auditing period. According to the Director and Chief of Security, the facility fully cooperates with any outside agency that conducts the investigation. The Chief of Security 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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. The evidence standard is a preponderance (51%) of the evidence in determining whether allegations of sexual abuse 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:

HCDC Policies and Procedures A-032/033 outlines the requirement 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, detainees will be notified in accordance with the standards. There has been no cases where notification was required by the standard.

§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:

HCDC Policy and Procedures A-033 outlines the requirement 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 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:

HCDC Policies and Procedures A-033 outlines the requirement 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 HCDC. Compliance with this standard was determined by a review of policy 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:

HCDC Policies and Procedures H-713 outlines the requirement 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 IPCM, and the Director 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:

HCDC Policies and Procedures A-033 outlines the requirement 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 will take place within two working days. The procedures also allow for detainees who report being sexually abused 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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. Correct Care Solutions (CCS) provides medical and mental health services at HCDC. 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 Howard County General Hospital, 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:

HCDC Policies and Procedures A-033 outlines the requirement 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, in accordance with professionally accepted standards of care, where medically appropriate. 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:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. The facility policy indicates a sexual abuse incident review will be conducted 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 Chief of Security, Health Services Administrator, and the PREA Compliance Manager. (Continued on last page)

§115.87 – Data collection.

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

Notes:

HCDC Policies and Procedures A-033 outlines the requirement of this standard. The facility maintains all records of PREA related allegations for ten 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 Howard County 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. 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 Director.

115.15 - The auditor recommended the announcements be made in the languages used by the majority of the detainees. At HCDC, it would be Spanish. 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 during 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.

115.17 - 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.

115.22 - The Director indicated that the ICE Field Office is notified immediately and they have the responsibility of notifying the Joint Intake Center, OPR, and the OIG when necessary. The Howard County Police Department police department conducts the criminal investigations for the facility. The Chief of Security was recently trained to conduct administrative investigations and has oversight for ensuring that criminal investigations are conducted in accordance with the standard

115.33 - Staff are aware of their responsibility to assist detainees either individually or through translation services to make a confidential report. 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 in the units. The facility uses a language line 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. Interviews with staff and detainees; as well as an examination of documentation confirm compliance to this standard.

115.34 - The Howard County Police Department conducts all criminal investigations for the facility. There have been no criminal investigation in the last 12 months.

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.

115.51 - All detainees interviewed confirm 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.

115.86 - At the time of the audit, the HCDC did not have any allegations related to sexual abuse. As such, the auditor was unable to determine whether the facility followed the aforementioned policy concerning sexual abuse incident reviews.

ADDITIONAL NOTES

[Empty box for additional notes]

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

May 8, 2017

Date