Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report

Baker County Sheriff's Office

December 2 - 4, 2025

U.S. Immigration and Customs Enforcement

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Corrective Action Plan Final Determination

Homeland Security

AUDITOR INFORMATION			
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FIELD OFFICE INFORMATION			
Name of Field Office:	Miami		
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INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Baker County Sheriff's Office		
Physical address:	1 Sheriff's Office Drive Macclenny, Florida 32063		
Telephone number:	904-259-2231		
Facility type:	Intergovernmental Service Agreement		
PREA Incorporation Date:	2/28/2020		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer In Charge (OIC)
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FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

During the audit, the Auditor found Baker County Sheriff's Office met 35 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 5 non-compliant standards. As a result of the facility being out of compliance with 5 standards, the facility entered into a 180-day corrective action period which began on February 2, 2026, and ended on August 01, 2026. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

The facility submitted documentation, which was reviewed by the Auditor on March 7, 2026, April 29, 2026, June 6, 2026, June 23, 2026, July 1, 2026, July 19, 2026. On July 19, 2026, the Auditor determined that the facility had demonstrated compliance with the five previously non-compliant standards ending the corrective action period early.

Number of Standards Initially Not Met: 5

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.81 - Medical and mental health assessments; history of sexual abuse.

Number of Standards Exceeded: 0

Number of Standards Met: 5

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.81 - Medical and mental health assessments; history of sexual abuse.

Number of Standards Not Met: 0

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence replied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit. 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.

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

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

Notes:

(a)(b): BCSO policy CO 328 states, "BCDC shall take appropriate steps to ensure that detainees with disabilities (including but not limited to those who are blind or have low vision, deaf or hard of hearing, or those who have intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of BCDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Detainee comprehensive education shall be completed within 30 days of intake regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents as well as regarding agency policies and procedures for responding to such incidents. This education will be conducted at time of the detainee's 14-day Health and Physical in the medical lobby. An education acknowledgement sheet should be signed by the detainee acknowledging that this education has been completed." Interviews with the PREA Compliance Manager, a Booking Officer, and four random Correctional Deputies (CDs) indicated reasonable accommodations are made to ensure detainees have an equal opportunity to participate and benefit from all aspects of the Agency's and facility's efforts to prevent, detect and respond to sexual abuse to include, but not limited to, the use of a teletypewriters (TTY) and a Telecommunication device (TDD) phone for the deaf and hard of hearing detainees, utilizing the facility language line, Google translation device, or a staff interpreter for those detainees who have limited reading skills or are LEP. If a detainee is blind or has limited sight, staff would read the information to the detainee and if a detainee has intellectual, psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. An interview with a Booking Officer indicated during the intake process, detainees will sign an Inmate/detainee PREA Orientation form and a PREA Education Acknowledgement form confirming the detainee received an ICE National Detainee Handbook, a BCDC Inmate/Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. During the on-site audit, the Auditor observed the ICE National Detainee Handbook was readily available in English and Spanish; and an additional 17 languages to include Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kalantzis, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof, and Q'egchi' (Kekchi), were available in a binder for staff to copy when needed, the DHS-prescribed SAA Information pamphlet, was readily available on the facility computer system in 19 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam and Wolof and the BCDC Inmate/Detainee Handbook was readily available in English and Spanish, and 18 additional languages on the facility computer system which included Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Mam, Portuguese, Pulaar, Punjabi, Q'eqchi' (Kekchi), Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof. During the on-site audit, the Auditor reviewed the Inmate/detainee PREA Orientation form which informs the detainees they have the right to be safe at the facility, they can report incidents of sexual abuse or behavior to any staff member including contractors and volunteers, the facility zero tolerance policy, PREA information is in your issued property bag and on the Kiosk and includes ways to keep safe from sexual abuse. In addition, the form includes the detainee acknowledging they have received orientation and understand their rights under the PREA act and a statement "At this time I have advised the Baker County Detention Center Staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be

translated in the language of:" however, a review of the documentation could not confirm, although the detainee may request "all education and information provided to me from this point forward be translated in the language of," PREA information was provided in the detainee's preferred language. During the on-site audit, the Auditor further reviewed the PREA Education Acknowledgement which includes 1. Are you having problems in your current housing unit, 2. Do you feel at risk of being sexually assaulted/victimized, 3. Are you aware of the sexual assault information provided on the kiosk and the brochure in your property bag, 4. Did you receive a copy of the Sexual Assault Brochure, 5. Are you aware of your rights as a victim of sexual assault/abuse and 6. Do you need assistant from a staff member with learning the kiosk or the reading materials provided;" however, a review of the documentation does not confirm PREA information was provided in the detainee's preferred language. In addition, the form includes the detainee's acknowledgment that they have received orientation and understand their rights under the PREA Act, as well as a statement: "At this time I have advised the Baker County Detention Center staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated into the language of." However, a review of the documentation could not confirm that all education and information were translated as requested. Although the document allows the detainee to request all information in their preferred language, in most of the reviewed files, this section was not filled out. As a result, the Auditor could not confirm whether the detainee was (a) made aware of their ability to request the materials in a different language and (b) received the information in the language they chose. The Auditor reviewed the PREA tab on the facility Kiosk and confirmed the ICE National Detainee Handbook was available in all 19 languages and the DHS-prescribed SAA Information pamphlet, was available in all 17 languages; however, the BCDC Inmate/Detainee Handbook was available in English and Spanish only. During the on-site audit, the Auditor observed one detainee going through the intake process and observed the detainee was provided both handbooks in Spanish which was his preferred language. The Auditor reviewed 26 electronic detainee files and confirmed all detainees had signed both the Inmate/detainee PREA Orientation form and the PREA Education Acknowledgement documents; however, interviews with 20 detainees, which included copies of the material, confirmed 19 of the detainees stated they had not received the ICE National Detainee Handbook, the BCDC Inmate/Detainee Handbook, or the DHS-prescribed SAA Information pamphlet. (c): Interviews with four random CDs indicated they could utilize another detainee for interpretation if the detainee victim expressed a preference and it was approved by a supervisor and ICE; however, each officer indicated they preferred to utilize the language line for incidents of sexual abuse. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the files included another detainee had been utilized to interpret for the detainee victim.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. During the on-site audit, the Auditor reviewed the Inmate/detainee PREA Orientation form which informs the detainees they have the right to be safe at the facility, they can report incidents of sexual abuse or behavior to any staff member including contractors and volunteers, the facility zero tolerance policy, PREA information is in your issued property bag and on the Kiosk and includes ways to keep safe from sexual abuse. In addition, the form includes the detainee acknowledging they have received orientation and understand their rights under the PREA act and a statement "At this time I have advised the Baker County Detention Center Staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated in the language of:" however, a review of the documentation could not confirm, although the detainee "may request all " PREA education and information provided to me from this point forward be translated in the language of information was provided in the detainee's preferred language. In addition, the form includes the detainee's acknowledgment that they have received orientation and understand their rights under the PREA Act, as well as a statement: "At this time I have advised the Baker County Detention Center staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated into the language of." However, a review of the documentation could not confirm that all education and information were translated as requested. Although the document allows the detainee to request all information in their preferred language, in most of the reviewed files, this section was not filled out. As a result, the Auditor could not confirm

whether the detainee was (a) made aware of their ability to request the materials in a different language or (b) received the information in the language they chose. During the on-site audit, the Auditor further reviewed the PREA Education Acknowledgement which includes 1. Are you having problems in your current housing unit, 2. Do you feel at risk of being sexually assaulted/victimized, 3. Are you aware of the sexual assault information provided on the kiosk and the brochure in your property bag, 4. Did you receive a copy of the Sexual Assault Brochure, 5. Are you aware of your rights as a victim of sexual assault/abuse and 6. Do you need assistant from a staff member with learning the kiosk or the reading materials provided;" however, a review of the documentation does not confirm PREA information was provided in the detainee's preferred language. In addition, the Auditor reviewed the PREA tab on the facility Kiosk and confirmed the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet, was available in all 19 languages; however, the BCDC Inmate/Detainee Handbook was available in English and Spanish only; and therefore, the Auditor could not confirm information available in the detainee handbook is available in a manner all detainees can understand. The Auditor reviewed 26 electronic detainee files and confirmed all detainees had signed both the Inmate/detainee PREA Orientation form and the PREA Education Acknowledgement documents; however, interviews with 20 detainees confirmed 19 of the detainees stated they had not received the ICE National Detainee Handbook, the BCDC Inmate/Detainee Handbook, or the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must implement a process to ensure all detainees with disabilities, to include those who are LEP, have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect and respond to sexual abuse. Once implemented, the facility must submit documentation to confirm all applicable staff, including staff who may be assigned to Intake, have received training on the implemented procedure. The facility must submit the files of 10 detainee files who arrive during the Corrective Action Plan (CAP) period, whose preferred language is other than English or Spanish, to confirm the facility has implemented a process to ensure all detainees who are LEP, have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect and respond to sexual abuse.

Corrective Action Taken:

4/29/2026 The facility submitted the updated process implemented which included direction for staff to issue PREA information only in the language identified by the detainee during the intake process to ensure all detainees with disabilities, to include those who are LEP, have an equal opportunity to participate in or benefit from all aspects of the Agency’s and facility’s efforts to prevent, detect and respond to sexual abuse. 6/6/2026 The facility submitted the PowerDMS 2026 Training Report. The Auditor reviewed the PowerDMS 2026 Training Report and confirmed 62 staff have received training on the implemented procedures. 7/19/2026 The facility submitted the files of five detainees whose preferred language is other than English or Spanish (two Russian, two Chinese and one Haitian Creole). The Auditor reviewed the files and confirmed the facility issued the PREA information in the language identified by the detainee during the intake process ensuring all detainees who are LEP, have an equal opportunity to participate in or benefit from all aspects of the Agency’s and facility’s efforts to prevent, detect and respond to sexual abuse; and therefore, no longer requires the facility submit the files of 10 detainees whose preferred language is other than English or Spanish. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a) and (b) of the standard.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(d)(e)(f): BCSO policy CO 328 states, "During the intake process, BCDC shall ensure that the detainee orientation program notifies and informs detainees about ICE's and BCDC's zero-tolerance policies for all forms of sexual abuse and includes at a minimum, instructions on: 1. Prevention and intervention strategies; 2. Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; 3. Explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the compliance manager or a mental

health specialist), the DHS Office of Inspector General, and the Joint Intake Center; 4. Information about self-protection and indicators of sexual abuse; 5. Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and 6. The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. BCDC shall take appropriate steps to ensure that detainees with disabilities (including but not limited to those who are blind or have low vision, deaf or hard of hearing, or those who have intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of BCDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Detainee comprehensive education shall be completed within 30 days of intake regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents as well as regarding agency policies and procedures for responding to such incidents. This education will be conducted at time of the detainee's 14-day Health and Physical in the medical lobby. An education acknowledgement sheet should be signed by the detainee acknowledging this education has been completed." However, subsection (a) of the standard requires during the intake process that the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice with the name of the PREA Coordinator, and the Women's Center of Jacksonville (WCJ) flyer, in English and Spanish only, posted on all housing units. Interviews with the PREA Compliance Manager, a Booking Officer, and four random CDs indicated reasonable accommodations are made to ensure detainees receive notification, orientation, and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or a Telecommunication device (TDD) phone for the deaf and hard of hearing detainees. For those detainees who have limited reading skills or are LEP, staff will utilize the facility language line, a google translation device to interpret the information or if available, a staff interpreter who is proficient in the detainee's preferred language. If a detainee is blind or has limited sight, staff would read the information to the detainee and if a detainee has intellectual, psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. An interview with a Booking Officer indicated during the intake process, detainees will sign a Each detainee signs an Inmate/detainee PREA Orientation form and a PREA Education Acknowledgement form confirming the detainee received an ICE National Detainee Handbook, a BCDC Inmate/Detainee Handbook, and the DHS-prescribed SAA Information pamphlet. During the on-site audit, the Auditor observed the ICE National Detainee Handbook was readily available in English and Spanish; and an additional 17 languages to include Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof, and O'egchi' (Kekchi), were available in a binder for staff to copy when needed, the DHS- prescribed SAA Information pamphlet, was readily available on the facility computer system in 17 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam and Wolof and the BCDC Inmate/Detainee Handbook was readily available in English and Spanish, and the facility handbook was available in 17 additional languages on the facility computer system which included Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Mam, Portuguese, Pulaar, Punjabi, Q'eqchi' (Kekchi), Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof. The Auditor reviewed the ICE National Detainee Handbook and confirmed the ICE National Detainee Handbook includes information on the Agency's zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on- detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. During the on-site audit, the Auditor reviewed the Inmate/detainee PREA Orientation form which informs the detainees they have the right to be safe at the facility, they can report incidents of sexual abuse or behavior to any staff member including contractors and volunteers, the facility zero tolerance policy, PREA information is in your issued property bag and on the Kiosk and includes ways to keep safe from sexual abuse. In addition, the form includes the detainee acknowledging they have received orientation and understand their rights under the PREA act and a statement "At this time I have

advised the Baker County Detention Center Staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated in the language of however, a review of the documentation could not confirm, although the detainee "may request all education and information provided to me from this point forward be translated in the language of during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard in a manner all detainees can understand to include receiving the ICE National Detainee Handbook, the facility handbook, and the DHS-prescribed SAA Information pamphlet. In addition, the form includes the detainee's acknowledgment that they have received orientation and understand their rights under the PREA Act, as well as a statement: "At this time I have advised the Baker County Detention Center staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated into the language of." However, a review of the documentation could not confirm during intake the information was translated as requested. Although the document allows the detainee to request all information in their preferred language, in most of the reviewed files, this section was not filled out. As a result, the Auditor could not confirm the detainee was (a) made aware of their ability to request the materials in a different language or (b) received the information required by subsection (a), the ICE National Detainee Handbook, facility handbook, or the DHS-prescribed SAA Information pamphlet in the language they chose. During the on-site audit, the Auditor further reviewed the PREA Education Acknowledgement which includes 1. Are you having problems in your current housing unit, 2. Do you feel at risk of being sexually assaulted/victimized, 3. Are you aware of the sexual assault information provided on the kiosk and the brochure in your property bag, 4. Did you receive a copy of the Sexual Assault Brochure, 5. Are you aware of your rights as a victim of sexual assault/abuse and 6. Do you need assistant from a staff member with learning the kiosk or the reading materials provided;" however, a review of the documentation does not confirm during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard in a manner all detainees can understand. In addition, the Auditor reviewed the PREA tab on the facility Kiosk and confirmed the ICE National Detainee Handbook was available in all 17 languages and the DHS-prescribed SAA Information pamphlet, was available in all 19 languages; however, the BCDC Inmate/Detainee Handbook was available in English and Spanish only. During the on-site audit, the Auditor observed one detainee going through the intake process and observed he was provided both handbooks in Spanish his preferred language. The Auditor reviewed 26 electronic detainee files and confirmed all detainees had signed both the Inmate/detainee PREA Orientation form and the PREA Education Acknowledgement documents; however, interviews with 20 detainees confirmed 19 of the detainees stated they had not received the ICE National Detainee Handbook, the BCDC Inmate/Detainee Handbook, or the DHS-prescribed SAA Information pamphlet.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (c) of the standard. During the on-site audit, the Auditor reviewed the Inmate/detainee PREA Orientation form which informs the detainees they have the right to be safe at the facility, they can report incidents of sexual abuse or behavior to any staff member including contractors and volunteers, the facility zero tolerance policy, PREA information is in your issued property bag and on the Kiosk and includes ways to keep safe from sexual abuse. In addition, the form includes the detainee acknowledging they have received orientation and understand their rights under the PREA act and a statement "At this time I have advised the Baker County Detention Center Staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated in the language of :" however, a review of the documentation could not confirm, although the detainee "may request all education and information provided to me from this point forward be translated in the language of during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard in a manner all detainees can understand to include receiving the ICE National Detainee Handbook, the facility handbook, and the DHS-prescribed SAA Information pamphlet. In addition, the form includes the

detainee's acknowledgment that they have received orientation and understand their rights under the PREA Act, as well as a statement: "At this time I have advised the Baker County Detention Center staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated into the language of." However, a review of the documentation could not confirm during intake the information was translated as requested. Although the document allows the detainee to request all information in their preferred language, in most of the reviewed files, this section was not filled out. As a result, the Auditor could not confirm the detainee was (a) made aware of their ability to request the materials in a different language or (b) received the information in the language they chose. During the on-site audit, the Auditor further reviewed the PREA Education Acknowledgement which includes 1. Are you having problems in your current housing unit, 2. Do you feel at risk of being sexually assaulted/victimized, 3. Are you aware of the sexual assault information provided on the kiosk and the brochure in your property bag, 4. Did you receive a copy of the Sexual Assault Brochure, 5. Are you aware of your rights as a victim of sexual assault/abuse and 6. Do you need assistant from a staff member with learning the kiosk or the reading materials provided;" however, a review of the documentation does not confirm during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard in a manner all detainees can understand. In addition, the Auditor reviewed the PREA tab on the facility Kiosk and confirmed the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet, was available in all 19 languages; however, the BCDC Inmate/Detainee Handbook was available in English and Spanish only. The Auditor reviewed 26 electronic detainee files and confirmed all detainees had signed both the Inmate/detainee PREA Orientation form and the PREA Education Acknowledgement documents; however, interviews with 20 detainees confirmed 19 of the detainees stated they had not received the ICE National Detainee Handbook, the BCDC Inmate/Detainee Handbook, or the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must implement a process to ensure during the intake process, the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes information on all elements required by subsection (a) of the standard in a manner all detainees can understand. Once implemented, the facility must update the Inmate/detainee PREA Orientation form to include confirmation the detainee received the ICE National Detainee Handbook, the facility handbook, and the DHS-prescribed SAA Information pamphlet in a manner all detainees can understand. In addition, once implemented the facility must submit documentation to confirm all applicable staff, including staff who may be assigned to intake, have received training in the implemented procedure. The facility must submit the files of 10 detainees who arrive during the CAP period, to include the updated Inmate/detainee PREA Orientation form to confirm during the intake process, the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes information on all elements required by subsection (a) of the standard.

Corrective Action Taken:

4/29/2026 The facility submitted the updated process to ensure, during the intake process, the facility provides all detainees with the ICE National Detainee Handbook in a manner all detainees can understand. The Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes all required elements of subsection (a) of the standard. A review of the updated process further confirms the facility no longer uses an Inmate/detainee PREA Orientation form to document completion of orientation; and therefore, the Auditor no longer requires the facility update the Inmate/detainee PREA Orientation form to include confirmation the detainee received the ICE National Detainee Handbook, the facility handbook, and the DHS-prescribed SAA Information pamphlet in a manner all detainees can understand. 7/19/2026 The facility submitted the files of five detainees whose preferred language is other than English or Spanish (two Russian, two Chinese and one Haitian Creole). The Auditor reviewed the files and confirmed the facility has implemented a procedure to ensure all detainees who are LEP, have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect and respond to sexual abuse; and therefore, no longer requires the facility submit the files of 10 detainees whose preferred language is other than English or Spanish. Upon review of all

submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), and (c) of the standard.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(e)(f)(g): BCSO policy CO 328 states, "BCDC shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and maybe housed accordingly. Each detainee will be screened utilizing BCDC PREA Risk Assessment Form by medical staff. The initial classification process and initial housing assignment should be completed within twelve hours of admission to BCDC. BCDC shall reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Completed PREA Risk Assessment Forms will be housed in the detainee's medical file in the medical unit. Detainees found to be at risk of possible sexual victimization or at risk of being sexually aggressive will be communicated to the Booking Supervisor for a Special Requirements flag to be placed in the SmartCop jail management system. The PREA Coordinator and Classifications Supervisor will also be notified. Only staff that have a legitimate need to know shall have access to completed screening forms. Information gathered from the Detainee Sexual Assault Risk Assessment completed at time of intake will be used to make an informed decision when dealing with a detainee's housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each detainee." Interviews with the PSA Compliance Manager, a Booking Officer, and the Health Service Administrator (HSA) indicated all detainees are screened for a potential risk of sexual victimization or sexually abusive behavior. An interview with a Booking Officer indicated detainees are initially housed based on their criminal history and current charges and prior to completing the booking process, the detainee will then see medical staff who will conduct the PREA risk assessment and will notify, via telephone, the Intake staff if a detainee is identified as being at risk for sexual victimization or perpetrating sexual abuse who will rehouse the detainee into a four-man if they had been originally housed in a two-man cell; however, the facility did not provide documentation to confirm Intake staff were aware detainees in the two-man cell or the four-man cell were not identified as being at risk for perpetrating sexual abuse prior to the housing placement. An interview with the HSA indicated medical staff conduct an initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form contained within the detainee's electronic medical file; however, only medical and mental health staff have access to the assessment; and therefore, the Auditor could not confirm Intake staff have access to the information gained from the initial risk assessment to house detainees to mitigate any danger of sexual abuse. The Auditor reviewed the BCDC PREA Risk Assessment form and confirmed the form includes asking each detainee, if they are a former victim of prison rape/sexual assault, young age (under 21 years of age) or elderly (60 years of age or older), slight build 5ft 6 in or less and/or less than 140 lbs., first incarceration in jail, nonviolent history, convictions for sex offenses against an adult or child, sexual orientation of gay or bisexual, gender non-conformance (e.g., transgender or intersex identity), mental, physical or developmental disability, inmate/detainee's own perception of vulnerability, inmate/detainee is detailed solely for civil immigration purposes, prior history of institutional predatory behavior, prior convictions for violent offenses, history of sexual abuse towards others, gang affiliation, and current or prior rape conviction. An interview with the HSA indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, the Shift Supervisor and Classification staff are notified, and the notifications are documented on the PREA Risk Assessment; however, she does not have access to the detainee's criminal history; and therefore, cannot utilize the information to identify a detainee who is at risk of perpetrating sexual abuse. An interview with the HSA further indicated the same process is followed when conducting the 60-90-day assessments. In interviews with the HSA and PREA Compliance Manager it was

indicated detainees are not disciplined for refusing to answer questions noted on the initial risk assessment or for not giving complete answers. In interviews with the PREA Coordinator, PREA Compliance Manager, and the HSA it was indicated there were no detainees identified as being at risk for sexual victimization or perpetrating sexual abuse during the audit period; however, the Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure information gained from the initial risk assessment is utilized to house detainees to prevent sexual abuse taking necessary steps to mitigate any such danger. The Auditor reviewed 26 electronic detainee files and confirmed each detainee had a completed BCDC PREA Risk Assessment completed during the intake process. A review of 26 files further confirmed there were three files which included detainees who had been at the facility longer than 60 days and had received a 60-90-day assessment; however, the Auditor could not confirm a reassessment was conducted on the two detainees who were identified, by intake staff and not during the initial risk assessment, of being at risk of perpetrating sexual abuse and in review of three sexual abuse allegation investigation files, the Auditor could not confirm an assessment had been completed following an allegation of sexual abuse or victimization. The Auditor did not make a compliance determination for provision (c) bullet (7) related to consideration of transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E.O14168. The Auditor did not make a compliance determination for provision (f) bullet (7) related to consideration of transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E.O14168. Recommendation (c): The Auditor recommends the facility update the BCDC PREA Risk Assessment form to separate "if they are a former victim of prison rape/sexual assault" as it may be confusing and the reason there have been no detainees who identified as having a history of sexual abuse during the audit period. In addition, the Auditor recommends the facility remove specific ages, heights, and weights in determining if age or physical stature contributes to the detainee's risk of being sexually abused.

Corrective Action:

The facility is not in compliance with subsections (a), (d), and (e) of the standard. An interview with a Booking Officer indicated detainees are initially housed based on their criminal history and current charges and prior to completing the booking process, the detainee will then see medical staff who will conduct the PREA risk assessment notify, via telephone, Intake staff if a detainee identified as being at risk for sexual victimization or perpetrating sexual abuse who will rehouse the detainee into a four-man if they had been originally housed in a two-man cell; however, the facility did not provide documentation to confirm Intake staff were aware detainees in the two-man cell or the four-man cell were not identified as being at risk for perpetrating sexual abuse prior to the housing placement. An interview with the HSA indicated medical staff conduct an initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form contained within the detainee's electronic medical file; however, only medical and mental health staff have access to the assessment; and therefore, the Auditor could not confirm Intake staff have access to the information gained from the initial risk assessment to house detainees to mitigate any danger of sexual abuse. An interview with the HSA further indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, the Shift Supervisor and Classification staff are notified, and the notifications are documented on the PREA Risk Assessment; however, she does not have access to the detainee's criminal history; and therefore, cannot utilize the information to identify a detainee who is at risk of perpetrating sexual abuse. In interviews with the PREA Coordinator, PREA Compliance Manager, and the HSA it was indicated there were no detainees identified as being at risk for sexual victimization or perpetrating sexual abuse during the audit period; however, the Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure information gained from the initial risk assessment is utilized to house detainees to prevent sexual abuse taking necessary steps to mitigate any such danger. The Auditor reviewed 26 electronic detainee files and confirmed there were 3 files which included detainees who had been at the facility longer than 60 days and had

received a 60-90-day assessment; however, the Auditor could not confirm a reassessment was conducted on the two detainees who were identified, by intake staff and not during the initial risk assessment, of being at risk of perpetrating sexual abuse and in review of three sexual abuse allegation investigation files, the Auditor could not confirm an assessment had been completed following an allegation of sexual abuse or victimization. To become compliant, the facility shall implement a process to ensure all detainees are assessed upon intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking any necessary steps to mitigator any such dangers to include prior acts of sexual abuse and convictions for violent offenses. Once implemented the facility must submit documentation to confirm all applicable staff, to include staff who may be assigned to Intake, classification, shift supervisors, and all medical staff who have received training in the implemented procedures. In addition, the facility must submit documentation to confirm all applicable staff, to include staff responsible for conducting reassessments are trained on subsection (e) of the standard which requires a reassessment be conducted when warranted based upon the receipt of additional relevant information or following an incident of sexual abuse or victimization. If applicable, the facility must submit the files of 10 detainees to include 5 detainees who were identified at risk for victimization and 5 detainees who were identified at risk for abusiveness. The files must include the detainees' date of arrival at the facility, risk assessment, the classification worksheet, and housing assignment. In addition, if applicable, the facility shall submit all sexual abuse allegation investigation files closed by the Agency, and the corresponding risk assessments which were completed after the allegations were reported to the facility, and any reassessments which occurred based on receiving additional relevant information which occur during the CAP period.

Corrective Action Taken:

6/12/2026 The facility submitted an updated PREA risk assessment to include the risk assessment completed by medical staff. The Auditor reviewed the submitted form and confirmed the form includes all required elements of subsections (c) and (d) of the standard. The facility submitted a training curriculum. The Auditor reviewed the curriculum and confirmed the curriculum includes a process to ensure all detainees are assessed upon intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking any necessary steps to mitigate any such dangers to include prior acts of sexual abuse and convictions for violent offenses. The facility submitted the file of one detainee. 7/1/2026 The facility submitted an updated institutional risk assessment. The Auditor reviewed the submitted assessment and confirmed the risk assessment requires an immediate referral to mental health if the detainee identifies as having a history or sexual abuse (A) or a history of perpetrating institutional sexual abuse (A); if the detainee identifies as having perpetrated sexual abuse in the community (C) and has a current conviction for rape of sexual abuse (E). 7/19/2026 The facility submitted a training curriculum and training sign-in sheets. The Auditor reviewed the curriculum and sign-in sheets and confirmed all applicable staff have received training in subsection (e) of the standard which requires a reassessment to be conducted when warranted based upon the receipt of additional relevant information or following an incident of sexual abuse or victimization. Due to the length of time between the training and end of the CAP period the Auditor accepts the facility did not receive detainees who identified as having a history or sexual abuse or perpetrating sexual abuse since the implementation of the new procedure. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (d), and (e) of the standard.

§115.42 - Use of assessment information.

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

Notes:

(a): BCSO policy CO 328 states, "Information gathered from the Detainee Sexual Assault Risk Assessment completed at time of intake will be used to make an informed decision when dealing with a detainee's housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each detainee." Interviews with the PSA Compliance Manager, a

Booking Officer, and the HSA indicated all detainees are screened for a potential risk of sexual victimization or sexually abusive behavior. An interview with a Booking Officer indicated detainees are initially housed based on their criminal history and current charges and prior to completing the booking process, the detainee will then see medical staff who will conduct the PREA risk assessment notify, via telephone, Intake staff if a detainee identified as being at risk for sexual victimization or perpetrating sexual abuse who will rehouse the detainee into a four-man cell if they had been originally housed in a two-man cell; however, the facility did not provide documentation to confirm Intake staff were aware detainees in the two-man cell or the four-man cell were not identified as being at risk for perpetrating sexual abuse prior to the housing placement. An interview with the HSA indicated medical staff conduct an initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form contained within the detainee's electronic medical file; however, only medical and mental health staff have access to the assessment; and therefore, the Auditor could not confirm Intake staff have access to the information gained from the initial risk assessment to inform housing, recreation and other activities, and voluntary work. An interview with the HSA further indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, the Shift Supervisor and Classification staff are notified, and the notifications are documented on the PREA Risk Assessment; however, she does not have access to the detainee's criminal history; and therefore, cannot utilize the information to identify a detainee who is at risk of perpetrating sexual abuse. In interviews with the PREA Coordinator, PREA Compliance Manager, and the HSA it was indicated there were no detainees identified as being at risk for sexual victimization or perpetrating sexual abuse during the audit period; however, the Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure information gained from the initial risk assessment is utilized to inform housing, recreation and other activities, and voluntary work. An interview with the Classification Supervisor indicated classification staff does not have access to the PREA Risk Assessment; however, medical staff would notify the classification staff if a detainee has been identified at risk for sexual victimization or sexually aggressive. An interview with the Classification Supervisor further indicated information gained from the initial risk assessment is utilized to determine housing, recreation, voluntary work assignments and any other activities; however, during the on-site audit, as Classification staff do not have access to the initial risk assessment, the Auditor could not confirm how classification staff utilize the information in order to inform housing, recreation and other activities, and voluntary work making individualized determinations about how to ensure the safety of the detainee. (b)(c): The Auditor did not make a compliance determination for provisions (b) and (c), as the provisions do not currently align with E.O. #14168.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with a Booking Officer indicated detainees are initially housed based on their criminal history and current charges and prior to completing the booking process, the detainee will then see medical staff who will conduct the PREA risk assessment notify, via telephone, Intake staff if a detainee identified as being at risk for sexual victimization or perpetrating sexual abuse who will rehouse the detainee into a four-man cell if they had been originally housed in a two-man cell; however, the facility did not provide documentation to confirm Intake staff were aware detainees in the two-man cell or the four-man cell were not identified as being at risk for perpetrating sexual abuse prior to the housing placement. An interview with the HSA indicated medical staff conduct an initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form contained within the detainee's electronic medical file; however, only medical and mental health staff have access to the assessment; and therefore, the Auditor could not confirm Intake staff have access to the information gained from the initial risk assessment to inform housing, recreation and other activities, and voluntary work. An interview with the HSA further indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, the Shift Supervisor and Classification staff are notified, and the notifications are documented on the PREA Risk Assessment; however, she does not have access to the detainee's criminal history; and therefore, cannot utilize the information to identify a detainee who is at risk of perpetrating sexual abuse. In interviews with the PREA Coordinator, PREA

Compliance Manager, and the HSA it was indicated there were no detainees identified as being at risk for sexual victimization or perpetrating sexual abuse during the audit period; however, the Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure information gained from the initial risk assessment is utilized to inform housing, recreation and other activities, and voluntary work. An interview with the Classification Supervisor indicated classification staff does not have access to the PREA Risk Assessment; however, medical staff would notify the classification staff if a detainee has been identified at risk for sexual victimization or sexually aggressive. An interview with the Classification Supervisor further indicated information gained from the initial risk assessment is utilized to determine housing, recreation, voluntary work assignments and any other activities; however, during the on-site audit, as Classification staff do not have access to the initial risk assessment, the Auditor could not confirm how classification staff utilize the information in order to inform housing, recreation and other activities, and voluntary work making individualized determinations about how to ensure the safety of the detainee. To become compliant, the facility must implement a process to ensure all detainees are assessed upon intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking any necessary steps to mitigator any such dangers to include considering prior acts of sexual abuse and convictions for violent offenses. Once implemented the facility must submit documentation to confirm that all applicable staff, including staff who may be assigned to intake, classification, shift supervisors, and medical, have received the required training. If applicable, the facility must submit 10 detainee files to include 5 detainees who were identified at risk for victimization and 5 detainees who were identified at risk for abusiveness. The files must include the detainees' date of arrival at the facility, the detainee's risk assessment, the classification worksheet, housing assignment, and any facility assignments.

Corrective Action Taken:

6/12/2026 The facility submitted an updated PREA risk assessment to include the risk assessment completed by medical staff. The Auditor reviewed the submitted form and confirmed the form includes all required elements of subsections (c) and (d) of t standard 115.41. 7/1/2026 The facility submitted an updated institutional risk assessment. The Auditor reviewed the submitted assessment and confirmed the risk assessment requires an immediate referral to mental health is the detainee identifies as having a history or sexual abuse (A) or a history of perpetrating institutional sexual abuse (A); if the detainee identifies as having perpetrated sexual abuse in the community (C) and has a current conviction for rape of sexual abuse (E). To become compliant, the facility must implement a process to inform housing, recreation and other activities, and voluntary work making individualized determinations about how to ensure the safety of the detainee. Once implemented the facility must submit documentation to confirm that all applicable staff, including staff who may be assigned to intake, classification, shift supervisors, and medical, have received the required training. If applicable, the facility must submit 10 detainee files to include 5 detainees who were identified at risk for victimization and 5 detainees who were identified at risk for abusiveness. The files must include the detainees' date of arrival at the facility, the detainee's risk assessment, the classification worksheet, housing assignment, and any facility assignments. 7/19/2026 The facility submitted a training curriculum and training sign-in sheets. The Auditor reviewed the curriculum and sign-in sheets and confirmed all applicable staff have received the required training. Due to the length of time between the training and end of the CAP period the Auditor accepts the facility did not receive detainees who identified as having a history or sexual abuse or perpetrating sexual abuse since the implementation of the new procedure. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

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

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

Notes:

(a)(b)(c): BCSO policy CO 328 states, "If the assessment indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." An interview with the HSA indicated medical staff conduct the initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form. The Auditor reviewed the BCDC PREA Risk Assessment form and confirmed the form includes asking each detainee, if they are a former victim of prison rape/sexual assault, young age (under 21 years of age) or elderly (60 years of age or older), slight build 5ft 6 in or less and/or less than 140 lbs., first incarceration in jail, nonviolent history, convictions for sex offenses against an adult or child, sexual orientation of gay or bisexual, gender nonconformance (e.g., transgender or intersex identity), mental, physical or developmental disability, inmate/detainee's own perception of vulnerability, inmate/detainee is detailed solely for civil immigration purposes, prior history of institutional predatory behavior, prior convictions for violent offenses, history of sexual abuse towards others, gang affiliation, and current or prior rape conviction. The assessment indicates that if a detainee says yes to prison rape/sexual assault "an automatic referral to Classification and Mental Health" is required and if the detainee has prior history of institutional predatory behavior, "an automatic referral to Classification" is required, which indicates that sexual aggressors are not referred to mental health as the standard requires. An interview with the HSA indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, a referral is required, and a "task" is assigned to mental health in the electronic medical file to ensure the detainee is seen by mental health. An interview with a Licensed Mental Health Counselor (LMHC) indicated mental health staff will normally meet with the detainee within 24 hours, but no later 72 hours, and medical staff will see them within two days. The Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were referred to mental health and had been seen by mental health within 48 hours; however, a review of the detainee files further confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure if the assessment pursuant to standard 115.41 indicates a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. The Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were referred to mental health and had been seen by mental health within 48 hours; however, a review of the detainee files further confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure if the assessment pursuant to standard 115.41, to include prior acts of sexual abuse and prior convictions for violent offenses, indicates a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. To become compliant the facility must implement a process which ensures if the assessment pursuant to standard 115.41, to include prior acts of sexual abuse and prior convictions for violent offenses, indicates a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. Once implemented the facility must submit documentation to confirm all applicable staff, to include staff who may be assigned to Intake, and all medical and mental health staff have received the required training. If applicable, the facility must submit 10 detainee files which include 5 detainees who were identified at risk for victimization and 5 detainees who have been identified

as being at risk for perpetrating sexual abuse. The files must include the detainees' date of arrival at the facility, the initial risk assessment, and the corresponding medical and mental health files.

Corrective Action Taken:

7/1/2026 The facility submitted an updated institutional risk assessment. The Auditor reviewed the submitted assessment and confirmed the risk assessment requires an immediate referral to mental health is the detainee identifies as having a history or sexual abuse (A) or a history of perpetrating institutional sexual abuse (A); if the detainee identifies as having perpetrated sexual abuse in the community (C) and has a current conviction for rape of sexual abuse (E). 7/19/2026 The facility submitted a training curriculum and training sign-in sheets. The Auditor reviewed the curriculum and sign-in sheets and confirmed all applicable staff have received the required training. Due to the length of time between the training and end of the CAP period the Auditor accepts the facility did not receive detainees who identified as having a history or sexual abuse or perpetrating sexual abuse since the implementation of the new procedure. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

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.

Robin Bruck

Auditor's Signature & Date 6/1/2026

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

Program Manager's Signature & Date 8/11/2026

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

Assistant Program Manager's Signature & Date 8/12/2026

6/01/2026

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	12/02/2025	**To:**	12/04/2025
AUDITOR INFORMATION			
Name of auditor:	Robin Bruck	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866-(b) (6), (b)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Miami		
Field Office Director:	Garrett Ripa		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	865 SW 78th Avenue Plantation, FL 33324		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Baker County Sheriff's Department		
Physical address:	1 Sheriff Office Drive Macclenny, Florida 32063		
Telephone number:	904-259-2231		
Facility type:	Intergovernmental Service Agreement		
PREA Incorporation Date:	2/28/2020		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	904-259-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	904-259-(b) (6), (b)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Baker County Sheriff Department (BCSD) was conducted December 2 - 4, 2025, by U.S. Department of Justice (DOJ) and Department of Homeland Security (DHS) certified PREA Auditor, Robin M. Bruck, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C); both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR) External Reviews and Analysis Unit (ERAU), during the audit report review process. The purpose of the audit is to determine the facility compliance with DHS PREA standards. BCSD is a county facility under contract with DHS, ICE, Office of Enforcement and Removal Operations (ERO). Throughout this report BCSD will also be referred to as Baker County Detention Center (BCDC) and Baker County Sheriff's Office (BCSO), consistent with the terminology used interchangeably within its governing policies. BCSO is located in Jacksonville, Florida. This is the second DHS PREA audit for BCSO, and includes a review period between November 20, 2024, through November 20, 2025. Approximately 30 days prior to the on-site audit, the ERAU Inspections and Compliance Specialist (ICS) and Team Lead (TL), (b) (6), (b) (7)(C), provided the Auditor with Agency policies, facility's policies, and other pertinent documents through the ICE Audit Management and Review System (AMRS). The Pre-Audit Questionnaire, (PAQ), policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into exhibit folders within AMRS for ease of auditing. Prior to the on-site audit, the Auditor reviewed all documentation provided, the Agency website, and the BCSO website. The main policy governing BCSO's sexual abuse prevention, intervention and response efforts is CO 328 Prison Rape Elimination Act-ICE Standards.

An entrance briefing was held in the BCSO's conference room on Tuesday, December 2, 2025, at 8:15 a.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. The Auditor introduced herself and provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the general knowledge of staff at all levels employed at the facility. The Auditor further explained compliance with the PREA standards will be determined based on a review of the policies and procedures, observations made during the facility on-site audit, documentation review, and interviews conducted with staff and detainees.

Immediately after the entrance briefing, the on-site audit was conducted by the Auditor with key BCSO staff. In addition to the Sallyport and control center, all areas of the facility where detainees are afforded the opportunity to go or are provided services, were observed by the Auditor, which included the detainee housing units, booking/intake, food service, recreation areas, and the medical area. During the on-site audit, the Auditor made visual observations of bathroom and shower areas, the number of staff assigned to all areas, officer post lines, (b) (7)(E). The Auditor observed PREA information, predominately in English and Spanish, in all common areas of the facility and near the detainee telephones which included the DHS-prescribed sexual assault notice, the Detention and Reporting Information Line (DRIL) poster, the DHS Office of Inspector General (OIG) poster, the Women's Center of Jacksonville (WCJ) flyer, information for contacting consular officials, and the audit notification posted in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. . The potential for blind spots, throughout the facility where detainees are housed or have access to, were closely examined and no notable blind spots

were observed. (b) (7)(E) [redacted] During the on-site audit, the Auditor did not observe detainees in a state of undress in any common areas of the facility. In addition, during the on-site audit, the Auditor spoke informally to staff and detainees regarding PREA education and facility practices and confirmed both staff and detainees appeared to be knowledgeable of the Agency and facility zero tolerance policies and PREA in general. During the on-site audit, the Auditor observed signage posted on the housing unit doors to remind opposite gender staff to announce themselves as they entered the unit and observed opposite gender announcements each time, they entered the housing unit and tested all detainee telephone numbers and confirmed successful calls were made to the DHS OIG, ICE DRIL, and WCJ.

BCSO's design capacity is (b) (7)(E) On the first day of the on-site audit, the facility housed (b) (7)(E) which included (b) (7)(E) ICE detainees ((b) (7)(E) male and (b) (7)(female) with the remaining population consisting of BCSO local inmates and prisoners being held by the U.S. Marshall's Service. The facility PAQ indicates the top three nationalities housed at the facility are Cuban, Guatemalan, and Honduran and the average length of time in custody for ICE detainees at BCSO is 45 days. A review of the facility PAQ further indicates the facility does not house juveniles or family units.

Interviews were conducted, utilizing the random detainee protocol, with 20 detainees (15 male and 5 female) to include 11 detainees whose preferred language was English and 9 detainees whose preferred language was Spanish. A language line through Language Line Service Associates (LSA) provided by Creative Corrections, LLC was utilized for all detainees who were limited English proficient (LEP). During the on-site audit, the Auditor attempted to identify detainees who had reported prior sexual victimization, were gay, bisexual, disabled or who had reported a sexual abuse incident, however, there were none reported. All interviews were conducted in a private setting allowing confidentiality for those participating in the interview process.

According to the PAQ the facility employees (b) (7)(security staff, ((b) (7)(male and (b) (7)(female), (b) administrative staff, and (b) maintenance staff, who may have recurring contact with detainees. The staff work in two shifts (b) (7)(E) [redacted]. In addition, there are (b) (7)(medical staff and (b) (7)(mental health staff contracted through the YesCare Corporation, (b) (7)(food service staff contracted through the Trinity Services Group, (b)(commissary worker contracted through the Keefe Group, and (b) contractor employed by HomeWAV for tablet maintenance who may have recurring contact with detainees. The facility utilizes (b) (7)(volunteers for religious services.

The Auditor conducted interviews with 15 staff to include the facility Captain, the PREA Coordinator/Grievance Officer (GO), PREA Compliance Manager/PREA Investigator/Retaliation Monitor/Training Director, Human Resource Manager (HRM), LMHC, Intake Booking Officer, Classification Supervisor, Supervisor who Conducts Unannounced Rounds, Disciplinary Hearing Officer (DHO), Segregation Supervisor, Sexual Abuse Response Team (SART) Member and 4 random Correctional Deputies (CD). In addition, the Auditor interviewed the Health Service Administrator (HSA) contracted through YesCare Corporation and the food service director contracted through Trinity Services Group. All interviews were conducted in a private setting allowing confidentiality for those participating in the interview process.
A review of the facility PAQ indicated the facility has three PREA Investigators who have received specialized training on sexual abuse and cross-agency coordination; however, during the on-site audit, the Auditor confirmed one of the PREA Investigators had taken another position and was no longer working in the facility. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed all three of the allegations reported were detainee-on-detainee (two unsubstantiated and one

unfounded). A review of three sexual abuse investigative files further confirmed all the investigations had been completed by the qualified PREA Investigator no longer employed at the facility.

An exit briefing was conducted on Thursday, December 4, 2025, at 2:00 p.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. The Auditor spoke briefly and informed those present it was too early in the process to formalize a determination of compliance on each standard. The Auditor further advised she would review all documentation, interview notes, file review notes, and on-site observations to determine compliance. The Auditor thanked all facility staff for their cooperation in the audit process. The ICE ERAU TL explained the audit report process, timeframes for any corrective action imposed, and the timelines for the final report.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 35

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.15 - Limits to cross-gender viewing and searches.
- §115.17 - Hiring and promotion decisions.
- §115.18 - Upgrades to facilities and technologies.
- §115.21 - Evidence protocols and forensic medical examinations.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.31 - Staff training.
- §115.32 - Other training.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.43 - Protective custody.
- §115.51 - Detainee reporting.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.54 - Third-party reporting.
- §115.61 - Staff reporting duties.
- §115.62 - Protection duties.
- §115.63 - Reporting to other confinement facilities.
- §115.64 - Responder duties.
- §115.65 - Coordinated response.
- §115.66 - Protection of detainees from contact with alleged abusers.
- §115.67 - Agency protection against retaliation.
- §115.68 - Post-allegation protective custody.
- §115.71 - Criminal and administrative investigations.
- §115.72 - Evidentiary standard for administrative investigations.
- §115.73 - Reporting to detainees.
- §115.76 - Disciplinary sanctions for staff.
- §115.77 - Corrective action for contractors and volunteers.
- §115.78 - Disciplinary sanctions for detainees.
- §115.82 - Access to emergency medical and mental health services.
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.
- §115.86 - Sexual abuse incident reviews.
- §115.87 - Data collection.
- §115.201 - Scope of audits.

Number of Standards Not Met: 5

- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.

- §115.42 - Use of assessment information.
- §115.81 - Medical and mental health assessments; history of sexual abuse.

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees.

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

(c): BCSO policy CO 328 states, "BCDC has a zero tolerance towards all forms of sexual abuse and sexual harassment to include but not limited to: incidents of detainee-on-detainee sexual assault/battery and staff sexual misconduct/harassment towards detainees. Reports of victimization can be made confidentially." A review of BCSO policy CO 328 confirms the policy includes definitions of sexual abuse and other general PREA definitions and outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment through; but not limited to, the facility hiring practices, training, unannounced rounds, mandatory reporting, investigations, and support from victim advocates. During the on-site audit, the Auditor observed the DHS-prescribed sexual abuse and assault awareness notice posted in all detainee housing units and common areas. Informal and formal interviews with facility staff and detainees confirmed they were knowledgeable regarding their roles and responsibilities, as well as the Agency and BCSO's zero tolerance policies. The Auditor reviewed a memorandum to the file from the AFOD which states, "The purpose of this memo is to confirm I have reviewed the Baker County Detention Center Prion Rape Elimination Act (PREA) and Sexual Abuse and Assault Prevention and Intervention (SAPPI) policy, BCSO CO 328, and approve it for the Immigration and Customs Enforcement detainees detained at the Baker County Detention Center."

(d): The Auditor reviewed the BCSO Organizational Chart and confirmed the facility has a designated PREA Coordinator and a PREA Compliance Manager who are in positions of authority and report directly to the Captain, who oversees the operations of BCSO. Interviews with the Captain, the PREA Coordinator, and the PREA Compliance Manager confirmed they have sufficient knowledge, time, and authority to oversee the facility's efforts to comply with the sexual abuse prevention and intervention policies and procedures. An interview with the PREA Coordinator confirmed he is the facility point of contact for the Agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring.

Outcome: Meets Standard

Notes:

(a)(b)(c): According to the PAQ the facility employees (b) (7)(security staff, ((b) (7)(male and (b) (7)(female), (b) administrative staff, and (b) maintenance staff, who may have recurring contact with detainees. The staff work in two shifts (b) (7)(E) In addition, there are (b) (7)(medical staff and (b) mental health staff contracted through the YesCare Corporation, (b) (7)(food service staff contracted through the Trinity Services Group, (b) commissary worker contracted through the Keefe Group, and (b)(contractor employed by HomeWav for tablet maintenance who may have recurring contact with detainees. The facility utilizes (b) (7)(volunteers for religious services. (b) (7)(E) [redacted]

(b) (7)(E) The Auditor reviewed a memorandum to the file from the Baker County Sheriff which states, "The Baker County Detention Center Guidelines are reviewed annually by Command Staff. Revisions to the Detention Center Guidelines, Post Orders and Emergency Guidelines are discussed during weekly guideline meetings. All revisions made during the 2024 Guideline Review meetings have been approved with my authority." During the on-site audit, the Auditor reviewed the facility comprehensive supervision guidelines and confirmed the guidelines are maintained on a shared drive and staff are required to review the guidelines periodically. A review of the comprehensive supervision guidelines further confirmed the guidelines are reviewed annually and updated when necessary. An interview with a CD indicated if changes are made to the guidelines administrative staff will send out an email notifying staff of the policy change. Interviews with the Captain, PREA Coordinator, and PREA Compliance Manager indicated the facility staffing plan is reviewed annually. During the on-site audit, the Auditor reviewed the 2025 BCDC Staff Plan and confirmed the annual staffing plan review took into consideration (b) (7)(E) all elements required by provision (c) of the standard, which includes generally accepted detention and correctional practices; judicial findings of inadequacy; the physical layout of the facility; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; the findings and recommendations of sexual abuse incident review reports; and other relevant factors, including but not limited to the length of time detainees spend in agency custody. During the on-site audit, the Auditor observed adequate staffing within the facility and no areas of concern or notable blind spots.

(d): BCSO policy CO 328 states, "Shift Commanders shall conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Unannounced rounds will be conducted on both day shift and evening shift. Unannounced rounds will be logged in to the Guardian RFID Electronic Log, designated as a Housing Unit Supervisor Check." Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager indicated facility supervisors on all shifts are required to complete unannounced security inspections in all areas of the facility at random times. An interview with a facility Lieutenant, who conducts unannounced security inspections, indicated unannounced security inspections are conducted daily, on every shift, and in all areas of the facility, regardless of the area being closed and not in use. An interview with a facility Lieutenant, who conducts unannounced security inspections, further indicated each supervisor will utilize the "guardian" system which electronically tracks and documents each security inspections and the unannounced security inspections are conducted to deter sexual abuse of the detainees. In addition, an interview with a facility Lieutenant, who conducts unannounced security inspections, indicated staff are prohibited from alerting other staff unannounced security inspections are occurring. During the on-site audit, the Auditor reviewed the electronic logs for five consecutive days and confirmed supervisors conducted unannounced security inspections daily, at random times, and on each shift.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): The Auditor reviewed a memorandum to the file which states, "The Baker County Detention Center does not house juveniles or families." Interviews with the facility Captain, PREA Coordinator, PREA Compliance Manager, four random CDs, and Auditor observations confirmed the facility does not house juvenile detainees or family units; and therefore, standard 115.14 is not applicable.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(b)(c)(d)(e)(f): BCSO policy CO 328 states, "Cross-gender pat-down searches of male detainees shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down

search is required or in exigent circumstances. Cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances. Staff members of the opposite gender will announce their presence when entering a detainee an area where detainees are likely to be showering, performing bodily functions, or changing clothing." The Auditor reviewed a memorandum to the file which states, "Cross-gender searches have not been conducted in the audit period at the Baker County Detention Center." The Auditor reviewed the facility "Searches" training curriculum and confirmed the curriculum includes, "The facility shall not permit cross-gender pat/frisk searches of inmates/detainees, absent exigent circumstances. Female inmates/detainee access to regularly scheduled out-of-cell opportunities shall not be restricted in order to comply with this standard. All cross-gender pat/frisk searches shall be documented." Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager indicated the facility does not conduct cross-gender pat-down searches, cross-gender strip searches, strip searches, or body cavity searches of detainees, unless there are exigent circumstances; however, if one of the above searches were to occur, it would be documented. Interviews with four random CDs (2 female and 2 male), indicated the facility does not allow cross-gender pat-down searches, cross-gender strip searches, or visual body cavity searches of the detainees; however, if any cross-gender pat-down searches, cross-gender strip searches, strip searches, or visual body cavity searches were to occur, staff are required to document the search by completing an incident report which includes the reasons for conducting the cross-gender search. Interviews with 20 detainees (5 females and 15 males) confirmed they had not been subjected to a cross-gender pat-down search, cross-gender strip search, strip search, or body cavity search while housed at the facility. During the on-site audit, the Auditor observed a pat-search of a male detainee and confirmed the search was conducted in a professional manner by a male officer.

(g): BCSO policy CO 328 states, "Detainee's will be allowed to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination." During the on-site audit, the Auditor observed a toilet and shower in each cell occupied by detainees. Each cell had a white paper barrier on the cell window, covering the window enough to allow detainees to perform bodily functions, shower, and change their clothing without being viewed by staff of the opposite gender. Interviews with 20 detainees confirmed the facility allows for privacy and staff of the opposite gender will make an announcement at the housing unit entrance to allow ample time to dress or cover themselves.

(h): BCSO is not designated as Family Residential Centers; and therefore, subsection (h) is not applicable.

(i)(j): BCSO policy CO 328 states, "Staff will be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex detainees, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." The Auditor reviewed the facility Search training curriculum and confirmed the curriculum includes all searches shall be conducted in a professional and respectful manner and in the least intrusive manner possible. An interview with the PREA Compliance Manager/Training Director indicated all facility staff are trained in the proper procedures for conducting a pat-down search of a detainee to include all pat-down searches are to be performed in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and facility policy, including consideration of officer safety. Interviews with the PREA Compliance Manager/Training Director and four random CDs indicated all staff are required to complete pat-down search training during the annual in-service training. Interviews with the PREA Compliance Manager/Training Director and four random CDs further indicated staff are prohibited from physically searching a detainee for the sole purpose of determining the detainee's genital status and if further information is needed the detainee would be taken to medical. The Auditor reviewed 10 security staff files and confirmed the staff had completed training on the proper procedures for conducting pat-down searches. The Auditor did not make a compliance determination for provision (j) related to searches of transgender and intersex detainees, as the provision does not currently align with Executive Order (E. O.) 14168.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b): BCSO policy CO 328 states, "BCDC shall take appropriate steps to ensure that detainees with disabilities (including but not limited to those who are blind or have low vision, deaf or hard of hearing, or those who have intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of BCDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Detainee comprehensive education shall be completed within 30 days of intake regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents as well as regarding agency policies and procedures for responding to such incidents. This education will be conducted at time of the detainee's 14-day Health and Physical in the medical lobby. An education acknowledgement sheet should be signed by the detainee acknowledging that this education has been completed." Interviews with the PREA Compliance Manager, a Booking Officer, and four random CDs indicated reasonable accommodations are made to ensure detainees have an equal opportunity to participate and benefit from all aspects of the Agency's and facility's efforts to prevent, detect and respond to sexual abuse to include, but not limited to, the use of a teletypewriters (TTY) and a Telecommunication device (TDD) phone for the deaf and hard of hearing detainees, utilizing the facility language line, Google translation device, or a staff interpreter for those detainees who have limited reading skills or are LEP. If a detainee is blind or has limited sight, staff would read the information to the detainee and if a detainee has intellectual, psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. An interview with a Booking Officer indicated during the intake process, detainees will sign an Inmate/detainee PREA Orientation form and a PREA Education Acknowledgement form confirming the detainee received an ICE National Detainee Handbook, a BCDC Inmate/Detainee Handbook, and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. During the on-site audit, the Auditor observed the ICE National Detainee Handbook was readily available in English and Spanish; and an additional 17 languages to include Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof, and Q'egchi' (Kekchi), were available in a binder for staff to copy when needed, the DHS-prescribed SAA Information pamphlet, was readily available on the facility computer system in 17 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam and Wolof and the BCDC Inmate/Detainee Handbook was readily available in English and Spanish, and 17 additional languages on the facility computer system which included Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Mam, Portuguese, Pulaar, Punjabi, Q'eqchi' (Kekchi), Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof. During the on-site audit, the Auditor reviewed the Inmate/detainee PREA Orientation form which informs the detainees they have the right to be safe at the facility, they can report incidents of sexual abuse or behavior to any staff member including contractors and volunteers, the facility zero tolerance policy, PREA information is in your issued property bag and on the Kiosk and includes ways to keep safe from sexual abuse. In addition, the form includes the detainee acknowledging they have received orientation and understand their rights under the PREA act and a statement "At this time I have advised the Baker County Detention Center Staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated in the language of _____:" however, a review of the documentation could not confirm, although the detainee may request "all education and information provided to me from this point forward be translated in the language of _____," PREA information was provided in the detainee's preferred language. During the on-site audit, the Auditor further reviewed the PREA Education Acknowledgement which includes 1. Are you having problems in your current housing unit, 2. Do you feel at risk of being sexually assaulted/victimized, 3. Are you aware of the sexual assault information provided on the kiosk and the brochure in your property bag, 4. Did you receive a copy of the Sexual Assault Brochure, 5. Are you aware of your rights as a victim of sexual assault/abuse and 6. Do you need assistant from a staff member with learning the kiosk or the reading materials provided;" however, a review of the documentation does not

confirm PREA information was provided in the detainee's preferred language. In addition, the form includes the detainee's acknowledgment that they have received orientation and understand their rights under the PREA Act, as well as a statement: "At this time I have advised the Baker County Detention Center staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated into the language of _____." However, a review of the documentation could not confirm that all education and information were translated as requested. Although the document allows the detainee to request all information in their preferred language, in most of the reviewed files, this section was not filled out. As a result, the Auditor could not confirm whether the detainee was (a) made aware of their ability to request the materials in a different language and (b) received the information in the language they chose. The Auditor reviewed the PREA tab on the facility Kiosk and confirmed the ICE National Detainee Handbook was available in all 19 languages and the DHS-prescribed SAA Information pamphlet, was available in all 17 languages; however, the BCDC Inmate/Detainee Handbook was available in English and Spanish only. During the on-site audit, the Auditor observed one detainee going through the intake process and observed the detainee was provided both handbooks in Spanish which was his preferred language. The Auditor reviewed 26 electronic detainee files and confirmed all detainees had signed both the Inmate/detainee PREA Orientation form and the PREA Education Acknowledgement documents; however, interviews with 20 detainees, which included copies of the material, confirmed 19 of the detainees stated they had not received the ICE National Detainee Handbook, the BCDC Inmate/Detainee Handbook, or the DHS-prescribed SAA Information pamphlet.

(c): Interviews with four random Correctional Deputies indicated they could utilize another detainee for interpretation if the detainee victim expressed a preference and it was approved by a supervisor and ICE; however, each officer indicated they preferred to utilize the language line for incidents of sexual abuse. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the files included another detainee had been utilized to interpret for the detainee victim.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. During the on-site audit, the Auditor reviewed the Inmate/detainee PREA Orientation form which informs the detainees they have the right to be safe at the facility, they can report incidents of sexual abuse or behavior to any staff member including contractors and volunteers, the facility zero tolerance policy, PREA information is in your issued property bag and on the Kiosk and includes ways to keep safe from sexual abuse. In addition, the form includes the detainee acknowledging they have received orientation and understand their rights under the PREA act and a statement "At this time I have advised the Baker County Detention Center Staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated in the language of _____:" however, a review of the documentation could not confirm, although the detainee "may request all education and information provided to me from this point forward be translated in the language of _____" PREA information was provided in the detainee's preferred language. In addition, the form includes the detainee's acknowledgment that they have received orientation and understand their rights under the PREA Act, as well as a statement: "At this time I have advised the Baker County Detention Center staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated into the language of _____." However, a review of the documentation could not confirm that all education and information were translated as requested. Although the document allows the detainee to request all information in their preferred language, in most of the reviewed files, this section was not filled out. As a result, the Auditor could not confirm whether the detainee was (a) made aware of their ability to request the materials in a different language or (b) received the information in the language they chose. During the on-site audit, the Auditor further reviewed the PREA Education Acknowledgement which includes 1. Are you having problems in your current housing unit, 2. Do you feel at risk of being sexually assaulted/victimized, 3. Are you aware of the sexual assault information provided on the kiosk and the brochure in your property bag, 4. Did you receive a copy of the Sexual Assault Brochure, 5. Are you aware of your rights as a victim of sexual assault/abuse and 6. Do you need assistant from a staff member with learning the kiosk or the reading materials provided;" however, a review of the documentation does not confirm PREA information was provided in the detainee's preferred language. In

addition, the Auditor reviewed the PREA tab on the facility Kiosk and confirmed the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet, was available in all 19 languages; however, the BCDC Inmate/Detainee Handbook was available in English and Spanish only; and therefore, the Auditor could not confirm information available in the detainee handbook is available in a manner all detainees can understand. The Auditor reviewed 26 electronic detainee files and confirmed all detainees had signed both the Inmate/detainee PREA Orientation form and the PREA Education Acknowledgement documents; however, interviews with 20 detainees confirmed 19 of the detainees stated they had not received the ICE National Detainee Handbook, the BCDC Inmate/Detainee Handbook, or the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must implement a process to ensure all detainees with disabilities, to include those who are LEP, have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect and respond to sexual abuse. Once implemented, the facility must submit documentation to confirm all applicable staff, including staff who may be assigned to Intake, have received training on the implemented procedure. The facility must submit the files of 10 detainee files who arrive during the Corrective Action Plan (CAP) period, whose preferred language is other than English or Spanish, to confirm the facility has implemented a process to ensure all detainees who are LEP, have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect and respond to sexual abuse.

§115.17 - Hiring and promotion decisions.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): In accordance with DHS Directive, Instruction Number 121-01-007, Revision #02, Personnel Security Vetting Program, issued August 10, 2024, and replacing ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, the following procedures are implemented under the Personnel Security Vetting Program. "All individuals with access to DHS IT systems or sensitive information and/or with unescorted access to DHS-owned/controlled facilities undergo a background investigation with a favorable determination. All covered individuals are investigated commensurate with their position risk/sensitivity level, which are set in accordance with the U.S. Office of Personnel Management (OPM) position risk/sensitivity designation guidance/tool or successor process. The Department of Defense (DOD) grants clearances to DHS contractor employees. DHS grants clearances to state, local, tribal, and private sector (SLTPS) and Classified Critical Infrastructure Protection Program (CCIPP) participants and consultants. DHS determines eligibility for access to SCI for contractor employees. Continuous Evaluation (CE) is a personnel security investigative process to review the background of individuals who have been determined eligible for access to classified information or to hold a sensitive position at any time during the period of eligibility. In accordance with SEAD 6, "Continuous Evaluation," and subsequent Implementation Guidelines, DHS is participating in a federally authorized CE program. CE is intended to be a component of the forthcoming continuous vetting concept. Additional CE checks may be run if deemed necessary. The primary objective for the DHS CE program is to develop an automated solution for continuous data checks on the eligible DHS population that delivers only the relevant derogatory information not previously adjudicated by personnel security. CE record checks supplement existing investigative processes by transforming personnel security investigations from periodic snapshots to ongoing reviews that bridge information gaps within the reinvestigation cycle. The Unit Chief of OPR Personnel Security Operations (PSD) informed Auditors, who attended virtual training in September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity." Additionally, in an email provided by the Personnel Security Division (PSD) Unit Chief, dated September 30, 2024, Auditors were informed during federal staff promotions, Office of Human Capital (OHC) notifies the PSD the individual has selected the tentative job offer and PSD then collects the "PREA Questionnaire", form DHS 6 CFR 115, as part of

the vetting process. The Auditor reviewed the "PREA Questionnaire" and confirmed it includes asking the applicant about any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. BCSO policy CO 328 states, "BCDC shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contactor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refused; or who has been civilly or administratively adjudicated to have engaged in such activity. BCDC considering hiring or promoting staff shall ask all applicants who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. BCDC shall also impose upon employees a continue affirmative duty to disclose any such misconduct. BCDC, consistent with law, shall make its best efforts to contact all prior institutional employers of an applicant for employment, to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. Before hiring new staff who may have contact with detainees, BCDC shall conduct a background investigation to determine whether the candidate for hire is suitable for employment with BCDC, including a criminal background records check. Upon request by ICE, BCDC shall submit for ICE's approval written documentation showing the detailed elements of BCDC's background check for each staff member and BCDC's conclusions. BCDC shall conduct an updated background investigation every five years for employees who may have contact with detainees. BCDC shall require an updated background investigation every five years for those facility staff who may have contact with detainees and who work in immigration-only detention facilities. BCDC shall also perform a background investigation before enlisting the services of any contactor who may have contact with detainees. Upon request by ICE, BCDC shall submit for ICE's approval written documentation showing the detailed written documentation showing the detailed elements of BCDC's background check for each contractor and BCDC's conclusions. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Unless prohibited by law, BCDC shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. In the event BCDC contracts with a facility for confinement of detainees, the requirements of this section otherwise applicable to BCDC also apply to BCDC and its staff." An interview with the HRM indicated all applicants are required to complete an application, interview, a background check, and be fingerprinting utilizing Livescan. The HRM further indicated if an applicant has indicated previous institutional employment, the facility will contact the previous employer and inquire into any substantiated allegations or sexual abuse investigations which may involve the applicant and if such requests are made of BCSO regarding a previous employee, the HR staff would provide the information to the requesting facility. In addition, the interview with the HRM indicated all applicants, staff contractors, and volunteers complete a PREA Questionnaire. An interview with the HRM further indicated the facility would not hire or promote anyone who has engaged in sexual misconduct, the facility would withdraw any offers of employment based on material omission regarding sexual misconduct or for providing false information, and applicants and the BCSO staff are aware of a continuing to disclose if any of the answers were to change, as it is in the BCDC policy and applicants are told during their facility orientation. An interview with the PREA Compliance Manager/Training Director indicated all employees are required to complete the PREA Questionnaire during the annual in-service training. The Auditor reviewed the PREA Questionnaire and confirmed the following questions are included: have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or when the victim did not consent or was unable to consent or refuse; have

you ever been civilly or administratively adjudicated to have engaged sexual incidents or sexual harassment. The Auditor reviewed 11 employment files (10 security and 1 administrative), 3 volunteers files, and 3 staff contractor files and confirmed initial criminal background checks had been completed, and all files included a PREA Questionnaire which had been completed prior to the person being hired or their services utilized at the facility and one for each year of service. A review of all files further indicated five staff had been promoted and a background check and the PREA Questionnaire had been completed during the promotion process. Utilizing the PSU Background Investigation for Employees and Contractors, the Auditor submitted three ICE staff and received confirmation of completed initial, and if due, the required five-year background checks; however, there were no ICE staff available on-site to interview.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies.

Outcome: Meets Standard

Notes:

(a): Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager indicated the facility has not designed or acquired any new facilities, and the facility has not had substantial expansions or modifications to the existing facility; and therefore, subsection (a) of the standard is not applicable.

(b): Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager indicated since the last DHS PREA audit, (b) (7)(E) . An interview with the facility Captain confirmed the PREA Coordinator oversaw the project to ensure (b) (7)(E) reduce the chances of sexual abuse occurring in those areas. During the on-site audit, (b) (7)(E)

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): The Agency's Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency's evidence and investigation protocols. Per Policy 11062.2, "When a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." BCSO policy CO 328 states, "To the extent that ICE or facility is responsible for investigating allegations of sexual abuse involving detainees, it shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evident for administrative proceedings and criminal prosecutions. The protocol shall be developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable. This portion of guideline has been adapted from the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. BCDC developing an evidence protocol referred to in paragraph (a) of this section, shall consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victims' needs. Each facility shall establish procedures to make available, to the full extent possible, outside victim services following incidents, of sexual abuse; BCDC shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, BCDC shall provide these services by making available a qualified staff member from a community-based

organization, or a qualified agency staff member. A qualified agency staff member or a qualified community-based staff member means an individual who has received education concerning sexual assault and forensic examination issues in general. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. BCDC shall provide services to victims and shall conduct investigations of sexual assault/abuse incidents. Information concerning the identity of a detainee victim reporting a sexual assault/abuse, and the fact of the report itself, shall be limited to those who have a need to know in order to make decisions concerning the detainee-victims welfare and for law enforcement/investigative purposes. Where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, BCDC shall arrange for an alleged victim detainee to undergo a forensic medical examination by qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified health care personnel. Services are made available through the Women's Center of Jacksonville pursuant with the signed Memorandum of Understanding. As required by a victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. Services are made available through the Women's Center of Jacksonville pursuant with the signed Memorandum of Understanding. To the extent that BCDC is not responsible for investigating allegations of sexual abuse, ICE or BCDC shall request that the investigating agency follow the requirement of 115.21(a) through (d)." Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager/Investigator indicated the facility utilizes a uniform evidence protocol developed in coordination with DHS, which maximizes the potential for obtaining usable physical evidence. The Auditor reviewed a Memorandum of Understanding (MOU) between the BCSO and the Women's Center of Jacksonville (WCJ), executed on October 1, 2023. A review of the MOU confirms the MOU commenced upon execution by the parties and has a clause which allows either party to terminate the agreement with a 30-day written notice. A review of the MOU confirms further confirms WCJ will provide forensic examinations for detainee victims of sexual abuse within 120 hours from the time of the assault and will provide a victim advocate to accompany the detainee victim through the forensic medical examination process and investigatory interviews, and will provide emotional support, crisis intervention, information and referrals at no cost to the victim. Utilizing a detainee phone, the Auditor spoke with an on-call WCJ victim advocate and confirmed a detainee victim of sexual abuse would be transported to WCJ which is located in Jacksonville, Florida and, should a Sexual Assault Nurse Examiner (SANE) and advocacy be needed both would be provided at no cost to the detainee victim. An interview with an on-call WCJ victim advocate further indicated WCJ has access to a translation line to communicate with any detainee who is LEP. Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager/Investigator indicated criminal allegations are investigated by the BCSO and administrative allegations are investigated by the facility PREA investigator. In an interview with the facility Investigator, it was confirmed all criminal investigations would be referred to the BCSO Criminal Investigation Division (CID) which is a part of the same agency; and therefore, are required to follow the requirements of subsection (a - d) of the standard. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the detainee victims required a forensic examination. The facility does not house juveniles.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided Policy 11062.2, which states in part that; "When an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting

Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." BCSO policy CO 328 states, "BCDC shall establish a protocol, and shall require each facility to establish a facility protocol, to ensure that each allegation of sexual abuse is investigated by ICE or facility or referred to an appropriate investigative authority. BCDC shall ensure that an administrative or criminal investigation is completed for allegations of sexual abuse. BCDC shall ensure that ICE and facility protocols required by paragraph (a) of this section include a description of responsibilities of ICE, BCDC, and any other investigating entities; and require the documentation and maintenance for at least five years, of all reports and referrals of allegations of sexual abuse. BCDC shall ensure that all allegations are promptly reported to ICE as described in sections (e) and (f) of 115.22, and, unless the allegation does not involve potentially criminal behavior, are promptly referred for investigation to an appropriate law enforcement agency with the legal authority to conduct criminal investigations. BCDC will conduct its own investigations conducted by trained certified staff. When an inmate/detainee at BCDC which an alleged detainee victim is housed is alleged to be the perpetrator or detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, BCDC shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE office of Professional Responsibility or the DHS Office of Inspector General, as well as to the appropriate ICE Field Office Directory, and to the local government entity or contractor that owns or operates the facility. If the incident is potentially criminal, the facility shall ensure that it is promptly referred to an appropriate law enforcement agency having jurisdiction for investigation." Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager/PREA Investigator indicated allegations of sexual abuse are immediately reported to the AFOD, the Joint Intake Center (JIC), ICE OPR, and BCSO. Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager/PREA Investigator further indicated the BCSO is responsible for conducting criminal investigations and the facility is responsible for conducting administrative investigations. In addition, interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager/PREA Investigator indicated the BCSO is immediately notified of all allegations of sexual abuse reported at the facility who will conduct the initial investigation to determine if the allegations appear to be criminal in nature. The Auditor reviewed the Agency website (https://www.ice.gov/prea) and the facility website https:// www.bakerso.com and confirmed the required protocols have been posted and are available to the general public. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed each allegation of sexual abuse had been reported to the BCSO, ICE OPR, and JIC. A review of the investigative files further confirmed an administrative investigation had been completed by the facility PREA Investigator.

Recommendation (a): The Auditor recommends the facility update BCSO policy CO 328 to replace the verbiage, "BCDC shall establish a protocol, and shall require each facility to establish a facility protocol, to ensure that each allegation of sexual abuse is investigated by ICE, or facility, or referred to an appropriate investigative authority" and "BCDC shall ensure ICE and facility protocols required by paragraph (a) of this section include a description of responsibilities of ICE, BCDC, and any other investigating entities; and require the documentation and maintenance for at least five years, of all reports and referrals of allegations of sexual abuse" with BCSO policy CO 328 "requires each allegation of sexual abuse be investigated by ICE, or facility, or referred to an appropriate investigative authority" and "requires the documentation and maintenance for at least five years, of all reports and referrals of allegations of sexual abuse" so the policy becomes the required protocol and not require a protocol be developed.

Corrective Action:

No corrective action needed.

§115.31 - Staff training.

Outcome: Meets Standard

Notes:

(a)(b)(c): BCSO policy CO 328 states, "BCDC shall train, or require the training of, all employees who may have contact with immigration detainees, and all facility staff, to be able to fulfill their responsibilities under this part, including training on: 1. BCDC's and facility's zero tolerance policies for all forms of sexual abuse; 2. The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; 3. Definitions and examples of prohibited and illegal sexual behavior; 4. Recognition of situations where sexual abuse may occur; 5. Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and respond to such occurrences; 6. How to avoid inappropriate relationships with detainees; 7. How to communicate effectively and professionally with detainees including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; 8. Procedures for reporting knowledge or suspicion of sexual abuse; 9. The requirements to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purpose." BCSO policy CO 328 further states, "For new employees, a discussion of sexual assault/abuse prevention and intervention shall be part of the Employee Orientation training and should include a review of the Detention Centers sexual assault/abuse policy and staff responsibilities to prevent and report sexual assaults. For existing staff, additional extensive information about the program shall be included as a part of the Annual Refresher Training. BCSO shall maintain documentation that staff, including medical and mental health practitioners, have received required training. Verification shall be made through employee's signature or electronic verification that employees understand the training that they have received." An interview with the PREA Compliance Manager/Training Director indicated all employees and staff contractors are required to complete PREA training on an annual basis during the annual in-Service training and she keeps track of the training courses to ensure all staff and staff contractors have completed the training. The Auditor reviewed the BCSO Prison Rape Elimination Act (PREA) for Security Staff and Contract Workers training curriculum and confirmed the curriculum includes the Agency and facility zero tolerance policies for all forms of sexual abuse; definitions and examples of prohibited and illegal behavior; the right of detainees and staff to be free from sexual abuse, and from retaliation for reporting on prohibited and illegal behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees; procedures for reporting knowledge, suspicion of sexual abuse; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare for law enforcement or investigative purposes. Interviews with four random CDs confirmed they are required to complete PREA training during their annual in-service training. Interviews with four random CDs further confirmed they were knowledgeable regarding PREA and could articulate how to fulfill their roles and responsibilities under the DHS PREA standards. The Auditor reviewed 11 staff files (10 security and 1 administrative) and 5 contracted staff files and confirmed each employee and contract employee had received the required PREA training for the years 2024 and 2025. In addition, the Auditor reviewed training certificates for three ICE employees assigned to the facility and confirmed the ICE staff have received PREA training every two years, as required by the standard. The Auditor did not make a compliance determination for provision (a) related to how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees, as the provision does not currently align with E. O 14168.

Corrective Action:

No corrective action needed.

§115.32 - Other training.

Outcome: Meets Standard

Notes:

(a)(b)(c): BCSO policy CO 328 states, "BCDC shall ensure that all volunteers and contractors who have contact with detainees have been trained on their responsibilities under BCDC's sexual abuse and sexual harassment

prevention, detection, and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and the level of contact they have with detainees, but all volunteers and contractors who have contact with detainees shall be notified of BCDC's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents." BCSO policy CO 328 further states, "BCDC shall maintain documentation confirming that volunteers and contractors understand the training that they have received." An interview with the PREA Compliance Manager indicated the facility utilizes the services of community volunteers for religious services who are required to sign an acknowledgement confirming they reviewed the Contractor and Volunteer Prison Rape Elimination Act Training Handout. The Auditor reviewed the Contractor and Volunteer Prison Rape Elimination Act Training Handout and confirmed the handout includes, but is not limited to, the Agency and the facility's zero tolerance policies, definitions of prohibited and illegal behaviors, and how to report an allegation of sexual abuse. A review of the Contractor and Volunteer Prison Rape Elimination Act Training Handout acknowledgment further confirmed each volunteer confirms they have read and understood the handout; however, an interview with the PREA Compliance Manager further indicated "other" contractors are escorted throughout the facility and are not PREA trained. During the on-site audit the facility immediate revised the facility visitor sign-in sheet to include "I acknowledge that I understand that the Baker County Sheriff's Office and ICE maintain a zero tolerance policy in regards to sexual abuse and sexual harassment of individuals in the detention center and that I have an obligation to report any form of sexual abuse and/or sexual harassment that I may witness or reported to me while conducting my professional duties inside the facility. I understand that I can report any sexual abuse and/or sexual harassment allegations to any detention staff member at this facility." In addition, the PREA Compliance Manager sent out a training email informing staff of the new process which had been signed by six staff members responsible for in-processing visitors into the facility. Prior to the end of the on-site audit, the Auditor confirmed nine "other" contractors had signed into the facility; and therefore, the Auditor accepts the deficiency was corrected on-site.

Corrective Action:

No corrective action needed.

§115.33 - Detainee education.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): BCSO policy CO 328 states, "During the intake process, BCDC shall ensure that the detainee orientation program notifies and informs detainees about ICE's and BCDC's zero-tolerance policies for all forms of sexual abuse and includes at a minimum, instructions on: 1. Prevention and intervention strategies; 2. Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; 3. Explanation of methods for reporting sexual abuse, including to any staff member, including a staff member other than an immediate point-of-contact line officer (e.g., the compliance manager or a mental health specialist), the DHS Office of Inspector General, and the Joint Intake Center; 4. Information about self-protection and indicators of sexual abuse; 5. Prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings; and 6. The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. BCDC shall take appropriate steps to ensure that detainees with disabilities (including but not limited to those who are blind or have low vision, deaf or hard of hearing, or those who have intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of BCDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Detainee comprehensive education shall be completed within 30 days of intake regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents as well as regarding agency policies and procedures for responding to such incidents. This education will be conducted at time of the detainee's 14-day Health and Physical in the medical lobby. An education acknowledgement sheet should be signed by the detainee acknowledging this education has been completed." However, subsection (a) of the standard requires during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the

standard. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice with the name of the PREA Coordinator, and the WCJ flyer, in English and Spanish only, posted on all housing units. Interviews with the PREA Compliance Manager, a Booking Officer, and four random CDs indicated reasonable accommodations are made to ensure detainees receive notification, orientation, and instruction on the facility sexual abuse prevention and response, to include but not limited to, the use of a teletypewriters (TTY) or a Telecommunication device (TDD) phone for the deaf and hard of hearing detainees. For those detainees who have limited reading skills or are LEP, staff will utilize the facility language line, a google translation device to interpret the information or if available, a staff interpreter who is proficient in the detainee's preferred language. If a detainee is blind or has limited sight, staff would read the information to the detainee and if a detainee has intellectual, psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. An interview with a Booking Officer indicated during the intake process, detainees will sign a Each detainee signs an Inmate/detainee PREA Orientation form and a PREA Education Acknowledgement form confirming the detainee received an ICE National Detainee Handbook, a BCDC Inmate/Detainee Handbook, and the DHS-prescribed SAA Information pamphlet. During the on-site audit, the Auditor observed the ICE National Detainee Handbook was readily available in English and Spanish; and an additional 17 languages to include Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof, and O'egchi' (Kekchi), were available in a binder for staff to copy when needed, the DHS-prescribed SAA Information pamphlet, was readily available on the facility computer system in 17 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam and Wolof and the BCDC Inmate/Detainee Handbook was readily available in English and Spanish, and the facility handbook was available in 17 additional languages on the facility computer system which included Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Mam, Portuguese, Pulaar, Punjabi, Q'eqchi' (Kekchi), Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof. The Auditor reviewed the ICE National Detainee Handbook and confirmed the ICE National Detainee Handbook includes information on the Agency's zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. During the on-site audit, the Auditor reviewed the Inmate/detainee PREA Orientation form which informs the detainees they have the right to be safe at the facility, they can report incidents of sexual abuse or behavior to any staff member including contractors and volunteers, the facility zero tolerance policy, PREA information is in your issued property bag and on the Kiosk and includes ways to keep safe from sexual abuse. In addition, the form includes the detainee acknowledging they have received orientation and understand their rights under the PREA act and a statement "At this time I have advised the Baker County Detention Center Staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated in the language of _____:" however, a review of the documentation could not confirm, although the detainee "may request all education and information provided to me from this point forward be translated in the language of _____" during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard in a manner all detainees can understand to include receiving the ICE National Detainee Handbook, the facility handbook, and the DHS-prescribed SAA Information pamphlet. In addition, the form includes the detainee's acknowledgment that they have received orientation and understand their rights under the PREA Act, as well as a statement: "At this time I have advised the Baker County Detention Center staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated into the language of _____." However, a review of the documentation could not confirm during intake the information was translated as requested. Although the document allows the detainee to request all information in their preferred language, in most of the reviewed files, this section was not filled out. As a result, the Auditor could not confirm the detainee was (a) made aware of their ability to request the materials in a different language

or (b) received the information required by subsection (a), the ICE National Detainee Handbook, facility handbook, or the DHS-prescribed SAA Information pamphlet in the language they chose. During the on-site audit, the Auditor further reviewed the PREA Education Acknowledgement which includes 1. Are you having problems in your current housing unit, 2. Do you feel at risk of being sexually assaulted/victimized, 3. Are you aware of the sexual assault information provided on the kiosk and the brochure in your property bag, 4. Did you receive a copy of the Sexual Assault Brochure, 5. Are you aware of your rights as a victim of sexual assault/abuse and 6. Do you need assistant from a staff member with learning the kiosk or the reading materials provided;" however, a review of the documentation does not confirm during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard in a manner all detainees can understand. In addition, the Auditor reviewed the PREA tab on the facility Kiosk and confirmed the ICE National Detainee Handbook was available in all 17 languages and the DHS-prescribed SAA Information pamphlet, was available in all 19 languages; however, the BCDC Inmate/Detainee Handbook was available in English and Spanish only. During the on-site audit, the Auditor observed one detainee going through the intake process and observed he was provided both handbooks in Spanish his preferred language. The Auditor reviewed 26 electronic detainee files and confirmed all detainees had signed both the Inmate/detainee PREA Orientation form and the PREA Education Acknowledgement documents; however, interviews with 20 detainees confirmed 19 of the detainees stated they had not received the ICE National Detainee Handbook, the BCDC Inmate/Detainee Handbook, or the DHS-prescribed SAA Information pamphlet.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (c) of the standard. During the on-site audit, the Auditor reviewed the Inmate/detainee PREA Orientation form which informs the detainees they have the right to be safe at the facility, they can report incidents of sexual abuse or behavior to any staff member including contractors and volunteers, the facility zero tolerance policy, PREA information is in your issued property bag and on the Kiosk and includes ways to keep safe from sexual abuse. In addition, the form includes the detainee acknowledging they have received orientation and understand their rights under the PREA act and a statement "At this time I have advised the Baker County Detention Center Staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated in the language of _____:" however, a review of the documentation could not confirm, although the detainee "may request all education and information provided to me from this point forward be translated in the language of _____" during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard in a manner all detainees can understand to include receiving the ICE National Detainee Handbook, the facility handbook, and the DHS-prescribed SAA Information pamphlet. In addition, the form includes the detainee's acknowledgment that they have received orientation and understand their rights under the PREA Act, as well as a statement: "At this time I have advised the Baker County Detention Center staff that I am Limited English Proficient. I am requesting that all education and information provided to me from this point forward be translated into the language of _____." However, a review of the documentation could not confirm during intake the information was translated as requested. Although the document allows the detainee to request all information in their preferred language, in most of the reviewed files, this section was not filled out. As a result, the Auditor could not confirm the detainee was (a) made aware of their ability to request the materials in a different language or (b) received the information in the language they chose. During the on-site audit, the Auditor further reviewed the PREA Education Acknowledgement which includes 1. Are you having problems in your current housing unit, 2. Do you feel at risk of being sexually assaulted/victimized, 3. Are you aware of the sexual assault information provided on the kiosk and the brochure in your property bag, 4. Did you receive a copy of the Sexual Assault Brochure, 5. Are you aware of your rights as a victim of sexual assault/abuse and 6. Do you need assistant from a staff member with learning the kiosk or the reading materials provided;" however, a review of the documentation does not confirm during the intake process the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes instruction of all required elements of subsection (a) of the standard in a manner all detainees can

understand. In addition, the Auditor reviewed the PREA tab on the facility Kiosk and confirmed the ICE National Detainee Handbook and the DHS-prescribed SAA Information pamphlet, was available in all 19 languages; however, the BCDC Inmate/Detainee Handbook was available in English and Spanish only. The Auditor reviewed 26 electronic detainee files and confirmed all detainees had signed both the Inmate/detainee PREA Orientation form and the PREA Education Acknowledgement documents; however, interviews with 20 detainees confirmed 19 of the detainees stated they had not received the ICE National Detainee Handbook, the BCDC Inmate/Detainee Handbook, or the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must implement a process to ensure during the intake process, the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes information on all elements required by subsection (a) of the standard in a manner all detainees can understand. Once implemented, the facility must update the Inmate/detainee PREA Orientation form to include confirmation the detainee received the ICE National Detainee Handbook, the facility handbook, and the DHS-prescribed SAA Information pamphlet in a manner all detainees can understand. In addition, once implemented the facility must submit documentation to confirm all applicable staff, including staff who may be assigned to intake, have received training in the implemented procedure. The facility must submit the files of 10 detainees who arrive during the CAP period, to include the updated Inmate/detainee PREA Orientation form to confirm during the intake process, the facility's orientation program notifies and informs detainees about the Agency and the facility's zero tolerance policies for all forms of sexual abuse and includes information on all elements required by subsection (a) of the standard.

§115.34 - Specialized training: Investigations.

Outcome: Meets Standard

Notes:

(a)(b): BCSO policy CO 328 states, "Where sexual abuse is alleged, BCDC shall use investigators who have received special training in sexual abuse investigations. In addition to the general training provided to all facility staff and employees pursuant to 115.31, ICE or facility shall provide specialized training on sexual abuse and effective cross-agency coordination to agency or facility investigators, respectively, who conduct investigations into allegations of sexual abuse at immigration detention facilities. All investigations into alleged sexual abuse must be conducted by qualified investigators." A review of the BCDC PAQ indicated the facility has three facility Investigators who have received specialized training on sexual abuse and cross-agency coordination; however, one of the trained investigators no longer is assigned to the position. Interviews with the PREA Coordinator and PREA Compliance Manager/Investigator indicated they have received specialized training utilizing the ICE Specialized Training: Investigations-Effective Cross-Agency Coordination Training and the PREA: Investigating Sexual Abuse in a Confinement Setting through the National Institute of Corrections (NIC). The Auditor has previously reviewed the NIC training curriculum and confirmed the curriculum is in compliance with the standard. During the on-site audit, the Auditor reviewed all facility Investigator's training records and confirmed they have completed the required training and have completed general PREA training, as required by §115.31. In addition, the Auditor reviewed three sexual abuse allegation investigation files and confirmed all investigation were conducted by a specially trained Investigator.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a): BCSO does not employ DHS or Agency employees who serve as full or part-time medical or mental health practitioners; and therefore, subsection (a) of the standard is not applicable.

(b)(c): BCSO policy CO 328 states, "BCDC shall provide specialized training to DHS or agency employees who serve as full- and part-time medical practitioners or full- and part-time mental health practitioners in immigration detention facilities where medical and mental health care is provided. The training required by this section shall cover, at a minimum, the following topics: a. How to detect and assess signs of sexual abuse; b. How to respond

effectively and professionally to victims of sexual abuse; c. How and whom to report allegations or suspicions of sexual abuse; d. How to preserve physical evidence of sexual abuse. If medical staff employed by BCDC conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. ICE shall review and approve BCDC's policy and procedures to ensure that facility medical staff is trained in procedures for examining and treating victims of sexual abuse, in facilities where medical staff may be assigned these activities." BCSO policy CO 328 further states, "BCDC shall maintain documentation that staff, including medical and mental health practitioners, has received required training. Verification shall be made through employee's signature or electronic verification that employees understand the training that they have received." An interview with the HSA indicated all medical and mental health staff are contracted through YesCare and are required to complete the specialized training required by subsection (b) of the standard. During the on-site audit, the Auditor reviewed the specialized training curriculum and confirmed the curriculum includes how to detect and assess signs of sexual abuse and assault, how to preserve physical evidence of sexual abuse and assault, how to respond effectively and professionally to victims of sexual abuse and assault, and how and to whom to report allegations or suspicions of sexual abuse and assault. The Auditor reviewed three medical and one mental health staff training records and confirmed each staff member had completed the specialized training. The Auditor reviewed a memorandum to the file from the AFOD which states, "The purpose of this memo is to confirm that I have reviewed the Baker County Detention Center Prion Rape Elimination Act (PREA) and Sexual Abuse and Assault Prevention and Intervention (SAPPI) policy, BCSO CO 328, and approve it for the Immigration and Customs Enforcement detainees detained at the Baker County Detention Center."

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): BCSO policy CO 328 states, "BCDC shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. Each new arrival shall be kept separate from the general population until he/she is classified and maybe housed accordingly. Each detainee will be screened utilizing BCDC PREA Risk Assessment Form by medical staff. The initial classification process and initial housing assignment should be completed within twelve hours of admission to BCDC. BCDC shall reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Completed PREA Risk Assessment Forms will be housed in the detainee's medical file in the medical unit. Detainees found to be at risk of possible sexual victimization or at risk of being sexually aggressive will be communicated to the Booking Supervisor for a Special Requirements flag to be placed in the SmartCop jail management system. The PREA Coordinator and Classifications Supervisor will also be notified. Only staff that have a legitimate need to know shall have access to completed screening forms. Information gathered from the Detainee Sexual Assault Risk Assessment completed at time of intake will be used to make an informed decision when dealing with a detainee's housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each detainee." Interviews with the PSA Compliance Manager, a Booking Officer, and the HSA indicated all detainees are screened for a potential risk of sexual victimization or sexually abusive behavior. An interview with a Booking Officer indicated detainees are initially housed based on their criminal history and current charges and prior to completing the booking process, the detainee will then see medical staff who will conduct the PREA risk assessment and will notify, via telephone, the Intake staff if a detainee is identified as being at risk for sexual victimization or perpetrating sexual abuse who will rehouse the detainee into a four-man if they had been originally housed in a two-man cell; however, the facility did not provide documentation to confirm Intake staff were aware detainees in the two-man cell or the four-man cell were not identified as being at risk for perpetrating sexual abuse prior to the housing placement. An interview with the HSA indicated medical staff conduct an initial risk assessment utilizing

an electronic BCDC PREA Risk Assessment form contained within the detainee's electronic medical file; however, only medical and mental health staff have access to the assessment; and therefore, the Auditor could not confirm Intake staff have access to the information gained from the initial risk assessment to house detainees to mitigate any danger of sexual abuse. The Auditor reviewed the BCDC PREA Risk Assessment form and confirmed the form includes asking each detainee, if they are a former victim of prison rape/sexual assault, young age (under 21 years of age) or elderly (60 years of age or older), slight build 5ft 6 in or less and/or less than 140 lbs., first incarceration in jail, nonviolent history, convictions for sex offenses against an adult or child, sexual orientation of gay or bisexual, gender non-conformance (e.g., transgender or intersex identity), mental, physical or developmental disability, inmate/detainee's own perception of vulnerability, inmate/detainee is detailed solely for civil immigration purposes, prior history of institutional predatory behavior, prior convictions for violent offenses, history of sexual abuse towards others, gang affiliation, and current or prior rape conviction. An interview with the HSA indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, the Shift Supervisor and Classification staff are notified, and the notifications are documented on the PREA Risk Assessment; however, she does not have access to the detainee's criminal history; and therefore, cannot utilize the information to identify a detainee who is at risk of perpetrating sexual abuse. An interview with the HSA further indicated the same process is followed when conducting the 60–90-day assessments. In interviews with the HSA and PREA Compliance Manager it was indicated detainees are not disciplined for refusing to answer questions noted on the initial risk assessment or for not giving complete answers. In interviews with the PREA Coordinator, PREA Compliance Manager, and the HSA it was indicated there were no detainees identified as being at risk for sexual victimization or perpetrating sexual abuse during the audit period; however, the Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure information gained from the initial risk assessment is utilized to house detainees to prevent sexual abuse taking necessary steps to mitigate any such danger. The Auditor reviewed 26 electronic detainee files and confirmed each detainee had a completed BCDC PREA Risk Assessment completed during the intake process. A review of 26 files further confirmed there were three files which included detainees who had been at the facility longer than 60 days and had received a 60–90-day assessment; however, the Auditor could not confirm a reassessment was conducted on the two detainees who were identified, by intake staff and not during the initial risk assessment, of being at risk of perpetrating sexual abuse and in review of three sexual abuse allegation investigation files, the Auditor could not confirm an assessment had been completed following an allegation of sexual abuse or victimization. The Auditor did not make a compliance determination for provision (c) bullet (7) related to consideration of transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E. O 14168. The Auditor did not make a compliance determination for provision (f) bullet (7) related to consideration of transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E. O 14168.

Recommendation (c): The Auditor recommends the facility update the BCDC PREA Risk Assessment form to separate "if they are a former victim of prison rape/sexual assault" as it may be confusing and the reason there have been no detainees who identified as having a history of sexual abuse during the audit period. In addition, the Auditor recommends the facility remove specific ages, heights, and weights in determining if age or physical stature contributes to the detainee's risk of being sexually abused.

Corrective Action:

The facility is not in compliance with subsections (a), (d), and (e) of the standard. An interview with a Booking Officer indicated detainees are initially housed based on their criminal history and current charges and prior to completing the booking process, the detainee will then see medical staff who will conduct the PREA risk assessment notify, via telephone, Intake staff if a detainee identified as being at risk for sexual victimization or perpetrating sexual abuse who will rehouse the detainee into a four-man if they had been originally housed in a two-man cell; however, the facility did not provide documentation to confirm Intake staff were aware detainees in the two-man cell or the four-man cell were not identified as being at risk for perpetrating sexual abuse prior to the

housing placement. An interview with the HSA indicated medical staff conduct an initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form contained within the detainee's electronic medical file; however, only medical and mental health staff have access to the assessment; and therefore, the Auditor could not confirm Intake staff have access to the information gained from the initial risk assessment to house detainees to mitigate any danger of sexual abuse. An interview with the HSA further indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, the Shift Supervisor and Classification staff are notified, and the notifications are documented on the PREA Risk Assessment; however, she does not have access to the detainee's criminal history; and therefore, cannot utilize the information to identify a detainee who is at risk of perpetrating sexual abuse. In interviews with the PREA Coordinator, PREA Compliance Manager, and the HSA it was indicated there were no detainees identified as being at risk for sexual victimization or perpetrating sexual abuse during the audit period; however, the Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure information gained from the initial risk assessment is utilized to house detainees to prevent sexual abuse taking necessary steps to mitigate any such danger. The Auditor reviewed 26 electronic detainee files and confirmed there were 3 files which included detainees who had been at the facility longer than 60 days and had received a 60–90-day assessment; however, the Auditor could not confirm a reassessment was conducted on the two detainees who were identified, by intake staff and not during the initial risk assessment, of being at risk of perpetrating sexual abuse and in review of three sexual abuse allegation investigation files, the Auditor could not confirm an assessment had been completed following an allegation of sexual abuse or victimization. To become compliant, the facility shall implement a process to ensure all detainees are assessed upon intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking any necessary steps to mitigator any such dangers to include prior acts of sexual abuse and convictions for violent offenses. Once implemented the facility must submit documentation to confirm all applicable staff, to include staff who may be assigned to Intake, classification, shift supervisors, and all medical staff have received training in the implemented procedures. In addition, the facility must submit documentation to confirm all applicable staff, to include staff responsible for conducting reassessments are trained on subsection (e) of the standard which requires a reassessment be conducted when warranted based upon the receipt of additional relevant information or following an incident of sexual abuse or victimization. If applicable, the facility must submit the files of 10 detainees to include 5 detainees who were identified at risk for victimization and 5 detainees who were identified at risk for abusiveness. The files must include the detainees' date of arrival at the facility, risk assessment, the classification worksheet, and housing assignment. In addition, if applicable, the facility shall submit all sexual abuse allegation investigation files closed by the Agency, and the corresponding risk assessments which were completed after the allegations were reported to the facility, and any reassessments which occurred based on receiving additional relevant information which occur during the CAP period.

§115.42 - Use of assessment information.

Outcome: Does Not Meet Standard

Notes:

(a): BCSO policy CO 328 states, "Information gathered from the Detainee Sexual Assault Risk Assessment completed at time of intake will be used to make an informed decision when dealing with a detainee's housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Staff shall make individualized determinations about how to ensure the safety of each detainee." Interviews with the PSA Compliance Manager, a Booking Officer, and the HSA indicated all detainees are screened for a potential risk of sexual victimization or sexually abusive behavior. An interview with a Booking Officer indicated detainees are initially housed based on their criminal history and current charges and prior to completing the booking process, the detainee will then see medical staff who will conduct the PREA risk assessment notify, via telephone, Intake staff if a detainee identified as being at risk for sexual victimization or perpetrating sexual abuse who will rehouse the detainee into a four-man cell if they had been originally housed in a two-man cell; however, the facility did not provide

documentation to confirm Intake staff were aware detainees in the two-man cell or the four-man cell were not identified as being at risk for perpetrating sexual abuse prior to the housing placement. An interview with the HSA indicated medical staff conduct an initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form contained within the detainee's electronic medical file; however, only medical and mental health staff have access to the assessment; and therefore, the Auditor could not confirm Intake staff have access to the information gained from the initial risk assessment to inform housing, recreation and other activities, and voluntary work. An interview with the HSA further indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, the Shift Supervisor and Classification staff are notified, and the notifications are documented on the PREA Risk Assessment; however, she does not have access to the detainee's criminal history; and therefore, cannot utilize the information to identify a detainee who is at risk of perpetrating sexual abuse. In interviews with the PREA Coordinator, PREA Compliance Manager, and the HSA it was indicated there were no detainees identified as being at risk for sexual victimization or perpetrating sexual abuse during the audit period; however, the Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure information gained from the initial risk assessment is utilized to inform housing, recreation and other activities, and voluntary work. An interview with the Classification Supervisor indicated classification staff does not have access to the PREA Risk Assessment; however, medical staff would notify the classification staff if a detainee has been identified at risk for sexual victimization or sexually aggressive. An interview with the Classification Supervisor further indicated information gained from the initial risk assessment is utilized to determine housing, recreation, voluntary work assignments and any other activities; however, during the on-site audit, as Classification staff do not have access to the initial risk assessment, the Auditor could not confirm how classification staff utilize the information in order to inform housing, recreation and other activities, and voluntary work making individualized determinations about how to ensure the safety of the detainee.

(b)(c): The Auditor did not make a compliance determination for provisions (b) and (c), as the provisions do not currently align with E.O. #14168.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with a Booking Officer indicated detainees are initially housed based on their criminal history and current charges and prior to completing the booking process, the detainee will then see medical staff who will conduct the PREA risk assessment notify, via telephone, Intake staff if a detainee identified as being at risk for sexual victimization or perpetrating sexual abuse who will rehouse the detainee into a four-man cell if they had been originally housed in a two-man cell; however, the facility did not provide documentation to confirm Intake staff were aware detainees in the two-man cell or the four-man cell were not identified as being at risk for perpetrating sexual abuse prior to the housing placement. An interview with the HSA indicated medical staff conduct an initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form contained within the detainee's electronic medical file; however, only medical and mental health staff have access to the assessment; and therefore, the Auditor could not confirm Intake staff have access to the information gained from the initial risk assessment to inform housing, recreation and other activities, and voluntary work. An interview with the HSA further indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, the Shift Supervisor and Classification staff are notified, and the notifications are documented on the PREA Risk Assessment; however, she does not have access to the detainee's criminal history; and therefore, cannot utilize the information to identify a detainee who is at risk of perpetrating sexual abuse. In interviews with the PREA Coordinator, PREA Compliance Manager, and the HSA it was indicated there were no detainees identified as being at risk for sexual victimization or perpetrating sexual abuse during the audit period; however, the Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has

a process in place to ensure information gained from the initial risk assessment is utilized to inform housing, recreation and other activities, and voluntary work. An interview with the Classification Supervisor indicated classification staff does not have access to the PREA Risk Assessment; however, medical staff would notify the classification staff if a detainee has been identified at risk for sexual victimization or sexually aggressive. An interview with the Classification Supervisor further indicated information gained from the initial risk assessment is utilized to determine housing, recreation, voluntary work assignments and any other activities; however, during the on-site audit, as Classification staff do not have access to the initial risk assessment, the Auditor could not confirm how classification staff utilize the information in order to inform housing, recreation and other activities, and voluntary work making individualized determinations about how to ensure the safety of the detainee. To become compliant, the facility must implement a process to ensure all detainees are assessed upon intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking any necessary steps to mitigator any such dangers to include considering prior acts of sexual abuse and convictions for violent offenses. Once implemented the facility must submit documentation to confirm all applicable staff, including staff who may be assigned to intake, classification, shift supervisors, and medical, have received the required training. If applicable, the facility must submit 10 detainee files to include 5 detainees who were identified at risk for victimization and 5 detainees who were identified at risk for abusiveness. The files must include the detainees' date of arrival at the facility, the detainee's risk assessment, the classification worksheet, housing assignment, and any facility assignments.

§115.43 - Protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): BCSO policy CO 328 states, "Detainees at high risk of sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be made immediately, the detainee may be placed into protective custody status for a term not to exceed 24 hours while such an assessment is completed. Use of administrative segregation by facilities to protect detainees vulnerable to sexual abuse or sexual assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. BCDC should assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection until an alternative means of separation for likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. Facilities that place vulnerable detainees in administrative segregation for protective custody shall provide those detainees access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable. The facilities shall implement written procedures for the regular review of all vulnerable detainees placed in administrative segregation for their protection, as follows: (Also see CO 334 Special Management Unit, V. Guideline, C. Administrative Confinement). A supervisory staff member shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. BCDC shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." A review of BCSO policy CO 328 further confirms the policy states, "BCSO policy CO 334 Special Management Units states, "If an involuntary segregated housing assignment is made due to no alternative means available, the facility shall document: the basis for the concern for the inmate/detainee's safety, and the reason why no alternative means of separation can be arranged." Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager indicated administrative segregation and/or protective custody is restricted to those instances where reasonable efforts have been made and as a last resort for housing of a detainee who is vulnerable to sexual abuse. Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager further indicated if a detainee is assigned to administrative segregation and/or protective custody due to being vulnerable to sexual abuse the assignment

would be documented to include detailed reasons for the placement, would not exceed 30 days, and if a detainee vulnerable to sexual abuse was placed in administrative segregation and/or protective custody, he or she would be provided access to programming, visitation, counsel, and all services available to other detainees. An interview with a Segregation Supervisor indicated a detainee vulnerable to sexual abuse victim would not be placed into administrative segregation as the facility has other options to keep a detainee safe from harm; however, if a detainee were placed into segregation a supervisory staff member would conduct a review within seventy-two (72) hours of the detainee's placement, an identical review would be completed after the detainee has spent seven (7) days in Administrative Segregation, and a review would be completed every week thereafter for the first thirty (30) days and every ten (10) days thereafter. An interview with a Segregation Supervisor further indicated there has not been a detainee vulnerable to sexual abuse placed into administrative segregation during the audit period. During the on-site audit, the Auditor observed the facility administrative segregation units and confirmed there were no detainees vulnerable to sexual abuse assigned to administrative segregation and/or protective custody. Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager indicated BCSO policy CO 328 was developed in consultation with the ERO Field Office Director (FOD) having jurisdiction over the facility.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting.

Outcome: Meets Standard

Notes:

(a)(b)(c): BCSO policy CO 328 states, "The Baker County Detention Center shall provide multiple internal ways (request form, grievance form, verbal reporting to staff) for detainees to privately report sexual abuse and sexual harassment, retaliation by other detainees or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Reports may be made verbally, in writing, anonymously, or from third parties. Staff shall promptly document any verbal reports. Detainees shall be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The Baker County Detention Center shall also provide detainees a way to report abuse or harassment to a public or private entity or office that is not part of ICE, and that is able to receive and immediately forward detainee reports of sexual abuse and sexual harassment to agency officials, allowing the detainee to remain anonymous upon request. Reports may be made through the Women's Center of Jacksonville pursuant with the signed Memorandum of Understanding. Women's Center of Jacksonville, 5300 Emerson Street, Jacksonville, Florida 32207, (904)721-7273." Interviews with the four random CDs confirmed their knowledge of the multiple ways a detainee could report an allegation of sexual abuse including the requirement for staff to accept reports made verbally, in writing, anonymously, or through a third party. Interviews with the four random CDs further confirmed all allegations reported verbally, in writing, or anonymously are immediately documented in an incident report. Interviews with 20 detainees confirmed they were knowledgeable and could articulate at least one way to report an allegation of sexual abuse. During the on-site audit, the Auditor observed information on how to contact consular officials, the ICE DRIL, and the DHS OIG to anonymously report an allegation of sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to incidents of sexual abuse. Utilizing the detainee telephones, the Auditor tested each number provided and confirmed each number was accessible to detainees and in good working order.

Corrective Action:

No corrective action needed.

§115.52 - Grievances.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): BCSO policy CO 328 states, "An detainee who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint." BCSO policy CO 328 further states, "BCDC shall permit a

detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an information grievance or complaint. BCDC shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. Any portion of a detainee grievance that does not allege an incident of sexual abuse will be subject to time limits as outlined in CO 386 Detainee Grievances. Detainees will be able to file emergency grievances that involve an immediate threat to their safety or welfare and receive written responses, including the basis for the decision, within 24 hours. The staff member receiving the emergency grievance will immediately notify a supervisor. If the supervisor concurs that the grievance represents an emergency, the supervisor will take the required action to resolve the matter in a timely manner. If the matter is resolved at this level, the supervisor will prepare a report for the Shift Commander or his or her designee. The detainee may elect to present his/her emergency grievance directly to a supervisor. Emergency grievances not resolved at the shift level will be sent up the chain of command until the matter is resolved. After receiving an emergency grievance alleging an detainee is subject to a substantial risk of imminent sexual abuse, BCDC shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 24 hours, and shall issue a final decision within 5 calendar days. The initial response and final decision documents BCDC's determination whether the detainee is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. BCDC shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days. BCDC shall send all grievances related to sexual abuse and BCDC's decisions with respect to such grievances to the appropriate ICE Field Office Director at the end of the grievance process. Detainees may obtain assistance from another detainee, the housing officer or other facility staff, facility members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties." An interview with the PREA Coordinator/GO indicated a detainee could file a grievance alleging sexual abuse at any time, there is no time limits imposed, and detainees are not required to follow the informal grievance process prior to filing a formal grievance. An interview with the PREA Coordinator/GO further indicated detainees could file a grievance through the kiosk and if a detainee requested assistance, facility staff would facilitate the detainee request. In addition, an interview with the PREA Coordinator/GO indicated all grievances alleging sexual abuse are considered emergency grievances and are an immediate threat to detainee health, safety and welfare; and therefore, staff would ensure the detainee is protected and immediately taken to medical for an assessment. During the on-site audit, the Auditor reviewed the facility grievance log and confirmed the facility has not received a grievance alleging sexual abuse during the audit period. In addition, during the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the allegations had been reported through the grievance process.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): BCSO policy CO 328 states, "BCDC shall provide detainees with access to outside victim advocate services for emotional support related to sexual abuse by giving detainees mailing addresses and telephone numbers for such services available. Advocacy and counseling services are available upon request through the signed Memorandum of Understanding between BCDC and the Women's Center of Jacksonville. BCDC shall inform detainees, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The Auditor reviewed a Memorandum of Understanding (MOU) between the BCDC and the Women's Center of Jacksonville (WCJ), executed on October 1, 2023. The review indicates WCJ provides BCDC with a 24-hour hotline for reporting sexual abuse, emotional support services, crisis intervention services, information and referrals and all services are provided to the detainee are at no cost. During the on-site audit, the Auditor observed posted signs near the phone systems informing detainees all telephone calls will be monitored and

recorded. In addition, the Auditor observed the WCJ flyer posted in the housing units. The flyer was printed on bright red paper which made it stand out from all other postings in the housing units. A review of the flyer confirmed the flyer includes a toll-free telephone number and a mailing address. The flyer also includes "Reports made of sexual abuse occurring at the facility will be forwarded to the Detention Inspector". Utilizing a detainee phone, the Auditor spoke with an on-call WCJ victim advocate who confirmed which services are provided to detainee victims of sexual abuse and detainees have access to a translation line which advised them "Reports made of sexual abuse occurring at the facility will be forwarded to the Detention Inspector," upon answering the call.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Notes:

BCSO policy CO 328 states, "BCDC shall also receive reports of sexual abuse and sexual harassment from members of the community on behalf of detainee's held at the Baker County Detention Center. Members of the public may report verbally in person at BCDC, by calling the Detention Center Inspector, or in writing by completing the "Contact Us" form on ICE website." The Auditor reviewed the BCDC website at www.bakerso.com and confirmed the website includes a "Report PREA Violation" tab. During the on-site audit, the Auditor clicked on the "Report PREA Violation" tab and was immediately directed to the WCJ website which provided a toll-free telephone and mailing address to report an allegation of sexual abuse. The Auditor tested the telephone number and was connected to a victim advocate who indicated they would immediately report an allegation to the facility PREA Coordinator and local law enforcement.

Corrective Action:

No corrective action needed.

§115.61 - Staff reporting duties.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." In addition, ICE Directive 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." BCSO policy CO 328 states, "Baker County Detention Center staff members may privately report sexual abuse and sexual harassment of detainees directly to the Detention Investigator. Deputies Role: Once a detainee has alleged sexual assault/abuse to a Deputy verbally or in writing, the Deputy must immediately inform an on-duty Supervisor so that he/she can start an assessment and report. Staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of ICE; retaliation against detainees or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. If the incident involves Immigration detainees, telephonic notification must be made to the local SDDO. If contact is not made within 30 minutes of the telephone call, the Chief of Security must be contacted and made aware that contact with the SDDO has not been made. The Chief of Security will attempt to make contact one final time with the local SDDO. If contact is not made during this attempt, the AFOD will be notified telephonically." BCSO policy CO 328 further states, "Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform detainees of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Apart from reporting to designated supervisors

or investigators, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency guidelines, to make treatment, investigation, and other security and management decisions. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person statute, BCDC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. BCDC shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to BCDC's designated investigator." Interviews with four random CDs confirmed they were aware of their responsibilities to report any knowledge, suspicion or information regarding an allegation of sexual abuse reported at the facility and they could make a report to the Detention Investigator with the BCSO and not within their chain of command. Interviews with four random CDs further confirmed they were aware information regarding an allegation of sexual abuse is to remain confidential and could not be shared with others unless there was a need-to-know to protect the detainee or prevent further victimization of other detainees or staff in the facility. Interviews with the facility Captain and PREA Coordinator indicated if a vulnerable detainee made an allegation of sexual abuse, a report would be made to the Florida Families Adult Protective Services. The Auditor reviewed a memorandum to the file from the AFOD which states, "The purpose of this memo is to confirm that I have reviewed the Baker County Detention Center Prion Rape Elimination Act (PREA) and Sexual Abuse and Assault Prevention and Intervention (SAPPI) policy, SOG CO 328, and approve it for the Immigration and Customs Enforcement detainees detained at the Baker County Detention Center." There were no ICE employees available at the facility to interview. The facility does not house juveniles.

Corrective Action:

No corrective action needed.

§115.62 - Protection duties.

Outcome: Meets Standard

Notes:

BCSO policy CO 328 states, "If a facility staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, the staff member shall take immediate action to protect the detainee." An interview with the facility Captain indicated all staff are required to take immediate action to protect detainee victims of sexual abuse. Interviews with the PSA Compliance Manager and four random CDs indicated if they became aware a detainee was at substantial risk of sexual abuse, they would immediately separate the detainee from the threat and notify a supervisor. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed upon reporting an allegation of sexual abuse the alleged detainee victims had been immediately removed from the area and taken to medical for an emergency medical assessment.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other confinement facilities.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): BCSO policy CO 328 states, "Upon receiving an allegation that an detainee was sexually abused while confined at another facility, Bureau Director or his designee shall notify the head of BCDC or appropriate office of ICE where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. Documentation shall be made stating that such notification has been made. Upon notification from a different confinement facility to the Baker County Detention Center Bureau Director that a sexual assault has occurred in the Baker County Detention Facility, the Bureau Director shall ensure that the allegation is investigated in accordance with PREA standards." An interview with the facility Captain indicated if she received an allegation of sexual abuse from another facility Administrator indicating an alleged sexual abuse had occurred at BCSO, she will immediately refer the allegation to the facility PREA Investigator for an investigation and the FOD would be notified and if a detainee reported an allegation of sexual abuse at BCSO which occurred at another facility, she would notify the facility Administrator where the alleged sexual abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation, and would

follow up with an email for documentation. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed one of the allegations had been reported by the detainee victim during the intake process at another facility. A review of the one sexual abuse allegation investigation file which included a detainee who reported an allegation of sexual abuse at another facility confirmed the receiving facility immediately notified the BCSO facility Captain and an investigation was immediately conducted.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties.

Outcome: Meets Standard

Notes:

(a)(b): BCSO policy CO 328 states, "Upon learning of an allegation that an detainee was sexually abused, the first security staff member to respond to the report shall be required to: 1. Separate the alleged victim and abuser; 2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating; 4. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating." Interviews with four random CDs confirmed all staff interviewed would call for back-up, separate the victim from the abuser, secure the crime scene, ask the alleged detainee victim not to take any actions which could destroy physical evidence including washing, brushing teeth, showering, changing clothing without medical supervision, urinating, defecating, smoking, drinking or eating, would not allow the alleged perpetrator to destroy physical evidence, and escort the detainee to medical for an assessment. An interview with one non-security staff member confirmed they were knowledgeable in the requirements of subsection (b) of the standard; however, they would instruct the detainees to stop all action, call for security staff, and immediately notify a supervisor who would continue with the first response. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed after an allegation was reported, the facility first responders immediately called for backup, separated the detainee and the alleged perpetrator, secured the scene, and took both the alleged victim and alleged perpetrator to medical for an assessment.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated response.

Outcome: Meets Standard

Notes:

(a)(b): According to facility staff BCSO policy CO 328 serves as the facility Coordinated Response Plan. The Auditor reviewed the plan and confirmed the plan meets all the requirements of standard 115.65 to include coordinating the actions of the first responders, medical and mental health practitioners, investigators and facility leadership in the event of an incident of sexual abuse. Interviews with the facility Captain, the PREA Coordinator and the PREA Compliance Manager indicated the facility has established a Sexual Abuse Response Team (SART) to identify roles and responsibilities in response to an incident of sexual abuse. The response team includes the facility Captain, the PREA Coordinator, the PSA Compliance Manager/PREA Investigator, medical and mental health staff, and security staff. Interviews with four random COs and one non-security staff member confirmed the staff were knowledgeable regarding their roles and responsibilities as first responders. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed after an allegation of sexual abuse had been reported, the facility first responders immediately called for backup, separated the detainee, and the alleged perpetrator, secured the scene, and took the alleged detainee victim to medical for an assessment.

(c)(d): BCSO policy CO 328 serves as the facility Coordinated Response Plan states, "If a victim of sexual abuse is transferred to another facility covered by subpart A and B of 115.65, the facility shall as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, If a victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of 115.65, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Interview with the facility Captain and the HSA confirmed they were aware of the requirements of subsections (c) and (d) of the standard which requires if a detainee victim was transferred to a facility covered by 6 CFR part 115, medical staff would inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred to a facility not covered by 6 CFR part 115, medical staff would obtain the detainee's consent before providing the information to the receiving facility. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the detainee victims were transferred due to an incident of sexual abuse.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

BCSO policy CO 328 states, "Any detainee who alleges that he or she has been sexually assaulted/abused shall be offered immediate protection from the assailant and will be referred for a medical examination as well as a clinical assessment of the potential for suicide or other related symptoms." An interview with the facility Captain indicated if the alleged perpetrator is a staff member they would be removed from any contact with detainees and be assigned to a non-contact post such as the lobby desk, or placed on administrative leave, pending the outcome of an investigation. An interview with the facility Captain further indicated if the alleged perpetrator is a contractor or volunteer, they would be removed from the facility until the investigation is completed. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the investigations involved a staff member, contractor, or volunteer.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation.

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency policy 11062.2 states, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." BCSO policy CO 328 states, "Staff, contactors, and volunteers, and detainees, shall not retaliate against any person, including an detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. BCDC will protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or harassment investigations from intimidation or retaliation by other detainees or staff. Protection measures may include, but are not limited to: housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with the victims, and emotional support services. The Classification Deputy will be responsible for the monitoring of possible intimidation/retaliation of detainee victims. Monitoring will last for a period of (90) days to include: any detainee disciplinary reports, housing changes, program changes, or any negative performance reviews or reassignments of staff. Monitoring shall include periodic status checks. Monitoring may be continued if the initial monitoring indicates a continued need for such. If any other individual who cooperates with an investigation expresses a fear of retaliation, BCDC shall take appropriate measures to protect that individual against retaliation." An interview with the PREA Compliance Manager/PREA Investigator confirmed she is responsible for monitoring detainee victims of sexual abuse, detainee witnesses, and staff members who cooperate with a sexual abuse investigation, and she would immediately establish contact with

the detainee victim, the witness, and staff member once an allegation has been reported. An interview with the PREA Compliance Manager/PREA Investigator further confirmed utilizing the BCDC Assessment/Retaliation Status Checklist retaliation monitoring would continue for at least 90 days; however, the detainee victim would be monitored for longer if necessary. The Auditor reviewed the BCDC Assessment/Retaliation Status Checklist and confirmed the checklist requires a check into the detainee disciplinary reports, housing, program changes and any reassignments or negative performance reviews for staff who report, witness, or participate in an investigation of alleged sexual abuse. In addition, an interview with the PREA Compliance Manager/PREA Investigator confirmed she would review disciplinary reports, housing changes, and any changes in the detainee's programming and if the witness was a staff member, she would review the staff member's employment file to determine if there have been any negative performance reviews or post reassignments and if retaliation is detected immediate action would be taken against the perpetrator, which could include progressive discipline. The Auditor reviewed three sexual abuse allegation investigation files and confirmed each file contained a BCDC Assessment/Retaliation Status Checklist which confirmed the PREA Compliance Manager/PREA Investigator immediately following an allegation of sexual abuse met with the detainee victim and explained the retaliation monitoring requirement to him/her and the detainee victims had been monitored for the required 90 days or until their release from the facility.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): BCSO policy CO 328 states, "BCDC shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g. protective custody), subject to the requirements of §115.43." Interviews with the facility Captain, PREA Coordinator, PREA Compliance Manager, and a Segregation Supervisor indicated if a detainee reported an incident of sexual abuse, the FOD would be immediately notified, and the detainee would be placed in the least restrictive housing, subject to all the review requirements of standard §115.43. Interviews with the facility Captain, PREA Coordinator, PREA Compliance Manager, and a Segregation Supervisor further indicated in the event, there was no other options, a detainee victim's placement into segregation would not exceed five days. An interview with the HSA indicated if a detainee who reported sexual abuse was placed in administrative segregation or protective custody, a reassessment would be conducted, prior to returning the detainee victim to general population. The Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the alleged detainee victims had been placed into administrative segregation or protective custody due to being a victim of sexual abuse.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations.

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f): BCSO policy CO 328 states, "If an detainee alleges sexual assault/abuse, a swift and coordinated response is necessary. Investigations will be done so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. 1. Staff shall preserve the crime scene. Evidence will be gathered by the evidence technician/investigator. 2. Based on such factors as availability of in-house expertise and general security considerations, the Corrections Bureau Investigator may use either a staff physician or a local hospital to examine the victim for physical injuries only. The results of the physical examination and all collected physical evidence are to be provided to the Investigator. 3. Appropriate infectious disease testing, as determined by Medical Staff, may be necessary. Part of the investigation process may also include an examination of and collections of physical evidence for the suspected assailant(s). Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, BCDC shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or

appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. Administrative investigations should include, at minimum: 1. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence (b) (7)(E) ; 2. Interviewing alleged victims, suspected perpetrators, and witnesses; 3. Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; 4. Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee to submit to a polygraph; 5. An effort to determine whether actions or failures to act at BCDC contributed to the abuse; and 6. Documentation of each investigation by written report, which shall include a description of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. E. Attention should be taken to ensure that coordination and sequencing between criminal and administrative investigations, in accordance with 115.71(b), to ensure that the criminal investigation is not compromised by an internal administrative investigation. F. Investigators shall gather and preserved direct and circumstantial evidence, including any available physical and DNA evidence (b) (7)(E) ; shall interview alleged victims; suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. G. When the quality of evidence appears to support criminal prosecution, BCDC shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. H. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an detainee or staff. I. Detainees who allege sexual abuse shall not be required to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigation of such an allegation. J. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. K. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. L. BCDC shall retain all written reports for as long as the alleged abuser is incarcerated in BCDC or employed by BCDC, plus five years. M. The departure of the alleged abuser or victim from the employment or control of BCDC or agency shall not provide a basis for terminating an investigation. N. When another state entity or the Department of Justice is contacted to conduct an investigation, that entity shall do so pursuant to the above requirements. O. When an outside agency investigates a case of sexual abuse, BCDC shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation." An interview with the PREA Compliance Manager/Investigator indicated an administrative investigation is completed promptly, thoroughly, and objectively for all allegations of sexual abuse, including third-party reports or those reported anonymously, the BCSO Inspector is notified of all allegations, and will complete a criminal investigation if the allegation appears to be criminal in nature. An interview with the PREA Compliance Manager/Investigator further indicated she would be kept informed of the progress of the investigation, would cooperate with the Inspector, and all investigations would be completed even if the alleged detainee victim or alleged perpetrator was no longer housed or working within the facility. A review of the BCDC PAQ indicated the facility has three facility Investigators who have received specialized training on sexual abuse and cross-agency coordination; however, interviews with the PREA Coordinator and PREA Compliance Manager/Investigator indicated one Investigator no longer worked at the facility. Interviews with the PREA Coordinator and PREA Compliance Manager/Investigator further indicated they have received specialized training utilizing the ICE Specialized Training: Investigations-Effective Cross-Agency Coordination Training and the PREA: Investigating Sexual Abuse in a Confinement Setting through the National Institute of Corrections (NIC). The Auditor has previously reviewed both training curriculums and confirmed the curriculums are in compliance with standard 115.34. During the on-site audit, the Auditor reviewed each facility Investigator's training records and confirmed all had completed the required training. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed all investigations were completed promptly, thoroughly, and objectively by a qualified Investigator and each file contained a written report which included a description of the physical and testimonial evidence, the reasoning behind credibility and the investigative facts and findings.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations.

Outcome: Meets Standard

Notes:

BCSO policy CO 328 states, "When an administrative investigation is undertaken, BCDC shall impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." Interviews with the PREA Coordinator and PREA Compliance Manager/Investigator indicated the facility will not impose a standard higher than a preponderance of evidence when determining whether allegations of sexual abuse are substantiated. The Auditor reviewed three sexual abuse allegation investigation files and confirmed a standard higher than a preponderance of evidence was not imposed when determining the outcome of the investigations.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees.

Outcome: Meets Standard

Notes:

Agency policy 11062.2 states, "For detainees still in ICE immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation of sexual abuse or assault, notify the detainee as to the result of the investigation and any responsive action taken, in coordination with the FOD." BCSO policy CO 328 states, "Following an investigation into an detainee's allegation that he or she suffered sexual abuse in the detention facility, BCDC shall inform the detainee as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and any responsive action taken." An interview with the PREA Compliance Manager/PREA Investigator indicated notification and any responsive action taken is made to each detainee victim who reports an allegation of sexual abuse. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed notification had been given to each detainee victim which included the detainee's signature verifying receipt of the notification, or a documented refusal to sign should the detainee decline to do so; however, as none of the cases were substantiated the response did not include a responsive action taken.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): BCSO policy CO 328 states, "Disciplinary sanctions for B.C.D.C. staff are outlined in MB 110 Misconduct Investigations and Disciplinary Procedures. All staff shall be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of sexual abuse or for violating facility sexual abuse policies. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse as defined under the definition of sexual abuse of a detainee by a staff member, contactor, or volunteer. BCDC shall report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. BCDC shall make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known." The Auditor reviewed a memorandum to the file which states, "The Baker County Detention Center has not had any staff member terminated, resigned, or other sanctions given during the audit period. Interviews with the facility Captain, PREA Coordinator, PSA Compliance Manager, and HRM indicated a staff member suspected of engaging in sexual abuse with a detainee or violating any part of facility policies governing sexual abuse would be removed from detainee contact or, if appropriate, placed on administrative leave until the outcome of the investigation and if the allegation is substantiated, the staff member would be terminated, reported to District

Attorney's Office for possible criminal charges, and would be reported to any applicable licensing body. Interviews with four random CDs confirmed they were very knowledgeable and could articulate if a staff member violated the Agency or facility zero tolerance policies, the staff member would be terminated from his/her position and any federal service. An interview with the PREA Compliance Manager/PREA Investigator indicated there has not been a staff member who was the subject of a PREA investigation during the audit period. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed there were no substantiated staff-on-detainee sexual abuse allegation investigations. The Auditor reviewed a memorandum to the file from the AFOD which states, "The purpose of this memo is to confirm that I have reviewed the Baker County Detention Center Prion Rape Elimination Act (PREA) and Sexual Abuse and Assault Prevention and Intervention (SAPPI) policy, BCSO CO 328, and approve it for the Immigration and Customs Enforcement detainees detained at the Baker County Detention Center."

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard

Notes:

(a)(b)(c): BCSO policy CO 328 states, "Any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees. BCDC shall make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. Such incidents shall also be reported to law enforcement agencies, unless the activity was clearly not criminal. Contactors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. BCDC shall take appropriate remedial measures and shall consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards. Remedial measures may include additional PREA related training as determined by the Detention Director." The Auditor reviewed a memorandum to the file which states, "The Baker County Detention Center has not had any contractor/volunteer violate any sexual abuse policies during the audit period. Also, the Baker County Detention Center has not had any contractor/volunteer suspected of perpetrating sexual abuse during the audit period." Interviews with the facility Captain, PREA Coordinator, PREA Compliance Manager, and HRM indicated a contractor or volunteer who is suspected of engaging in sexual abuse is prohibited from contact with detainees and would be removed from the facility pending an investigation into the allegation of sexual abuse. Interviews with the facility Captain, PREA Coordinator, PREA Compliance Manager and HRM further indicated if the allegation is substantiated, the incident would be reported to the contractor's or volunteer's employer, law enforcement, and any licensing bodies. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the investigations involved a staff contractor, "other" contractor, or volunteer.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): BCDC policy CO 328 states, "BCDC shall subject detainees to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. Detainees will be issued a disciplinary report and be subject to the disciplinary system as described in facility guideline CO 350 Detainee Disciplinary System. The disciplinary system contains progressive levels or reviews, appeals, procedures and documentation procedures. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Detainees will be offered therapy, counseling, and other interventions designed to address and correct the underlying reasons or motivations for sexual abuse. BCDC may require the

offending detainee to participate in such interventions, therapy, or counseling as a condition of access to programming and other benefits. Detainees may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary actions, a report of sexual abuse made in good faith based upon a reasonable believe that the alleged conduct occurred shall not constitute falsely report an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." The Auditor reviewed a memorandum to the file which states, "The Baker County Detention Center did not have any detainee receive disciplinary sanctions for being found to have engaged in sexual abuse." Interviews with the facility Captain, PREA Coordinator, PREA Compliance Manager, and DHO indicated the facility has a disciplinary process in place and all sanctions are commensurate with the severity of the act committed. Interviews with the facility Captain, PREA Coordinator, PREA Compliance Manager, and DHO further indicated the facility disciplinary process has progressive levels of reviews and appeals, considers whether a detainee's mental disabilities or mental illness contributed to his behavior, would not discipline a detainee for sexual contact with a staff member unless there is a finding the staff member did not consent to the contact or would not discipline a detainee for falsely reporting an incident or lying if he made a report of sexual abuse in good faith based on a reasonable belief the alleged conduct had occurred. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed none of the investigative findings had been substantiated; and therefore, no detainee had been disciplined for engaging in sexual abuse.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): BCSO policy CO 328 states, "If the assessment indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of the assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." An interview with the HSA indicated medical staff conduct the initial risk assessment utilizing an electronic BCDC PREA Risk Assessment form. The Auditor reviewed the BCDC PREA Risk Assessment form and confirmed the form includes asking each detainee, if they are a former victim of prison rape/sexual assault, young age (under 21 years of age) or elderly (60 years of age or older), slight build 5ft 6 in or less and/or less than 140 lbs., first incarceration in jail, nonviolent history, convictions for sex offenses against an adult or child, sexual orientation of gay or bisexual, gender nonconformance (e.g., transgender or intersex identity), mental, physical or developmental disability, inmate/detainee's own perception of vulnerability, inmate/detainee is detailed solely for civil immigration purposes, prior history of institutional predatory behavior, prior convictions for violent offenses, history of sexual abuse towards others, gang affiliation, and current or prior rape conviction. The assessment indicates that if a detainee says yes to prison rape/sexual assault "an automatic referral to Classification and Mental Health" is required and if the detainee has prior history of institutional predatory behavior, "an automatic referral to Classification" is required, which indicates that sexual aggressors are not referred to mental health as the standard requires. An interview with the HSA indicated if a detainee is identified as being at risk for sexual victimization or a sexual aggressor, a referral is required, and a "task" is assigned to mental health in the electronic medical file to ensure the detainee is seen by mental health. An interview with an LMHC indicated mental health staff will normally meet with the detainee within 24 hours, but no later 72 hours, and medical staff will see them within two days. The Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were referred to mental health and had been seen by mental health within 48 hours; however, a review of the detainee files further confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure if the assessment pursuant to standard 115.41 indicates a

detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. The Auditor reviewed the files of two detainees who were identified as perpetrating sexual abuse and confirmed the detainees were referred to mental health and had been seen by mental health within 48 hours; however, a review of the detainee files further confirmed the detainees were not identified as having a risk of perpetrating sexual abuse utilizing the initial risk assessment but during the intake process by booking staff utilizing the detainee's criminal history; and therefore, the Auditor could not confirm the facility has a process in place to ensure if the assessment pursuant to standard 115.41, to include prior acts of sexual abuse and prior convictions for violent offenses, indicates a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. To become compliant the facility must implement a process which ensures if the assessment pursuant to standard 115.41, to include prior acts of sexual abuse and prior convictions for violent offenses, indicates a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. Once implemented the facility must submit documentation to confirm all applicable staff, to include staff who may be assigned to Intake and all medical and mental health staff have received the required training. If applicable, the facility must submit 10 detainee files which include 5 detainees who were identified at risk for victimization and 5 detainees who have been identified as being at risk for perpetrating sexual abuse. The files must include the detainees' date of arrival at the facility, the initial risk assessment, and the corresponding medical and mental health files.

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

Outcome: Meets Standard

Notes:

(a)(b): BCSO policy CO 328 states, "Detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infectious prophylaxis, in accordance with professionally accepted standards of care as deemed necessary by the contract medical and mental health provider. Emergency medical treatment services provided to the victim shall be without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." Interviews with the PREA Coordinator, PREA Compliance Manager and HSA indicated if there was an incident of sexual abuse which occurred at the facility, the detainee victim would be taken to medical for emergency medical services, and if needed, would be transported to WCJ for a forensic examination. An interview with the HSA indicated upon the detainee victim's return to the facility, the detainee victim would be offered tests for sexually transmitted infections, have unimpeded access to emergency contraceptives, and sexually transmitted infections prophylaxis, according to professionally accepted standards of care regardless of the detainee naming his abuser or cooperating with an investigation. The Auditor reviewed a Memorandum of Understanding (MOU) between the BCDC and the Women's Center of Jacksonville (WCJ), executed on October 1, 2023. A review of the MOU confirms the MOU commenced upon execution by the parties and has a clause which allows either party to terminate the agreement with a 30-day written notice. A review of the MOU further confirms WCJ will provide forensic examinations for detainee victims of sexual abuse within 120 hours from the time of the assault and a victim advocate would be provide crisis intervention services. Utilizing a detainee phone, the Auditor spoke with an on-call WCJ victim advocate who confirmed a detainee victim of sexual abuse would be transported to WCJ if a SANE is needed and crisis intervention services would be provided utilizing a language line for those detainees who are LEP. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed, after reporting an allegation of sexual abuse, the detainee victims were immediately escorted to medical for an assessment and offered mental health services; however, no detainee victims required transport to WCJ for a forensic examination.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): BCSO policy CO 328 states, "BCDC shall offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while in the detention facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. BCDC shall provide such victims with medical and mental health services consistent with community level care. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services. Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. BCDC shall attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners." Interviews with the HSA and the LMHC indicated detainee victims of sexual abuse would be offered a medical and mental health evaluation and, if needed, the evaluation and treatment would include follow-up services, treatment plans, and referrals for continued care without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation. Interviews with the HSA and the LMHC further indicated all treatment received at the facility is consistent, if not better, than the community level of care. In addition, interviews with the HSA and the LMHC indicated if a sexual assault were to occur at the facility, female detainees would be offered pregnancy tests and if positive would be provided information regarding all pregnancy-related services available to her and access to such services. Interviews with the HSA and the LMHC further indicated all detainee victims of sexual abuse would be offered tests for sexually transmitted infections. An interview with an LMHC indicated a mental health evaluation would be conducted on all known detainee-on-detainee abusers within 60 days of learning of the behavior and treatment would be offered. During the on-site audit, the Auditor reviewed three sexual abuse allegation investigation files and confirmed, after reporting an allegation of sexual abuse, the detainee victims were immediately escorted to medical for an assessment and were offered mental health services.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews.

Outcome: Meets Standard

Notes:

(a)(b)(c): BCSO policy CO 328 states, "Sexual abuse incident reviews will be conducted at the conclusion of every sexual abuse investigation, including those investigations that have been closed as unfounded. Reviews will be conducted within 30 days of the conclusion of the investigation by a review team comprised of the Chief of Security, B.C.D.C. Investigator, a line supervisor, and the Health Service Administrator. Reviews shall: Consider whether the allegation or investigation indicated a need to change guideline or practice to better prevent, detect, or respond to sexual abuse; Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at BCDC; Examine the area in BCDC where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; Assess the adequacy of staffing levels in the area during different shifts; (b) (7)(E) and Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to this paragraph and any recommendations for improvement and submit such report to BCDC head and PREA Coordinator. BCDC shall implement the recommendations for

improvement or shall document its reasons for not doing so. BCDC shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If BCDC has not had any reports of sexual abuse during the annual reporting period, then BCDC shall prepare a negative report. The results and findings of the annual review shall be provided to BCDC administrator, Field Office Director or his or her designee, and ICE PSA Coordinator." Interviews with the facility Captain, PREA Coordinator, and PREA Compliance Manager/Investigator indicated the facility incident review team, consists of upper-level management officials, medical and mental health practitioners, facility Investigators, and security line staff supervisors who would conduct a sexual abuse incident review at the conclusion of every administrative investigation utilizing the Sexual Abuse Incident Review Pursuant to PREA Standard §115.86 form regardless of the outcome of the investigation. During the on-site audit the Auditor reviewed the Sexual Abuse Incident Review Pursuant to PREA Standard §115.86 form and confirmed the review requires the facility consider if the incident was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility. A review of the utilizing the Sexual Abuse Incident Review Pursuant to PREA Standard §115.86 form further confirmed the review team will conduct the review within 30 days of the conclusion of the investigation and make recommendations for a change in policy or practice which could assist with preventing, detecting, and responding to sexual abuse. The Auditor reviewed three sexual abuse allegation investigation files and confirmed each file included a Sexual Abuse Incident Review Pursuant to PREA Standard §115.86 form which had been completed within 30 days of the conclusion of the investigations and forwarded, with the responses, to the Agency PREA Coordinator. An interview with the facility Captain indicated an Annual Statistical report is completed and sent to the BCDC Sheriff, the facility Captain, and the FOD. The Auditor reviewed the BCDC 2024 Annual Statistical Report and an email notification confirming the Annual report was sent to the Agency PSA Coordinator, Sheriff, and the FOD.

Corrective Action:

No corrective action needed.

§115.87 - Data collection.

Outcome: Meets Standard

Notes:

(a): Interviews with the PREA Coordinator and PREA Compliance Manager/Investigator, and the Auditor's direct observations confirmed all case records associated with allegations of sexual abuse are maintained in a locked filing cabinet located in the facility PREA Coordinator's office.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audits.

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): During all stages of the audit, including the on-site audit, the Auditor was able to review available policies, memos, and other documentation required to make an assessment on PREA compliance. Interviews with detainees were conducted on-site, privately, and have remained confidential. The Auditor observed the notification of the audit posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. No detainee, outside entity, or staff correspondence was received prior to the on-site audit, during the on-site audit, or following the on-site audit.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Robin Bruck 1/19/2026

Auditor's Signature & Date

(b) (6), (b) (7)(C) 1/22/2026

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 1/21/2026

Assistant Program Manager's Signature & Date

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility