Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report

Strafford County Corrections

September 9 - 11, 2025

U.S. Immigration and Customs Enforcement

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

Homeland Security

AUDITOR INFORMATION			
Name of auditor:	Robin Bruck	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866
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
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Boston		
Field Office Director:	Patricia Hyde		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	1000 District Avenue Burlington, MA 01803		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Strafford County Corrections		
Physical address:	266 County Farm Road Dover, New Hampshire 03820		
Telephone number:			
Facility type:	Intergovernmental Service Agreement		
PREA Incorporation Date:	2/09/2022		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	

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 Strafford County Corrections met 19 standards, had 0 standards that exceeded, had 1 standard that was non-applicable, and had 21 non-compliant standards. As a result of the facility being out of compliance with 21 standards, the facility entered into a 180-day corrective action period which began on December 12, 2025, and ended on June 10, 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.

Number of Standards Initially Not Met: 21

- §115.15 - Limits to cross-gender viewing and searches.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.17 - Hiring and promotion decisions.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.31 - Staff training.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §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.
- §115.73 - Reporting to detainees.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Exceeded: 0

Number of Standards Met: 21

- §115.15 - Limits to cross-gender viewing and searches.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.17 - Hiring and promotion decisions.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.31 - Staff training.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.

- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §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.
- §115.73 - Reporting to detainees.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

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.

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

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

Notes:

(b)(c)(d)(e)(f)(g): SCDC policy 3.6.07 states, "Unless an emergent situation exists, cross-gender supervision of inmates will not occur: 1. When an inmate is disrobed or performing bodily functions. This will not prohibit an officer from supervising a housing unit of the opposite sex, providing the officer announces that a staff member of the opposite gender is on the housing unit, and 2. Privacy panels (including shower stalls/curtains) are available for use by the inmates. 3. Viewing that is incidental to routine cell checks shall not be prohibited. When an inmate is undergoing a medical exam or procedure. During an unclothed or body cavity search. Pat searches may be observed by a staff member of the opposite sex as needed for security purposes. If exigent circumstances indicate a cross-gender pat, unclothed or body cavity search is warranted, it must be documented, and documentation should include both the reason for the search and the officer performing the search." Interviews with the Supt., PSA Compliance Manager, and four random COs indicated the facility does not conduct cross- gender pat-down search, cross-gender strip search, strip searches, or visual body cavity searches of detainees, unless there are exigent circumstances and if there are exigent circumstances which require a strip search, cross- gender pat-down search, cross-gender strip search, visual cavity search, or cross-gender visual body cavity search the search would be documented; however, during the on-site audit, the Auditor reviewed the ICE Detainee Unclothed Search Log and confirmed there were nine pages of strip searches with reasons noted to include, but not limited to, intake, return from court, and new. A review of the ICE Detainee Unclothed Search Log further confirmed strip searches are documented; however, during the on-site audit, the Auditor requested copies of additional logs to confirm the facility documents searches in accordance with subsections (d) and (f) of the standard and none were provided including blank copies. Interviews with four random COs further indicated announcements are made by staff prior to entering a housing unit of the opposite gender. Interviews with 15 detainees (10 male and 5 female) confirmed they had not been subjected to a cross-gender pat-down search, cross-gender strip search, a visual body cavity search, or a cross-gender body cavity search while housed at the facility. Interviews with 15 detainees further confirmed staff of the opposite gender inform them prior to entering the housing unit. During the on-site audit, the Auditor attempted to observe a pat-down search; however, pat- down searches are conducted in the sally port area before the detainee enters the facility, and none were being conducted while the Auditor was on-site.

(h): SCDC is not designated as Family Residential Centers; therefore, provision (h) is not applicable.

(i)(j): SCDC policy 3.6.07 states, "Searches of transgender or intersex inmates will be conducted following OG 3.7.01 - Searches, specifically: Transgender inmates shall be searched by an officer of the same gender identity unless the inmate expresses a preference for an officer of the same biological sex. Searches will not be conducted to determine an inmate's genital status." SCDC policy 3.7.01 Searches states, "There are two types of body searches performed by correctional staff- Clothed and Unclothed. An officer of the same sex as the inmate will perform the searches whenever possible. A clothed search may be done when there is an imminent threat to the life of the inmate, officer or visitor, or if valuable evidence will be lost if there is not an immediate search. In

such cases, an officer of the opposite sex may do a clothed search only if there is no officer of the same sex available to do the search. If an officer of the opposite sex performs the search, a second officer will stand by to observe. Detailed reports stating the reasons for and results of the search will be filed before the officers go off duty;" however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances. SCDC policy 3.7.01 further states, "Searches In the case of an inmate or offender of ambiguous gender, the sex of the inmate will be determined by questioning the individual; a known transgendered or intersex individual will be searched by a staff member of the sex he/she is most comfortable with as long as the individual's behavior remains appropriate. Searches will not be conducted solely for the purpose of determining the gender of an inmate or offender. Searches are a method used to control contraband and will not be used for disciplinary purposes. Officers will not embarrass or cause indignity to inmates or offenders by either remarks or actions. Officers will not touch inmates or offenders any more than necessary to complete the search. Searches will be thorough." During the on-site audit the Auditor requested a copy of the curriculum utilized to train staff in the proper procedures to conduct pat-down searches including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible and was provided a copy of the SCDC Body Searches training curriculum. The Auditor reviewed the curriculum and confirmed the curriculum does not include the proper procedures for conducting cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible. Interviews with four random COs confirmed they have not received training on conducting a pat-down search on a transgender or intersex detainee. Interviews with four random COs further confirmed, three male COs would call a female officer to conduct the pat-search of a transgender/intersex detainee, one female CO would ask the detainee his/her preference, and one female CO indicated she would call her supervisor to advise her of the procedure. In addition, interviews with four random COs confirmed pat-down searches would not be conducted for the sole purpose of determining a detainee's genital characteristics.

Corrective Action:

The facility is not in compliance with subsections and (c), (d), (f), and (j) of the standard. Interviews with the Supt., PSA Compliance Manager, and four random COs indicated the facility does not conduct cross-gender pat-down search, cross-gender strip search, strip searches, or visual body cavity searches of detainees, unless there are exigent circumstances and if there are exigent circumstances which require a strip search, cross-gender pat-down search, cross-gender strip search, visual cavity search, or cross-gender visual body cavity search the search would be documented; however, during the on-site audit, the Auditor reviewed the ICE Detainee Unclothed Search Log and confirmed there were nine pages of strip searches with reasons noted to include, but not limited to, intake, return from court, and new. A review of the ICE Detainee Unclothed Search Log further confirmed strip searches are documented; however, during the on-site audit, the Auditor requested copies of additional logs to confirm the facility documents searches in accordance with subsections (d) and (f) of the standard and none were provided including blank copies. SCDC policy 3.7.01 Searches states, "There are two types of body searches performed by correctional staff- Clothed and Unclothed. An officer of the same sex as the inmate will perform the searches whenever possible. A clothed search may be done when there is an imminent threat to the life of the inmate, officer or visitor, or if valuable evidence will be lost if there is not an immediate search. In such cases, an officer of the opposite sex may do a clothed search only if there is no officer of the same sex available to do the search. If an officer of the opposite sex performs the search, a second officer will stand by to observe. Detailed reports stating the reasons for and results of the search will be filed before the officers go off duty;" however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances. During the on-site audit the Auditor requested a copy of the curriculum utilized to train staff in the proper procedures to conduct pat-down searches including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible and was provided a copy of the SCDC Body Searches training curriculum. The Auditor reviewed the curriculum and confirmed the curriculum does not include the proper procedures for conducting cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and

respectful manner and in the least intrusive manner as possible. Interviews with four random COs confirmed they have not received training on conducting a pat-down search on a transgender or intersex detainee. Interviews with four random COs further confirmed, three male COs would call a female officer to conduct the pat-search of a transgender/intersex detainee, one female CO would ask the detainee his/her preference, and one female CO indicated she would call her supervisor to advise her of the procedure. To become compliant, the facility must revise the SCDC Body Search training curriculum to include the proper procedures to conduct cross-gender pat-down searches, including cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances, and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible. Once the curriculum is revised the facility must submit documentation to confirm all staff responsible for conducting pat-down searches and searches of transgender and intersex detainees have received the updated training.

Corrective Action Taken:

On April 16, 2026, the facility submitted a revised SCDC Body Search training curriculum which includes "All pat-down searches shall be conducted in a professional and respectful manner and in the least intrusive manner as possible, consistent with security needs, Strafford County policy, and ICE policy." On May 15, 2026, the facility submitted an email to all staff with read receipts. The Auditor reviewed the email and receipts and confirmed the email included an attached PowerPoint which requires, "All pat-down searches shall be conducted in a professional and respectful manner and in the least intrusive manner as possible, consistent with security needs, Strafford County policy, and ICE policy." A review of the email and read receipts further confirms 5 out of 12 staff had reviewed the email as of 4/29/2026; and therefore, the Auditor accepts the facility is working toward training all applicable staff and no longer requires documentation to confirm all staff responsible for conducting pat-down searches of detainees have received the required training. The Auditor did not make a compliance determination for subsection (j) related to transgender and intersex detainees, as the subsection does not algin with E.O. #14168. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (c), (d), and (f) of the standard.

§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): SCDC policy 3.6.07 states, "Education will be provided to inmates in formats accessible to all, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Formats may include closed captions, audio recordings and multilingual publications. All housing units will also have key information continually and readily available or visible to inmates through the tablet, posters, inmate handbooks or other written formats." The Auditor reviewed a memorandum to the file which states, "Strafford County Department of Corrections utilizes a robust tablet system. Tablets are issued to all placed in custody. The tablets are used for many things that are required for Immigration and Customs Enforcement. All SAPPI related documents are located on the tablet and are available, upon request, in paper form." A review of the memorandum further confirms the memorandum includes the name of the PSA Compliance Manager, "the DHS poster is located on the inmate tablet and is visible in high traffic areas, and the Haven, the local organization, is located on the tablet and is referenced in the local handbook." During the on-site audit, the Auditor confirmed the intake staff had access to the electronic versions of the ICE National Detainee Handbook in 19 languages including English, Spanish, 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) and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, available on the facility computer system in 17 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, and Wolof on the computer system. Interviews with a Booking Officer and a Classification

Officer indicated if a detainee is LEP, staff would use a language line, or a Pocket Talk to establish effective communication with the detainee; however, the Booking Officer and Classification Officer struggled with articulating how information would be provided if a detainee had limited reading skills, was deaf or hard of hearing, was blind or visually impaired, if the detainee had intellectual disabilities, psychiatric disabilities, or any other disabilities. In an interview with the Booking Officer, it was further indicated that detainees are asked to sign a Clothing Issued Receipt. The Auditor reviewed the receipt and confirmed it includes a statement "I do/do not want a paper copy of the Inmate Handbook at this time. I understand that I can obtain a paper copy upon request." In addition, an interview with the Booking Officer indicated detainees will sign an Inmate Telephone ID Number Release Form which includes a statement, "I, (inmate name), have received the pamphlet "Sexual Assault Awareness-What you need to know while you are under the supervision of SCDOC." The Auditor reviewed a copy of the SCDC Sexual Assault Awareness pamphlet and confirmed the pamphlet contains "what is PREA, definition of sexual misconduct not consistent with sexual abuse definitions, facts related to sexual abuse and what do if sexually assault - report it;" however, the pamphlet is available in English only; and therefore, is not available in a manner all detainees can understand. Interviews with the Supt. and Booking Officer indicated detainees are informed PREA information to include the ICE National Detainee Handbook, the SCDC Inmate Handbook, the DHS-prescribed "Sexual Assault Awareness Information" pamphlet and the Haven Flyer are located on the detainee tablets, and they will be issued a tablet once they are taken to their housing unit. During the on-site audit the Auditor reviewed the detainee tablets and confirmed the tablet included the ICE National Detainee Handbook, in the 19 languages most prevalent to ICE, the DHS-prescribed SAA Information pamphlet in the 17 languages most prevalent to ICE, and the SCDC Inmate Handbook available in English and Spanish; however, the Auditor could not locate the Haven flyer anywhere on the tablet. The Auditor interviewed 15 detainees (10 male and 5 female), who brought their tablets with them, which included 12 LEP detainees (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi, 2 Chinese) and confirmed all detainees interviewed indicated during the intake process, they had not received handbooks, pamphlets, or any other information on sexual abuse. In interviews with 15 detainees, it was further indicated each detainee had been provided with a tablet; however, each detainee differed on when the tablets had been provided, which ranged from one to two weeks. In addition, interviews with 15 detainees indicated, other than how to log in, they were not provided with instructions on how to utilize the tablet and none of the detainees could show the Auditor where to access the PREA information. The Auditor reviewed 25 detainee files and confirmed each file included a detainee signed the Clothing Issued Receipt; however, the review further confirmed none of the detainees indicated if they did or did not want a hard copy of the Inmate Handbook. During the on-site audit the Auditor attempted to observe an intake; however, no detainees were received during the on-site audit, and the initial intake screening is conducted (b) (7)(E)

(c): SCDC policy 3.6.07 states, "Inmates will not translate for other inmates unless it is done at the request of the inmate or an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegations." Interviews with four random COs 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 12 sexual abuse allegation investigation files and confirmed none of the files included documentation of a detainee interpretating for another detainee.

Recommendation (c): The Auditor recommends the facility update SCDC policy 3.6.07 to include the verbiage, "Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse" to coincide with subsection (c) of the standard and facility practice.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. Interviews with a Booking Officer and a Classification Officer confirmed the Booking Officer and Classification Officer struggled with articulating how information would be provided if a detainee had limited reading skills, was deaf or hard of hearing, was blind or visually impaired, if the detainee had intellectual disabilities, psychiatric disabilities, or any other disabilities. Interviews with the Supt. and Booking Officer indicated all PREA information to include the ICE National Detainee Handbook, the SCDC Inmate Handbook, the DHS-prescribed SAA Information pamphlet and the Haven Flyer are located on the detainee tablets which are provided to the detainees once they are taken to their housing unit. During the on-site audit the Auditor reviewed the detainee tablets and confirmed the SCDC Inmate Handbook was uploaded only in English and Spanish, and the Auditor could not locate the Haven flyer anywhere on the tablet. The Auditor interviewed 15 detainees (10 male and 5 female), who brought their tablets with them, which included 12 LEP detainees (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi, 2 Chinese) and confirmed all detainees interviewed indicated during the intake process, they had not received handbooks, pamphlets, or any other information on sexual abuse. In interviews with 15 detainees, it was further indicated each detainee had been provided with a tablet; however, each detainee differed on when the tablets had been provided, which ranged from one to two weeks. In addition, interviews with 15 detainees indicated, other than how to log in, they were not provided with instructions on how to utilize the tablet and none of the detainees could show the Auditor where to access the PREA information. The Auditor reviewed 25 detainee files and confirmed in each file the detainee had signed the Clothing Issued Receipt without indicating if they did or did not want a hard copy of the Inmate Handbook. To become compliant, the facility must obtain and distribute the DHS-prescribed SAA Information pamphlet in K'iche' (Quiché)/Kxlantzij and Mam to all detainees in which K'iche' (Quiché)/Kxlantzij or Mam is their preferred language. The facility must implement a process to ensure during intake all detainees with disabilities, to include those who are LEP, have limited reading skills, are deaf or hard of hearing, are blind or visually impaired, has intellectual disabilities, psychiatric disabilities, or any other disabilities 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 booking and classification, have received training on the implemented procedure. The facility must submit the files of 10 detainees 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. In addition, if applicable, the facility must submit the files of any detainees who arrive during the CAP period who have limited reading skills, are deaf or hard of hearing, are blind or visually impaired, has intellectual disabilities, psychiatric disabilities, or any other disabilities 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:

On January 28, 2026, the facility submitted an email from the Agency. The Auditor reviewed the email and confirmed the Agency does not currently have the DHS-prescribed SAA Information pamphlet in K'iche' (Quiché)/Kxlantzij and Mam. On 5/15/2026 the facility submitted an email with read receipts. The Auditor reviewed the email and receipts and confirmed 12 staff members received training on an implemented procedure to ensure during intake all detainees with disabilities, to include those who are LEP, have limited reading skills, are deaf or hard of hearing, are blind or visually impaired, have intellectual disabilities, psychiatric disabilities, or any other disabilities 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. The facility submitted the files of 10 detainees whose preferred language is other than English and Spanish. The Auditor reviewed the submitted files and confirmed the files included an ICE Processing Checklist and the Booking Observation Report which confirmed the facility has implemented a process to ensure during intake all detainees with disabilities, to include those who are LEP, receive notification, orientation, and instruction on the facility sexual abuse prevention and response in a

manner all detainees can understand. The facility submitted copies of the Haven flyer, the facility handbook, and a PREA information form in the preferred language of the detainees whose files were submitted to confirm the information is available on-site. On 6/4/2026 the facility submitted a memorandum to Auditor which states, "There have been no detainees who arrived at the facility who have limited reading skills, are deaf or hard of hearing, are blind or visually impaired, has intellectual disabilities, psychiatric disabilities, or any other disabilities following the implementation of facility procedures." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a) and (b) of the standard.

§115.17 - Hiring and promotion decisions.

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): 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. SCDC policy 3.6.07 states, "All staff will be screened for criminal history, history of engaging in sexual abuse and any other previous conduct that suggests a likelihood of engaging in sexual abuse. The Strafford County Department of Corrections will not hire or promote

anyone who may have contact with inmates who: a. has engaged in sexual abuse in a prison, jail, lockup, community conferment facility, juvenile facility or other institution. B. has 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 if the victim did not consent or was unable to consent or refuse; or c. has been civilly or administratively adjudicated to have engaged in the activity described in 2a. Material omissions regarding such misconduct, or provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment as appropriate. All employees must sign a job description confirming they have not engaged in sexual abuse in a confinement setting or the community. The job descriptions must be signed upon hire, promotion or lateral transfer. Any charges that may occur after hiring will be addressed through O.G. 1.3.06 Staff Rules. All current employees or contractors who may have contact with inmates shall have a background check performed at least every 5 years and before any promotional decisions. Substantiated claims of sexual abuse or sexual harassment involving a former employee must be reported upon receiving a request from an institutional employer for whom such employee has applied to work." An interview with the HRPA indicated all applicants are required to complete an on-line application, interview, and a background check through the National Crime Information Center (NCIC). An interview with the HRPA further indicated if an applicant has indicated previous institutional employment, they would request information regarding any substantiated allegations of sexual abuse. The Auditor reviewed the employment application and confirmed each applicant must sign an applicant's statement which includes, "In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employers;" however, subsection (e) of the standard requires material omissions regarding sexual abuse misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of a employment, as appropriate. An interview with the HRPA further indicated all applicants, and employees applying for a promotion must complete a "Job Description form." The Auditor reviewed the "Job Description" and confirmed the description includes the qualifications and responsibilities required for the position and the applicant, promotional candidate, contractor staff, or volunteer must acknowledge "I have also read the questions pertaining to the Prison Rape Elimination Act and have answered truthfully." The Auditor reviewed the questions pertaining to the Prison Rape Elimination Act and confirmed the questions include, "You are being asked the following questions to comply with the Federal Prison Rape Elimination Act (PREA): Have you ever engaged in sexual activity in the community facilitated by force, the threat of force, or coercion? Have you ever been convicted of domestic violence? Have you ever been convicted of stalking? Have you ever been convicted for sex offenses committed in the community? Have you ever engaged in any type of sexual misconduct either in the workplace or the community;" however, a review of the questions confirm the questions do not include if they have ever been convicted 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 refuse, and although asked if they have ever engaged in sexual abuse in "workplace", the answer would not encompass those who may have engaged in this activity while volunteering, visiting, etc. An interview with the HRPA further indicated employees are instructed they are required to report any law enforcement contact and on an annual basis when receiving a cost of living increase or prior to receiving a promotion the employee must complete an Acknowledgement which includes "I understand it is my responsibility to immediately report any personal arrest, criminal conviction, or civil judgement against me in writing to the superintendent or his/her designee. I understand it is my responsibility to report any misconduct related to sexual abuse in or outside of the facility immediately and I can be held accountable for not doing so." In an interview with the PSA Compliance Manager, it was indicated by adding this to the form, it ensures all staff are reminded of their continuing duty to disclose any misconduct related to sexual abuse. The Auditor reviewed 16 staff files (5 medical, 5 non-security, and 6 CO) and 2 volunteer files and confirmed background checks had been completed on all applicants prior to their employment with the facility; however, a review of the files confirmed the files did not include acknowledgments for medical staff, non-security, staff, or volunteers; and therefore, the Auditor could not confirm medical staff, non-security staff, or volunteers were asked about previous sexual misconduct prior to being hired, providing services, or annually upon receiving a cost of living increase in pay. Utilizing the PSD Background Investigation

for Employees and Contractors, the Auditor received documentation confirming the completion of required background checks for two ICE employees.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (e) of the standard. An interview with the HRPA indicated all applicants, and employees applying for a promotion must complete a Job Description form. The Auditor reviewed the Job Description and confirmed the applicant, promotional candidate, contractor staff, or volunteer must acknowledge "I have also read the questions pertaining to the Prison Rape Elimination Act and have answered truthfully." The Auditor reviewed the questions pertaining to the Prison Rape Elimination Act and confirmed the questions include, "You are being asked the following questions to comply with the Federal Prison Rape Elimination Act (PREA): Have you ever engaged in sexual activity in the community facilitated by force, the threat of force, or coercion? Have you ever been convicted of domestic violence? Have you ever been convicted of stalking? Have you ever been convicted for sex offenses committed in the community? Have you ever engaged in any type of sexual misconduct either in the workplace or the community;" however, the questions do not include if they have ever been convicted 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 refuse, and although asked if they have ever engaged in sexual abuse in "workplace", the answer would not encompass those who may have engaged in this activity while volunteering, visiting, etc. The Auditor reviewed 16 staff files (5 medical, 5 non-security, and 6 CO) and 2 volunteer files and confirmed background checks had been completed on all applicants prior to their employment with the facility; however, a review of the files confirmed the files did not include acknowledgments for medical staff, non-security, staff, or volunteers; and therefore, the Auditor could not confirm medical staff, non-security staff, or volunteers were asked about previous sexual misconduct prior to being hired, providing services, or annually upon receiving a cost of living increase in pay. The Auditor reviewed the employment application and confirmed each applicant must sign an applicant's statement which includes, "In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employers;" however, subsection (e) of the standard requires material omissions regarding sexual abuse misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. To become compliant, the facility must implement a procedure to ensure all applicants, contractors, volunteers, promotional candidates, and current employees are asked about previous sexual misconduct to include have you engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution; 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 if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described prior to hiring, utilizing their services, promotion, or annually following an increase in salary. The facility must update the employment application to advise all prospective employees material omissions regarding sexual abuse misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Once implemented the facility must submit documentation to confirm all applicable staff to include Human Resource and supervisory staff have received training in the implemented procedures. The facility must submit documentation to confirm all applicable staff, including Human Resource and supervisory staff, are trained in the facility's procedure to ask current employees about previous misconduct as described above when employees receive an increase in pay. If applicable, the facility must submit the files of five newly hired staff, two staff who have received promotions, three medical staff, one volunteer, and five staff who have received an increase in pay during the CAP period to confirm compliance.

Corrective Action Taken:

On 1/28/2026 the facility submitted an email to various staff indicating, “The questions would remain in the job descriptions and will be added to the hiring and promotional process. Each new hire will sign the questions as part of the interview process and will be kept in their personnel file.” A review of the email to various staff

further confirmed, “Every volunteer, contractor, and employee will sign-off now and then staff will re-sign the forms for promotions. In addition, a review of the email confirmed the email had been sent to several staff; however, the Auditor could not confirm if the email was sent to Human Resource Staff and supervisors as required by the corrective action plan, or if the staff who received the email had read and acknowledged the email. The facility submitted an implemented form. The Auditor reviewed the form and confirmed the form includes, “I understand material omissions regarding sexual abuse misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate;” and therefore, the Auditor no longer requires the paragraph be added to the employment application. On 5/15/2026 the facility submitted an email and read receipts. The Auditor reviewed the email and receipts and confirmed HR staff, and first line supervisors had received and reviewed the email which included the facility’s implemented procedures. On 6/12/2026 the facility submitted a memorandum to Auditor. The Auditor reviewed the memorandum, and confirmed the facility has not hired, increased the salary of any employee, or utilized the services of a volunteer following the implementation of the new procedure (4/26/2026. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), and (e) of the standard.

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

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): 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)." SCDC policy 3.6.07 states, "The Superintendent will have a memorandum of understanding with the Strafford County Sheriff's Office and the Strafford County Attorney's Office for the investigation and prosecution of alleged sexual abuse. If the allegation concerns an ICE detainee, the ICE representative shall be notified immediately so the investigation can be properly coordinated between agencies. It will be the responsibility of the ICE representative to notify the ICE Office of Professional Responsibility (OPR) of the allegation." SCDC policy 3.6.07 further states, "Collected sexual abuse data will be properly stored, retained, protected and destroyed. Sexual abuse data will be maintained for a minimum of 10 years." However, a review of SCDC policy 3.6.07 further confirms the policy does not include the verbiage required by subsections (e) and (f) of the standard which states, "When a detainee, prisoner, inmate or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation" and "when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, 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 SDDO, Supt., PSA Compliance Manager, and the facility PREA Investigator indicated allegations of sexual abuse are immediately reported to the SCSO, the SDDO, and the duty team will report the allegation to the

Joint Intake Center (JIC). Interviews with the SDDO, Supt., PSA Compliance Manager, and the facility PREA Investigator further indicated the facility is responsible for conducting administrative investigations and the SCSO is responsible for conducting criminal investigations. In an interview with the facility PREA Investigator it was indicated the assigned SCSO Detective and the PREA Investigator will work together on the investigation. The Auditor reviewed the Agency website (https://www.ice.gov/prea) and confirmed the Agency protocol has been posted and is available to the public. The Auditor reviewed the facility website https://www.co.strafford.nh.us and confirmed the protocol has been posted and is available to the public; however, the protocol as written does not meet the standard. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed each allegation of sexual abuse had been reported to the SCSO, ICE OPR, and JIC.

Corrective Action:

The facility is not in compliance with subsections (c), (d), (e) and (f) of the standard. A review SCDC policy 3.6.07 confirmed the policy does not include the required verbiage "When a detainee, prisoner, inmate or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation." or "when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, 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." The Auditor reviewed the facility website https://www.co.strafford.nh.us and confirmed the protocol has been posted and are available to the public; however, the protocol as written does not meet the standard. To become compliant, the facility must revise SCDC policy 3.6.07 to include the required verbiage. Once revised, the facility must submit documentation to confirm the facility PREA Investigator and PSA Compliance Manager receive training on the updated policy. In addition, once revised the facility must submit documentation which confirms updated SCDC policy 3.6.07 has been posted on the facility website.

Corrective Action Taken:

On 1/28/2026 the facility submitted revised policy 3.6.07. The Auditor reviewed the revised policy and confirmed the policy includes “If the victim and/or perpetrator is an ICE detainee, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility ir [sic] the DHS Office of Inspector General, as well as the appropriate 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, 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 to the local government entity that owns 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.” On 4/16/2026 the facility submitted a string of emails. The Auditor reviewed the string of emails and confirmed the emails included revised policy 3.6.07 and the policy was sent to and read by the PREA Coordinator and both investigators. On 5/15/2026 the facility submitted a link to the facility website. The Auditor reviewed the website and confirmed updated SCDC policy 3.6.07 has been posted. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c), (d), (e) and (f) of the standard.

§115.31 - Staff training.

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

Notes:

(a)(b)(c): SCDC policy 3.6.07 states, "All parties entering the facility, whether inmates, staff members, volunteers or other members of the community will be informed of the facility's zero tolerance policy on for sexual abuse and sexual harassment. Staff and volunteers will be trained in PREA as part of their orientation to the facility. Training on PREA will be offered a minimum of every two years for all employees. Refresher training will be conducted yearly. Training for staff will include: 1. The zero-tolerance policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures. 3. How to limit reporting of sexual abuse to personnel who need to know. 4. Inmates' rights to be free from sexual abuse and sexual harassment. 5. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 6. The dynamics of sexual abuse and sexual harassment in confinement and how to recognize situations where sexual abuse may occur. 7. The common reactions of sexual abuse and sexual harassment victims. 8. How to detect and respond to signs of threatened and actual sexual abuse. 9. How to avoid inappropriate relationships with inmates. 10. How to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates. 11. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 12. Definitions and examples of prohibited and illegal sexual behavior. 13. Procedures for reporting knowledge or suspicion of sexual abuse. Staff and volunteers will be informed of the sanctions that may occur for incidents of sexual abuse as well as their rights under facility policy. Documentation that every employee, volunteer and contractor has received and understands the training shall be kept." The Auditor reviewed the SCDC PREA - The Prison Rape Elimination Act 2023 training PowerPoint and confirmed the curriculum includes the facility zero-tolerance policy; definitions and examples of prohibited and illegal sexual behavior; the right of detainees and staff to be free from sexual abuse and from retaliation for reporting on prohibited and illegal sexual behaviors; 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 non-conforming detainees; procedures for reporting 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 and for law enforcement or investigative purposes; however, the PowerPoint does not include the Agency zero-tolerance policies. The Auditor reviewed a memorandum to the file which states, "Training for Cultural Awareness and Humility" has been completed by staff." During the on-site audit, the Auditor requested the "Training for Cultural Awareness and Humility" curriculum; however, the curriculum was not provided; and therefore, the Auditor could not confirm the curriculum's contents. Interviews with four random COs indicated they are required to complete annual PREA training. The Auditor reviewed the files of 16 staff members (5 medical 5 non-security, and 6 COs) and confirmed the files did not include documentation to confirm each employee had participated in the SCDC PREA - The Prison Rape Elimination Act 2023. The Auditor reviewed submitted training rosters, dated 2/22/2024, entitled PREA/Staff/Inmate Interactions and confirmed although the training was conducted in February of 2024 the rosters were missing numerous employee signatures. The Auditor requested the training files for two ICE staff; however, the records were not provided.

Corrective Action:

The Agency and facility are not in compliance with subsections (a), (b), and (c) of the standard. The Auditor reviewed the SCDC PREA - The Prison Rape Elimination Act 2023 training PowerPoint and confirmed the curriculum does not include the Agency zero-tolerance policies. The Auditor reviewed the files of 16 staff members (5 medical staff, 5 non-security staff, and 6 COs) and confirmed the files did not include documentation to confirm each employee had participated in the SCDC PREA - The Prison Rape Elimination Act 2023. The Auditor reviewed submitted training rosters, dated 2/22/2024, entitled PREA/Staff/Inmate Interactions and confirmed although the training was conducted in February of 2024; however, the rosters were missing numerous

employee signatures. The Auditor requested the training files for two ICE staff; however, the records were not provided. To become compliant, the Agency must ensure the facility provides training to all staff who have recurring contact with detainees on the Agency zero-tolerance policies. The Agency and facility must submit documentation to confirm all Agency staff assigned to the facility and facility staff have completed refresher training during 2024 or 2025.

Corrective Action Taken:

On 3/24/2026 **t**he facility submitted training certificates for four ICE employees. On 5/15/2026 the facility submitted a slide from the facility training titled PREA/Staff Inmate Relations and staff sign off sheets. The Auditor reviewed the slide, and the staff sign-off sheets and confirmed 81 staff members have received training on the Agency's zero-tolerance policies. Upon review of all submitted documentation the Auditor now finds the Agency and facility in compliance with subsections (a), (b), and (c) 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): SCDC policy 3.6.07 states, "All inmates will be notified of the facility's zero-tolerance policy on intake and how to report any instances. A pamphlet including information on sexual abuse will be issued to every inmate upon arrival. Inmates will also be educated on sexual abuse after they have been assigned housing. Information, including videos in multiple languages, will be available on the tablet at all times. A comprehensive education program will be given to every inmate in the facility. Training will consist of 1. Prevention and intervention strategies. 2. Definitions and examples of inmate-on-inmate sexual abuse, staff on inmate sexual abuse and coercive sexual activity. 3. Methods for reporting sexual abuse, including, but not limited to, any staff member, regardless of rank or position, the DHS Office of the Inspector General, the Strafford County Sheriff's Office or the County Attorney's Victim's Advocate Office. 4. Information about self- protection and indicators of sexual abuse. 5. Prohibitions against retaliation, including an explanation that reporting sexual abuse shall not negatively impact any court proceedings, including immigration proceedings. 6. The right of an inmate who has been subjected to sexual abuse to receive treatment and counseling." [sic] The Auditor reviewed a memorandum to the file which states, "Strafford County Department of Corrections utilizes a robust tablet system. Tablets are issued to all placed in custody. The tablets are used for many things that are required for Immigration and Customs Enforcement. All SAPPI related documents are located on the tablet and are available, upon request, in paper form." A review of the memorandum further confirms the memorandum includes the name of the PSA Compliance Manager, "the DHS poster is located on the inmate tablet and is visible in high traffic areas, and Haven, the local organization, is located on the tablet and is referenced in the local handbook." During the on-site audit, the Auditor confirmed the intake staff had access to the electronic versions of the ICE National Detainee Handbook in 19 languages including English, Spanish, 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) and the DHS-prescribed SAA Information pamphlet, available on the facility computer system in 17 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, , Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, and Wolof on the computer system. Interviews with a Booking Officer and a Classification Officer indicated if a detainee is LEP, staff would use a language line, or a Pocket Talk to establish effective communication with the detainee; however, the Booking Officer and Classification Officer struggled with articulating how information would be provided if a detainee had limited reading skills, was deaf or hard of hearing, was blind or visually impaired, if the detainee had intellectual disabilities, psychiatric disabilities, or any other disabilities. In an interview with the Booking Officer it was indicated detainees are asked to sign a "Clothing Issued Receipt". The Auditor reviewed the receipt and confirmed it includes a statement "I do/do not want a paper copy of the Inmate Handbook at this time. I understand that I can obtain a paper copy upon request." An interview with the Booking Officer further indicated detainees will sign an Inmate Telephone ID Number Release Form which includes a statement, "I,

(inmate name), have received the pamphlet "Sexual Assault Awareness-What you need to know while you are under the supervision of SCDOC; however, the facility does not have the detainee document he/she has participated in the intake process orientation." The Auditor reviewed the SCDC Sexual Assault Awareness pamphlet and confirmed the pamphlet contains "what is PREA, definition of sexual misconduct not consistent with sexual abuse definitions, facts related to sexual abuse and what do if sexually assault - report it;" however, the pamphlet is available in English only; and therefore, is not available in a manner all detainees can understand. During the on- site audit the Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook included information about reporting sexual abuse. Interviews with the Supt. and Booking Officer indicated detainees are notified PREA information to include the ICE National Detainee Handbook, the SCDC Inmate Handbook, the DHS-prescribed "Sexual Assault Awareness Information" pamphlet and the Haven Flyer are located on the detainee tablets, and the tablets are provided once they are taken to their housing unit. During the on-site audit the Auditor reviewed the detainee tablets and confirmed the tablet included the ICE National Detainee Handbook, in the 19 most prevalent languages, the DHS-prescribed SAA Information pamphlet in the 17 languages most prevalent languages, and the SCDC Inmate Handbook uploaded in English and Spanish only; however, the Auditor could not locate the Haven flyer anywhere on the tablet. The Auditor interviewed 15 detainees (10 male and 5 female), who brought their tablets with them, which included 12 LEP detainees (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi, 2 Chinese) and confirmed all detainees interviewed indicated during the intake process, they had not received handbooks, pamphlets, or any other information on sexual abuse. In interviews with 15 detainees, it was further indicated each detainee had been provided with a tablet; however, each detainee differed on when the tablets had been provided, which ranged from one week to up to two weeks. In addition, interviews with 15 indicated, other than how to log in, they were not provided with instructions on how to utilize the tablet and none of the detainees could show the Auditor where to access the PREA information. The Auditor reviewed 25 detainee files and confirmed in each file the detainee had signed the Clothing Issued Receipt; however, the clothing receipt only indicates the detainee received the SCDC Sexual Assault Awareness pamphlet, available in English only, and whether the detainee wants a hard copy of the facility Inmate Handbook available in English and Spanish only. A review of the Clothing Issued Receipt further confirms the detainees signed the receipt without indicating if they did or did not want a hard copy of the Inmate Handbook. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all the detainee housing units and common areas and confirmed the posters included the name of the PSA Compliance Manager; however, the Auditor did not observe information on The Haven, the local community resource, which can assist detainees who have been victims of sexual abuse.

Corrective Action:

The facility is not in compliance with subsections (a), (b), (c), (d), and (e) of the standard. Interviews with a Booking Officer and a Classification Officer indicated if a detainee is LEP, staff would use a language line, or a Pocket Talk to establish effective communication with the detainee; however, the Booking Officer and the Classification Officer struggled with articulating how information would be provided if a detainee had limited reading skills, deaf, hard of hearing, blind or visually impaired or if the detainee had intellectual disabilities, psychiatric disabilities or any other disabilities. In an interview with the Booking Officer it was indicated detainees are asked to sign a "Clothing Issued Receipt". The Auditor reviewed the receipt and confirmed it includes a statement "I do/do not want a paper copy of the Inmate Handbook at this time. I understand that I can obtain a paper copy upon request." An interview with the Booking Officer further indicated detainees will sign an Inmate Telephone ID Number Release Form which includes a statement, "I, (inmate name), have received the pamphlet "Sexual Assault Awareness-What you need to know while you are under the supervision of SCDOC; however, the facility does not have the detainee document he/she has participated in the intake process orientation." The Auditor reviewed the SCDC Sexual Assault Awareness pamphlet and confirmed the pamphlet contains "what is PREA, definition of sexual misconduct not consistent with sexual abuse definitions, facts related to sexual abuse and what do if sexually assault - report it;" however, the pamphlet is available in English only; and therefore, is not available in a manner all detainees can understand. Interviews with the Supt. and Booking Officer indicated detainees are notified PREA information to include the ICE National Detainee

Handbook, the SCDC Inmate Handbook, the DHS-prescribed "Sexual Assault Awareness Information" pamphlet and the Haven Flyer are located on the detainee tablets, and the tablets are provided once they are taken to their housing unit. During the on-site audit the Auditor reviewed the detainee tablets and confirmed the tablet included the ICE National Detainee Handbook, in the 19 most prevalent languages, the DHS-prescribed SAA Information pamphlet in the 17 languages most prevalent languages, and the SCDC Inmate Handbook uploaded in English and Spanish only; however, the Auditor could not locate the Haven flyer anywhere on the tablet. The Auditor interviewed 15 detainees (10 male and 5 female), who brought their tablets with them, which included 12 LEP detainees (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi, 2 Chinese) and confirmed all detainees interviewed indicated during the intake process, they had not received handbooks, pamphlets, or any other information on sexual abuse. In interviews with 15 detainees, it was further indicated each detainee had been provided with a tablet; however, each detainee differed on when the tablets had been provided, which ranged from one week to up to two weeks. In addition, interviews with 15 detainees indicated, other than how to log in, they were not provided with instructions on how to utilize the tablet and none of the detainees could show the Auditor where to access the PREA information. The Auditor reviewed 25 detainee files and confirmed in each file the detainee had signed the Clothing Issued Receipt; however, the clothing receipt only indicates the detainee received the SCDC Sexual Assault Awareness pamphlet, available in English only, and whether the detainee wants a hard copy of the facility Inmate Handbook available in English and Spanish only. A review of the Clothing Issued Receipt further confirms the detainees signed the receipt without indicating if they did or did not want a hard copy of the Inmate Handbook. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all the detainee housing units and common areas and confirmed the posters included the name of the PSA Compliance Manager; however, the Auditor did not observe information on The Haven, the local community resource, which can assist detainees who have been victims of sexual abuse. To become compliant, the facility must post the name of local organizations which can assist detainees who have been victims of sexual abuse. The facility must obtain and distribute the DHS-prescribed SAA Information pamphlet in K'iche' (Quiché)/Kxlantzij and Mam to all detainees in which K'iche' (Quiché)/Kxlantzij or Mam is their preferred language. The facility must implement a process to ensure that during the intake process, all detainees with disabilities, to include those who are LEP, receive notification, orientation, and instruction on the facility sexual abuse prevention and response in a manner all detainees can understand. Once implemented, the facility must submit documentation to confirm all applicable staff, to include Intake staff and Classification staff, have received training on the implemented procedure. Documentation of the curriculum and the staff participation shall be forwarded to the Auditor. The facility must submit the files of 10 detainees who arrive during the 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, receive notification, orientation, and instruction on the facility sexual abuse prevention and response in a manner all detainees can understand.

Corrective Action Taken:

On 4/16/2026 The facility submitted an email from the Agency. The Auditor read the email and confirmed the email indicated the DHS-prescribed SAA Information Pamphlet is no longer available in K'iche' (Quiché)/Kxlantzij or Mam; and therefore, the Auditor no longer requires the facility obtain and distribute the DHS-prescribed SAA Information pamphlet in K'iche' (Quiché)/Kxlantzij and Mam to all detainees in which K'iche' (Quiché)/Kxlantzij or Mam is their preferred language. The facility submitted a photo of The Haven number in English and Spanish confirming the flyer has been posted. On 5/15/2026 the facility submitted an email with read receipts. The Auditor reviewed the email and receipts and confirmed 12 staff members received training on an implemented procedure to ensure during intake all detainees with disabilities, to include those who are LEP, receive notification, orientation, and instruction on the facility sexual abuse prevention and response in a manner all detainees can understand. The facility submitted the files of 10 detainees whose preferred language is other than English and Spanish. The Auditor reviewed the submitted files and confirmed the files included an ICE Processing Checklist and the Booking Observation Report. The Auditor reviewed the ICE Processing Checklist and the Booking Observation Reports and confirmed the facility has implemented a process to ensure during intake all detainees with disabilities, to include those who are LEP,

receive notification, orientation, and instruction on the facility sexual abuse prevention and response in a manner all detainees can understand. The facility submitted copies of the Haven flyer, the facility handbook, and a PREA information form in the preferred language of the detainees whose files were submitted to confirm the information is available on-site. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), (c), (d), and (e) of the standard.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b): Agency Policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims, best practices for interacting with LEP, LGBTI and disabled detainees, and an overall view of the investigative process. SCDC policy 3.6.07 states, "Investigations will be conducted by investigators who have received special training in sexual abuse investigations. The training shall include Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, where appropriate, Sexual abuse evidence collection in confinement settings, The criteria and evidence required to substantiate a case for administrative action or prosecution referral." According to the PAQ there are three staff who are specially trained to conduct sexual abuse allegation investigations. Interviews with the PSA Compliance Manager and facility PREA Investigator confirmed the facility PREA Investigator is the only staff member who conducts sexual abuse allegation investigations at SCDC; however, according to a review of the investigation files it was confirmed the Captain also conducts investigations. An interview with the facility PREA Investigator, and a view of both Investigator's certificates, confirmed they had completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting course; however, the training had been completed following the completion of all facility investigations; and therefore, the Auditor concluded the investigative training deficiency was completed on-site. The Auditor reviewed the NIC curriculum and confirmed the curriculum includes all elements required by subsection (a) of the standard; however, the Auditor could not confirm either PREA Investigator has received general PREA training as required by subsection (a) of the standard.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with the facility PREA Investigator, and a view of both Investigator's certificates, confirmed they had completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting course; however, the training had been completed following the completion of all facility investigations; and therefore, the Auditor concluded the investigative training deficiency was completed on-site. The Auditor reviewed the NIC curriculum and confirmed the curriculum includes all elements required by subsection (a) of the standard; however, the Auditor could not confirm either PREA Investigator had received general PREA training as required by subsection (a) of the standard. To become compliant the facility must submit documentation to confirm the facility PREA Investigators have received PREA refresher training as required by standard §115.31.

Corrective Action Taken:

On May 15, 2026, the facility submitted a slide from the facility training titled PREA/Staff Inmate Relations and staff sign off sheets. The Auditor reviewed the slide, and the staff sign-off sheets and confirmed the facility Investigators have received PREA refresher training as required by standard §115.31. Upon review of

all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

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

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

Notes:

(a): The Auditor reviewed a memorandum to the file which states, "The Strafford County Department of Corrections does not have IHSC/USPHS employees at the facility." In addition, during the on-site audit, the Auditor did not observe IHSC/USPHS staff working in the facility; and therefore, subsection (a) of the standard is not applicable.

(b)(c): SCDC policy 3.6.07 states, "Medical and Mental Health practitioners who work regularly in the facility will be trained in; a. How to detect and assess signs of sexual abuse and sexual harassment. b. How to preserve physical evidence of sexual abuse. c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." The Auditor reviewed the facility's Victimization SCDOC Medical Department Sexual Assault Training and confirmed the training does not include how to preserve physical evidence of sexual abuse or how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During the on-site audit, the Auditor reviewed five medical and mental health staff files and could not confirm staff have received the required specialized training. In an interview with the SDDO and Supt. it was confirmed SCDC policy 3.6.07 has been submitted and approved by the Agency.

Corrective Action:

The facility is not in compliance with subsection (b) of the standard. The Auditor reviewed the facility's Victimization SCDOC Medical Department Sexual Assault Training and confirmed the training does not include how to preserve physical evidence of sexual abuse or how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During the on-site audit, the Auditor reviewed five medical and mental health staff files and could not confirm staff have received the required specialized training. To become compliant, the facility must submit documentation to confirm all medical and mental health staff, to include contract staff, have received specialized training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Corrective Action Taken:

On 2/28/2026 the facility submitted the PREA Medical Correctional Training curriculum. The Auditor reviewed the curriculum and confirmed the curriculum includes how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment." On 4/16/2026 the facility submitted Training Attendance Sheets. The Auditor reviewed the training sheets and confirmed twenty-five medical and mental health staff have completed specialized PREA training for medical staff. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (b) 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): SCDC policy 3.6.07 states, "Classification assessments will be used to protect vulnerable inmates from those who may engage in sexually abusive behavior. All inmates will have an initial screening conducted upon arrival at the facility. This initial screening will be done by the Booking Officers as part of the booking procedure. Inmates that appear vulnerable to sexual abuse may be housed in the Booking Area or Medical until a comprehensive classification assessment is done. Inmates that are considered vulnerable to sexual abuse will have 'VP' entered into the Alerts module of the OMS. Inmates who may be abusers may be housed in the Booking Area or Maximum Security until a comprehensive classification assessment is done. Inmates that are considered potential predators will have 'PP' entered into the Alerts module of the OMS. A comprehensive classification assessment following 3.4.01, Initial Housing and Classification, will be done on every inmate incarcerated in the facility. This assessment will determine housing assignments and needs. The results of the assessment will be entered into the Offender Management System. Inmate management plans will be developed for each inmate so that all inmates can be housed in the least-restrictive setting possible. VP and PP inmates will be housed on separate housing units whenever possible and will be separated from each other during programs and work assignments. Inmates that cannot be housed in separate units will be housed on separate tiers with the VP inmate housed closest to the Officer's Station." SCDC policy 3.4.01 further states, "The Classification Officer will complete the 'Initial Classification' section of the OMS before an initial intake interview. After completing the 'Initial Classification' section of the OMS, the Classification Officer will determine the inmate's security level score and housing assignment: a. Minimum-score of 0-1, unless pretrial; b. Medium - score of 2- 20; c. High Medium- score of 21-45; d. Maximum- score of 46-85. In addition, to the security level, inmates may also be labeled as "VP" or "AP" under the Alerts module of the OMS. VP inmates are those that are higher risk of being sexually victimized. AP inmates are those at a higher risk of being sexual aggressors. VP and AP inmates will be kept in separate housing units whenever possible. If it is not possible to separate by housing units, they will be on separate tiers with the VP housed as close to the Officer's Station as possible. VP and AP inmates will not be permitted to have classes or work assignments together. The Classification Officer may choose to override the assigned security level after the initial intake interview." SCDC policy 3.4.01 further states, "ICE detainees will have the initial classification assessment done within 12 hours of arrival to the facility." SCDC policy 3.6.07 further states "Inmates may not be disciplined for refusing to answer or for not disclosing complete information in response to these questions. This information will be restricted to medical staff and classification staff so that appropriate housing can be established." Interviews with a Booking Officer and a Classification Officer indicated all detainees are screened during intake for a potential risk of sexual victimization or sexually abusive behavior and detainees are not disciplined if they refuse to answer or if they don't provide complete information. An interview with a Booking Officer indicated each detainee is given a PRE-Booking Survey to complete, and they will initially house the detainee, separate from inmates, USM prisoners, and BOP inmates until Classification staff come in to complete the detainee's initial classification process. The Auditor reviewed the survey and confirmed the survey is available in multiple languages and includes classification questions which detainees are asked to circle a yes or no answer which include: 1. Medical concerns we need to know about? 2. Mental health concerns we need to know about? 3. Do you have any current suicide concerns, or history? 4. Do you have pending charges, or convictions of sexual assaults? 5. Escape history from secure facilities? 6. History of behavioral issues inside of facilities? 7. Any type of sexual, and or assault charges? 8. Do you identify as male, female, intersex? 9. Sexual Orientation: heterosexual (straight)/ homosexual/ bisexual/ sexually fluid? 10. Any mental, physical or developmental disability? 11. Is this your first incarceration? An interview with a Classification Officer indicated the officer will meet with the detainee and will review the responses noted on the booking survey and will enter and complete the "OMS Classification Questions". A review of the "OMS Classification Questions" confirmed all of the above questions are included with additional questions which include: the physical build of the detainee, if the detainee feel safe in the facility, prior convictions for sexual abuse against an adult, prior convictions for sexual assault against a child, convictions for violent offenses, history

of committing sexual abuse outside of an institution, history of committing sexual abuse in an institution and history of prior institutional violence. An interview with a Classification Officer further indicated although the classification process must be completed within 12 hours for detainees, Classification staff cannot always meet the time frame; and therefore, detainees will be housed by booking officers and once the classification process is completed, adjustments will be made to the detainee's housing, if necessary. In addition, an interview with the Classification Officer indicated a reassessment is completed every 30 days after the detainee's arrival at the facility; however, he could not articulate other times a reassessment is warranted to include between 60 and 90 days, following an incident of sexual abuse, or upon the receipt of additional information. The Auditor reviewed the Re-Classification Questionnaire and confirmed the questionnaire includes the detainee shall circle a yes or no answer to the questions: "1. Any changes to your sexual orientation? 2. Do you still feel safe here? 3. Have you experienced any sexual abuse while here? Do you have any questions for us?" During the on-site audit, the Auditor observed the room where detainee files are maintained, and confirmed the room is kept locked and staff must sign out any files which are removed. The Auditor interviewed 15 detainees (10 male and 5 female) and confirmed 3 detainees indicated they had been asked the questions and 2 of the 3 disclosed they had been previously victimized, 6 detainees indicated the questions had been asked by medical staff only, 2 detainees couldn't remember being asked the questions, 2 detainees indicated they had not been asked any questions related to sexual abuse, and 1 detainee indicated he was not asked anything during intake; however, was pulled into the hallway a few days later and asked the PREA questions. The Auditor reviewed the files of 25 detainees and confirmed 13 files indicated the assessment had been completed within 12 hours, 6 files did not have a completed assessment, 4 files indicated the assessment was completed two days after the detainee's intake, and 2 of the files indicated the assessment had been completed four days after the detainee's intake into the facility. A review of 25 detainees further confirmed 7 of the detainees had been housed at the facility over thirty days and had received a re-assessment within thirty days after the detainee's initial assessment. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed none of the detainee victims had been reassessed following an incident of sexual abuse.

Corrective Action:

The facility is not in compliance with subsections (a), (b), (c) and (e) of the standards. An interview with the Booking Officer indicated the booking staff will initially house the detainee and once Classification staff come in, they will complete the detainee's initial classification process. An interview with the Classification Officer indicated although the classification process must be completed within 12 hours for detainees, Classification staff cannot always meet the time frame; and therefore, detainees are housed by booking officers and once the classification process is completed, adjustments will be made to the detainee housing, if necessary. An interview with the Classification Officer further indicated a reassessment is completed every 30 days after the detainee's arrival at the facility; however, he could not articulate other times a re-assessment is warranted to include between 60 and 90 days, following an incident of sexual abuse, or upon the receipt of additional information. The Auditor interviewed 15 detainees (10 male and 5 female) and confirmed 3 detainees indicated they had been asked the questions and 2 of the 3 disclosed they had been previously victimized, 6 detainees indicated the questions had been asked by medical staff only, 2 detainees couldn't remember being asked the questions, 2 detainees indicated they had not been asked any questions related to sexual abuse, and 1 detainee indicated he was not asked anything during intake; however, was pulled into the hallway a few days later and asked the PREA questions. The Auditor reviewed the files of 25 detainees and confirmed 13 files indicated the assessment had been completed within 12 hours, 6 files did not have a completed assessment, 4 files indicated the assessment was completed two days after the detainee's intake, and 2 of the files indicated the assessment had been completed four days after the detainee's intake into the facility. A review of 25 detainees further confirmed 7 of the detainees had been housed at the facility over thirty days and had received a re-assessment within thirty days after the detainee's initial assessment; however, subsection (e) of the standard requires detainees be reassessed for risk of victimization or abusiveness within 60 - 90 days of the initial assessment. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed none of the detainee victims had been reassessed following an incident of sexual abuse. To become compliant, the facility must implement a procedure to ensure upon intake, within 12 hours, detainees are

assessed, in a manner all detainees can understand, to identify those likely to be sexual victims or aggressors and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such dangers utilizing the information gained from the initial risk assessment to determine initial housing. The facility must implement a procedure to ensure detainees are reassessed for risk of victimization or abusiveness between 60 and 90 days from the date of the initial assessment, at any other time when warranted based upon the receipt of additional, relevant information, and following and incident of abuse or victimization. Once implemented the facility must submit documentation to confirm all applicable staff, including staff who may be assigned to booking or classification, have received training on the implemented procedures. The facility shall submit the files of 10 detainees, and the corresponding OMS tracking, to confirm the initial assessment and classification is completed within 12 hours and information gained from the initial risk assessment was utilized to determine initial housing. The facility must submit the files of 5 detainees to confirm a reassessment has been completed 60 to 90 days from the date of the detainee's initial assessment. In addition, the facility must submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm all alleged detainee victims and perpetrators were reassessed following an allegation of sexual abuse.

Corrective Action Taken:

On 4/16/2026 the facility submitted 10 detainee files and the corresponding OMS tracking. The Auditor reviewed the submitted files and corresponding OMS and confirmed 8 of the 10 detainees had received their initial classification within 12 hours. A review of 10 submitted detainee files and the corresponding OMS system further confirmed the initial risk assessment was conducted in a manner all detainees could understand. The facility submitted a possible PREA complaint and a corresponding re-evaluation based on the complaint; and therefore, the Auditor no longer requires the facility submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm all alleged detainee victims and perpetrators were reassessed following an allegation of sexual abuse. On 5/15/2026 the facility submitted an email with read receipts. The Auditor reviewed the email and receipts and confirmed 12 staff have received training on the facility's implemented procedure to ensure upon intake detainees are assessed to identify those likely to be sexual victims or aggressors and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such dangers utilizing the information gained from the initial risk assessment to determine initial housing. The facility submitted the files of seven detainees, and the corresponding OMS tracking. The Auditor reviewed the files and confirmed detainees were not housed prior to the completion of the initial risk assessment. The facility submitted the files of 5 detainees who were housed at the facility for over 60 days. The Auditor reviewed the files and confirmed the facility implemented a procedure which ensures a reassessment is completed within 60 to 90 days from the date of the detainee's initial assessment; and therefore, the Auditor no longer requires all applicable staff, including staff who may be assigned to booking or classification, receive training on the facility's implemented procedures to ensures a reassessment is completed within 60 to 90 days from the date of the detainee's initial assessment. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), (c) 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): SCDC policy 3.6.07 states, "Classification assessments will be used to protect vulnerable inmates from those who may engage in sexually abusive behavior. All inmates will have an initial screening conducted upon arrival at the facility. This initial screening will be done by the Booking Officers as part of the booking procedure. Inmates that appear vulnerable to sexual abuse may be housed in the Booking Area or Medical until a comprehensive classification assessment is done. Inmates that are considered vulnerable to sexual abuse will have 'VP' entered into the Alerts module of the OMS. Inmates who may be abusers may be housed in the Booking Area or Maximum Security until a comprehensive classification assessment is done. Inmates that are considered potential predators will have 'PP' entered into the Alerts module of the OMS. A comprehensive classification

assessment following 3.4.01, Initial Housing and Classification, will be done on every inmate incarcerated in the facility. This assessment will determine housing assignments and needs. The results of the assessment will be entered into the Offender Management System. Inmate management plans will be developed for each inmate so that all inmates can be housed in the least-restrictive setting possible. VP and PP inmates will be housed in separate housing units whenever possible and will be separated from each other during programs and work assignments. Inmates that cannot be housed in separate units will be housed on separate tiers with the VP inmate housed closest to the Officer's Station." SCDC policy 3.4.01 further states, "The Classification Officer will complete the 'Initial Classification' section of the OMS before an initial intake interview. After completing the 'Initial Classification' section of the OMS, the Classification Officer will determine the inmate's security level score and housing assignment: a. Minimum-score of 0-1, unless pretrial; b. Medium - score of 2-20; c. High Medium- score of 21-45; d. Maximum- score of 46-85. In addition, to the security level, inmates may also be labeled as "VP" or "AP" under the Alerts module of the OMS. VP inmates are those that have higher risk of being sexually victimized. AP inmates are those at a higher risk of being sexual aggressors. VP and AP inmates will be kept in separate housing units whenever possible. If it is not possible to separate by housing units, they will be on separate tiers with the VP housed as close to the Officer's Station as possible. VP and AP inmates will not be permitted to have classes or work assignments together. The Classification Officer may choose to override the assigned security level after the initial intake interview." An interview with a Booking Officer indicated each detainee is given a PRE-Booking Survey to complete. The Auditor reviewed the booking survey and OMS Classification Questions and confirmed they are compliant with the requirements of standard §115.41. An interview with a Booking officer further indicated Booking staff will initially house the detainee and once the Classification staff come on duty, they will complete the detainee's initial classification process. An interview with a Classification Officer indicated a Classification Officer will meet with the detainee, will review the responses contained in the booking survey, and complete the OMS Classification Questions; however, an interview with a Classification Officer further indicated detainees will be housed by booking officers and once the classification process is completed, adjustments will be made to the detainee's housing, if necessary. In addition, an interview with a Classification Officer indicated an alert is entered into the OMS if the detainee is identified as high risk for victimization or identified as a being a sexual abuse aggressor and detainees will be housed with the intent of keeping the victims and perpetrators separate from each other. An interview with a Classification Officer further indicated separate housing is accomplished by housing the victims in different housing units than the perpetrators or if separate housing is not possible, those likely to be a victim will be housed closer to the officer for sight and sound or they are housed on a different tier than the alleged abusers and detainees do not work or program outside of the housing unit and attend recreation with their assigned housing unit; however, as practice allows for victims and perpetrators be housed on the same housing unit the facility must utilize the information gained from the initial risk assessment to determine recreation, volunteer work and other activities. The Auditor reviewed the files of 25 detainees and confirmed 6 files did not have a completed assessment and 8 files confirmed the detainees had been housed in a housing unit prior to the assessment being completed.

(b)(c): SCDC policy 3.6.07 states, "Transgendered inmates will not be housed based solely on their genitalia; housing will be determined on a case-by-case basis. Transgender inmates will be addressed in a manner consistent with their gender identity. They will be housed following OG 3.4.04, Special Needs & PC." SCDC policy 3.4.04 states, "Inmates who are lesbian, gay, bisexual or transgendered are not automatically considered Special Needs or Protective Custody, they will be interviewed by a Classifications Officer and housing will be determined on a case-by-case basis. The inmate's needs and wishes as well as the security of the facility will all be examined before housing is assigned. Regardless of where they are housed, transgender and intersex inmates will be permitted to shower during lockdown periods to maintain privacy." Interviews with the PSA Compliance Manager and a Classification Officer indicated a transgender or intersex detainee's self-identification and the detainee's own views of his/her safety are considered when making housing decisions and housing decisions are not based solely on the detainee's genitalia. Interviews with the PSA Compliance Manager and a Classification Officer further indicated transgender or intersex detainees are given an opportunity to shower separately at different times to ensure their privacy. An interview with a Classification Officer indicated the facility has not

received a transgender detainee in the reporting period; however, if a transgender detainee was received the facility would meet with medical and mental health staff to discuss the placement for the detainee. An interview with a Classification Officer indicated transgender and intersex detainees would be reassessed every six months utilizing the Strafford Transgender Review if the detainee were housed at the facility for long enough to require a reassessment. The Auditor reviewed the Strafford Transgender Review form and confirmed the form requires a reassessment be completed at 180 days, considers PREA related incidents, and whether the detainee identifies as having a history of sexual abuse or perpetrating sexual abuse.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with a Classification Officer indicated a Classification Officer will meet with the detainee, will review the responses contained in the booking survey, and complete the OMS Classification Questions; however, an interview with a Classification Officer further indicated detainees will be housed by booking officers and once the classification process is completed, adjustments will be made to the detainee's housing, if necessary. In addition, an interview with a Classification Officer indicated an alert is entered into the OMS if the detainee is identified as high risk for victimization or identified as a being a sexual abuse aggressor and detainees will be housed with the intent of keeping the victims and perpetrators separate from each other. An interview with a Classification Officer further indicated separate housing is accomplished by housing the victims in different housing units than the perpetrators or if separate housing is not possible, those likely to be a victim will be housed closer to the officer for sight and sound or they are housed on a different tier than the alleged abusers and detainees do not work or program outside of the housing unit and attend recreation with their assigned housing unit; however, as practice allows for victims and perpetrators be housed on the same housing unit the facility must utilize the information gained from the initial risk assessment to determine recreation, and volunteer work, and other activities. The Auditor reviewed the files of 25 detainees and confirmed 6 files did not have a completed assessment and 8 files confirmed the detainees had been housed in a housing unit prior to the assessment being completed. To become compliant, the facility must implement a procedure to ensure the facility utilizes the information gained from an initial risk assessment pursuant standard §115.41 to inform housing, recreation, voluntary work and any other activities. Once implemented the facility must submit documentation to confirm all staff who may work in booking and classification have received training in the implemented procedure. The facility must submit the 10 detainee files, and the corresponding OMS, to confirm the facility utilizes the information gained from the initial risk assessment pursuant standard §115.41 to inform housing, recreation, voluntary work and any other activities.

Corrective Action Taken:

On 4/16/2026 the facility submitted a blank PREA Risk Assessment Screen. The Auditor reviewed the blank PREA Risk Assessment Screen and confirmed the screen includes victims and predators should be housed separately. On 6/4/2026 the facility submitted a directive to all Booking, Classification, and Programs, which states that during the intake process, “the information gained from the risk assessment will be provided to classifications, medical and programs. Booking will decide the initial housing for the detainees based on the information gained from the initial risk assessment. All detainees that alert as VP or AP will be housed in separate units and an AP/VP alert will be added to the OMS alerts screen.” The facility submitted samples of the emails from booking, classification and program staff confirming they had read and understood the directive. On 6/10/2026 the facility submitted the files of seven detainees (six potential victims and one potential predator). The Auditor reviewed the files and confirmed based on the detainee’s initial risk screening the detainees were identified and an alert was placed on the facility OMS; and therefore the Auditor accepts the facility has implemented a procedure which ensures information gained from the initial risk assessment pursuant to standard §115.41 is utilized to inform housing, recreation, voluntary work and any other activities and no longer requires the facility submit 10 files to confirm compliance. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (a) of the standard.

§115.52 - Grievances.

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): SCDC policy 3.6.04 Inmate Grievance Procedures states, "Notice of this grievance procedure is given to all inmates, upon entry, by being contained within the Inmate Handbook. This is the only approved method of addressing grievances, conditions of confinement, complaints or mistreatment. Time limitations are mandatory unless the grievance falls under the Prison Rape Elimination Act guidelines. If the grievance alleges sexual abuse, there is no time limit for reporting the abuse." SCDC policy 3.6.04 further states, "The inmate will place the grievance in a locked grievance box. A Grievance Officer, designated by the Superintendent, will empty each grievance box on a nightly basis. If the Grievance Officer is not working, a second officer will be properly designated to handle grievances in his/her absence. The grievance will be logged into the Grievance Log in the shift supervisor's office. Each grievance will be numbered in the log and the number will be written on the original form. The inmate will be provided a numbered copy of the original grievance. If the grievance is submitted by an ICE detainee and alleges staff misconduct, a copy will be immediately forwarded to the Assistant Superintendent-Administration who will forward it to the appropriate ICE personnel. The Grievance Officer will forward the grievance to the appropriate party for a resolution. The on-duty shift supervisor will address the grievance as needed and return same to the inmate within five (5) business days. If the grievance is of an emergency nature or for any condition of confinement or other issue which an inmate believes requires immediate action or remedy of any kind, the Unit Officer will contact a supervisor as soon as practical. Upon receiving an inmate's grievance, the Shift Supervisor or designee will investigate the inmate's complaint"; however, a review of SCDC policy 3.6.04 further confirms the policy does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare as required by subsection (c) of the standard. In addition, SCDC policy 3.6.04 states, "Grievances concerning medical issues may be hand-delivered by the inmate to medical personnel on the housing unit; medical grievances placed in the Grievance Boxes will be forwarded to the medical department within 24 hours of receipt. All medical grievances received by the Shift Supervisor or designee will be logged as "Medical" in the grievance log-specific medical issues will not be logged as to protect the privacy of the inmate. The Shift Supervisor will answer the grievance in writing and will return the original grievance to the inmate in five (5) working days;" however, a review of SCDC policy 3.6.04 further confirms the policy does not include facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further follow-up" as required by subsection (d) of the standard. The Auditor reviewed the facility Inmate Handbook which states, "Incidents of sexual abuse shall not be subject to any mandatory reporting deadlines and will not be required to be handled through the informal grievance process. The facility will issue a final decision on the merits of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance." An interview with the GO indicated that a detainee could file a grievance alleging sexual abuse at any time, there are 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 GO further indicated all grievances alleging sexual abuse are considered emergency grievances and are an immediate threat to detainee's health, safety, and welfare; and therefore, the staff would ensure the detainee is protected and immediately taken to medical for an assessment. In addition, an interview with the GO indicated the grievance would be forwarded to the facility PREA Investigator who would respond to the detainee within five days, the grievance would become part of the sexual abuse investigation, and the grievance and decision would be forwarded to the Agency as part of the investigative process. During the on-site audit, the Auditor placed two test grievances in the housing unit grievance boxes and the following morning, the Supt. returned the test grievance to the Auditor confirming the grievance had been received. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed two of the allegations had been reported through the grievance process. The Auditor reviewed the two grievances and confirmed the alleged detainee victim had been taken to medical following the allegation of sexual abuse.

Recommendation (e): The Auditor recommends the facility update SCDC policy 3.6.04 to include when the grievance involves an allegation of sexual abuse the facility will provide the detainee with a grievance decision within five days and not five working days to coincide with subsection (e) of the standard and facility practice. The Auditor further recommends the facility update the facility Inmate Handbook to include the facility will provide the detainee with a grievance decision within 5 days and not within 90 days to coincide with subsection (e) of the standard and facility practice.

Corrective Action:

The facility is not in compliance with subsections (c) and (d) of the standard. SCDC policy 3.6.04 states, "If the grievance is of an emergency nature or for any condition of confinement or other issue which an inmate believes requires immediate action or remedy of any kind, the Unit Officer will contact a supervisor as soon as practical. Upon receiving an inmate's grievance, the Shift Supervisor or designee will investigate the inmate's complaint"; however, a review of SCDC policy 3.6.04 confirms the policy does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare as required by subsection (c) of the standard. SCDC policy 3.6.04 further states, "Grievances concerning medical issues may be hand-delivered by the inmate to medical personnel on the housing unit; medical grievances placed in the Grievance Boxes will be forwarded to the medical department within 24 hours of receipt;" however, a review of SCDC policy 3.6.04 further confirms the policy does not include facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further follow-up" as required by subsection (d) of the standard. To become compliant the facility must revise SCDC policy 3.6.04 to include written procedures for identifying and handling time-sensitive grievances which involve an immediate threat to detainee health, safety, or welfare as required by subsection (c) of the standard and "staff shall bring medical emergencies to the immediate attention of proper medical personnel for further follow-up" as required by subsection (d) of the standard. Once revised the facility must submit documentation to confirm all applicable staff to include line-staff, security supervisors, and the GO have received training on the revised policy.

Corrective Action Taken:

On 6/4/2026 the facility submitted revised policy 3.6.04 Inmate Grievance Procedure. A review of revised policy 3.6.04 confirms the revised policy states, “If the grievance is of an emergency nature or for any condition of confinement or other issues which an inmate believes requires immediate action or remedy of any kind, the Unit Officer will contact a supervisor as soon as practical. Time sensitive grievances that involve an immediate threat to inmate/detainee health, safety, or welfare related to sexual abuse shall be reported to the Shift Supervisor as soon as they are received.” The Auditor reviewed the email and read receipts and confirmed the email includes revised policy 3.6.04, which had been revised on May 20, 2026. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (c) and (d) of the standard.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): SCDC policy 3.6.07 states, "The Superintendent will have a memorandum of understanding with community agencies for outside reporting, confidential support services and discharge planning." During the on-site audit the Auditor reviewed the SCDC Inmate Handbook and confirmed the handbook includes, "Calls, including those made through the tablets, and video visits may be recorded and/or monitored;" however, the handbook is available in English and Spanish only; and therefore, detainees are not informed of the information, prior to giving them access, in a manner all detainees can understand. A review of the SCDC Inmate Handbook further confirms the handbook does not inform detainees, prior to giving them access to outside resources, the extent to which reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws. The Auditor reviewed a memorandum to file which states, "The Strafford County Department of Corrections has a Memorandum of Understanding with Haven, an organization that aims to prevent sexual

assault, domestic violence and stalking. Their services are offered to all within the facility and information for their organization is located throughout the facility as well as on the inmate tablets." The Auditor reviewed a Memorandum of Understanding (MOU) between SCDC and the Haven, executed in March 2025, will be reviewed every two years, and can be terminated by any party with written notification, and confirmed the Haven would provide confidential crisis intervention, medical accompaniments through forensic exams to those inmates who request them, and support during all court proceedings. During the on-site audit the Auditor reviewed the SCDC Inmate Handbook and confirmed the handbook includes, "Calls, including those made through the tablets, and video visits may be recorded and/or monitored;" however, the handbook is available in English and Spanish only; and therefore, detainees are not informed of the information, prior to giving them access, in a manner all detainees can understand. A review of the SCDC Inmate Handbook further confirms the handbook does not inform detainees, prior to giving them access to outside resources, the extent to which reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws. The Auditor reviewed the Haven flyer and confirmed the flyer indicates there is a 24-hour confidential hotline available for victims, survivors, their families, and others affected by domestic violence, sexual assault, and stalking. A review of the Haven flyer further confirms the flyer provides detainees with contact information to include a telephone number and mailing address; however, the Auditor could not confirm the facility informs the detainees prior to giving them access to the Haven, the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws. In addition, during the on-site audit, the Auditor did not observe the flyer posted in the housing units and/or did not observe the flyer on the detainee tablets; and therefore, was unable to confirm the facility provides detainees contact information for the Haven to include mailing addresses and telephone numbers or if detainees are able to utilize the telephone or the tablet to communicate with Haven. During the on-site audit, utilizing the Auditor's cell phone, the Auditor spoke with a victim advocate and confirmed the facility, and the Haven has an MOU to provide legal advocacy, confidential emotional support, and a hotline to provide crisis intervention and counseling.

Corrective Action:

The facility is not in compliance with subsections (c) and (d) of the standard. During the on-site audit the Auditor reviewed the SCDC Inmate Handbook and confirmed the handbook includes, "Calls, including those made through the tablets, and video visits may be recorded and/or monitored;" however, the handbook is available in English and Spanish only; and therefore, detainees are not informed of the information, prior to giving them access, in a manner all detainees can understand. A review of the SCDC Inmate Handbook further confirms the handbook does not inform detainees, prior to giving them access to outside resources, the extent to which reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws. The Auditor reviewed the Haven flyer which indicates there is a 24-hour confidential hotline available for victims, survivors, their families and others affected by domestic violence, sexual assault, and stalking. A review of the Haven flyer further confirms the flyer provides detainees with contact information to include a telephone number and mailing address; however, the Auditor could not confirm the facility informs the detainees prior to giving them access to Haven, the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws. In addition, during the on-site audit, the Auditor did not observe the flyer posted in the housing units and/or observe the flyer on the detainee tablets; and therefore, was unable to confirm the facility provides detainees contact information for the Haven to include mailing addresses and telephone numbers or if detainees are able to utilize the telephone or the tablet to communicate with Haven. To become compliant, the facility must implement a process which ensures detainees are informed and given access to the services provided to them through the Haven. In addition, the facility must implement a process which ensures prior to giving detainees access to outside resources the facility informs detainees the extent communications to outside resources will be monitored and the extent reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws in a manner all detainees can understand.

Corrective Action Taken:

On 4/16/2026 the facility submitted a photo of The Haven telephone number painted on the wall The facility submitted an Intake Packet, in English only, which includes the Haven flyer. The Auditor reviewed the flyer and confirmed the flyer includes a description of services provided by Haven and their telephone number and mailing address. On 5/15/2026 the facility submitted a copy of the Haven flyer and facility handbook in numerous languages. The facility submitted the files of seven detainees whose preferred language is other than English and Spanish which included the ICE Processing Checklist and the Booking Observation Report. The Auditor reviewed the submitted files and confirmed the facility has implemented a process to ensure prior to giving detainees access to outside resources the facility informs detainees the extent communications to outside resources will be monitored and the extent reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws in a manner all detainees can understand. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

§115.64 - Responder duties.

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

Notes:

(a)(b): SCDC policy 3.6.07, which according to facility staff serves as the facility Coordinated Response Plan, states, "Immediately upon learning that an inmate has been sexually abused, the staff member will: Take steps to protect the safety of the victim, Separate the alleged abuser from the alleged victim. Seal and preserve any crime scene following E.P. 2.04 - Evidence and Crime Scene Preservation. Inform the victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking, following E.P. 2.18 - Sexual Assault of an Inmate. Remember the alleged victim and the alleged abuser are both considered physical evidence. If the staff member is not a security staff member, they will inform the alleged victim not to take any actions that could destroy physical evidence and then notify security staff." Interviews with four random COs confirmed if an incident of sexual abuse were to occur the first responder would call for back-up, separate the detainees, secure the crime scene, escort both the detainee victim and the alleged perpetrator to medical for an assessment, and would not allow the detainee victim or the perpetrator to wash, shower, or use the bathroom as they could destroy the physical evidence. An interview with one non-security first responder indicated she would call for backup and report the incident to her supervisor; however, she could not articulate the standard's requirement to request the victim not to take any actions which could destroy physical evidence.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. SCDC policy 3.6.07, which serves as the facility's coordinated response plan, states, "Immediately upon learning that an inmate has been sexually abused, the staff member will: Take steps to protect the safety of the victim, Separate the alleged abuser from the alleged victim. Seal and preserve any crime scene following E.P. 2.04 - Evidence and Crime Scene Preservation. Inform the victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking, following E.P. 2.18 - Sexual Assault of an Inmate. Remember the alleged victim and the alleged abuser are both considered physical evidence. If the staff member is not a security staff member, they will inform the alleged victim not to take any actions that could destroy physical evidence and then notify security staff." Interviews with four random COs indicated if an incident of sexual abuse were to occur the first responder would call for back-up, separate the detainees, secure the crime scene, escort both the detainee victim and the alleged perpetrator to medical for an assessment, and would not allow the detainee victim or the perpetrator to wash, shower, or use the bathroom as they could destroy the physical evidence. An interview with one non-security first responder indicated she would call for backup and report the incident to her supervisor; however, she could not articulate the standard's requirement to request the victim not to take any actions which could destroy physical evidence. To become compliant the facility must revise SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, E.P. 204 - Evidence and Crime Scene

Preservation, and E.P. 2.18 - Sexual Assault of an Inmate to require both first responders and non- security responders request the victim not to take any actions which could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking. Once SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, E.P. 204 - Evidence and Crime Scene Preservation, and E.P. 2.18 - Sexual Assault of an Inmate Once SCDC policy 3.6.07 are revised the facility must submit documentation to confirm all facility staff, contract staff, and volunteers who may service as facility first responders or non-security responders have received training on the updated Coordinated Response Plan. The facility must submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm compliance with subsections (a) and (b) of the standard.

Corrective Action Taken:

On 1/28/2026 the facility submitted revised policy 3.6.07. The Auditor reviewed revised policy 3.6.07 and confirmed the policy includes, “If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff person at the scene must also take the following steps to ensure that any physical evidence is not destroyed: Alleged victim: As appropriate to the abuse that occurred, request that the alleged victim not shower/bathe, brush their teeth, change clothes, urinate, defecate, smoke, drink, or eat. However, the victim should retain the ability to decide how to proceed. Alleged abuser: As appropriate to the abuse that occurred, ensure that the alleged abuser does not shower/bathe, brush their teeth, change clothes, urinate, defecate, smoke, drink, or eat. Staff must ensure that an alleged abuser who is a confined person does not have the opportunity to destroy evidence. This can involve placing an alleged abuser in a “dry cell” without access to a sink or a toilet, and not providing food, drink, or extra clothing to ensure that they do not destroy evidence. If this type of restriction is necessary, trained investigators should endeavor to collect any physical evidence promptly to avoid lengthy restrictions. Alleged abusers who are not confined persons must also be prevented from destroying physical evidence. This can mean escorting the person to an appropriate location and supervising them to prevent the destruction of any evidence.” On 4/17/2026 the facility submitted volunteer training emails which had been sent to four volunteers. The Auditor reviewed the emails and confirmed the volunteers were directed to become familiar with their duties as 1st responders. On 5/15/2026 the facility submitted a slide from the facility training titled PREA/Staff Inmate Relations and staff sign off sheets. The Auditor reviewed the slide, and the staff sign-off sheets and confirmed 81 staff members have received training have received training on the updated Coordinated Response Plan. On 6/4/2026 the facility submitted a memorandum which states, “As of June 3, 2026, there have been no sexual abuse allegation investigation files closed by the Agency following the implementation of the facility procedures. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (b) of the standard.

§115.65 - Coordinated response.

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

Notes:

(a)(b): SCDC policy 3.6.07, which according to facility staff, serves as the facility Coordinated Response Plan, states, "A coordinated response team, consisting of Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office and the Assistant Superintendent - Security, or designee, will coordinate their actions and share information;" however, a review of SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, confirms the policy does not include the coordinated actions to be taken by Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office, and the Assistant Superintendent - Security, or designee. SCDC policy 3.6.07,, further states, "Immediately upon learning that an inmate has been sexually abused, the staff member will: Take steps to protect the safety of the victim: Separate the alleged abuser from the alleged victim. Seal and preserve any crime scene following E.P. 2.04 - Evidence and Crime Scene Preservation. Inform the victim not to take any actions that could destroy physical evidence, including washing,

brushing teeth, changing clothes, urinating, defecating, eating or drinking, following E.P. 2.18 - Sexual Assault of an Inmate. Remember the alleged victim and the alleged abuser are both considered physical evidence. If the staff member is not a security staff member, they will inform the alleged victim not to take any actions that could destroy physical evidence and then notify security staff." Interviews with four random COs indicated if an incident of sexual abuse were to occur the first responder would call for back-up, separate the detainees, secure the crime scene, escort both the detainee victim and the alleged perpetrator to medical for an assessment, and the detainee victim and perpetrator would not be allowed to wash, shower, or use the bathroom as they would destroy any physical evidence. An interview with one non-custody first responder indicated she would call for backup and report the incident to her supervisor; however, she could not articulate the requirement to request the victim not to take any action which could destroy physical evidence.

(c)(d): SCDC policy 3.6.07 states, "If a victim of sexual abuse is transferred between facilities, the sending facility shall, when appropriate and permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services;" however, a review of SCDC policy 3.6.07 further confirms the policy does not include subsections (c) and (d) which require "if a victim of sexual abuse is transferred between facilities covered by DHS PREA Standards, 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" or "if a victim of sexual abuse is transferred from a facility covered by DHS PREA standards to a facility not covered by DHS PREA Standards, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Interviews with the Supt., PSA Compliance Manager, and HSA confirmed they could not articulate the requirements of subsections (c) and (d) of the standard.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. A review of SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, confirms the policy does not include the coordinated actions to be taken by Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office, and the Assistant Superintendent - Security, or designee. SCDC policy 3.6.07, which serves as the facility Coordinated Response Plane, further states, "Immediately upon learning that an inmate has been sexually abused, the staff member will: Take steps to protect the safety of the victim: Separate the alleged abuser from the alleged victim. Seal and preserve any crime scene following E.P. 2.04 - Evidence and Crime Scene Preservation. Inform the victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking, following E.P. 2.18 - Sexual Assault of an Inmate. Remember the alleged victim and the alleged abuser are both considered physical evidence. If the staff member is not a security staff member, they will inform the alleged victim not to take any actions that could destroy physical evidence and then notify security staff." Interviews with four random COs confirmed if an incident of sexual abuse were to occur the first responder would call for back-up, separate the detainees, secure the crime scene, escort both the detainee victim and the alleged perpetrator to medical for an assessment, and the alleged victim and perpetrator would not be allowed wash, shower, or use the bathroom as they would destroy any physical evidence. To become compliant the facility must revise SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan to include the coordinated actions to be taken by the Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office, and the Assistant Superintendent - Security, or designee. In addition, the facility must revise SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, E.P. 204 - Evidence and Crime Scene Preservation, and E.P. 2.18 - Sexual Assault of an Inmate to require both first responders and non-security responders request the victim not to take any actions which could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking. Once SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, E.P. 204 - Evidence and Crime Scene Preservation, and E.P. 2.18 - Sexual Assault of an Inmate are revised the facility must submit documentation to confirm Strafford County medical personnel, a sexual assault counselor, the Strafford County

Sheriff's Office, the Strafford County Attorney's Office, the Assistant Superintendent - Security, or designee, and all facility staff, contract staff, and volunteers who may service as facility first responders or non-security responders have received training on the updated Coordinated Response Plan. The facility must submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm compliance with subsection (a) of the standard.
The facility is not in compliance with subsections (c) and (d) of the standard. A review of SCDC policy 3.6.07 confirms the policy does not include subsections (c) and (d) of the standard which require "if a victim of sexual abuse is transferred between facilities covered by DHS PREA Standards, 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" or "if a victim of sexual abuse is transferred from a facility covered by DHS PREA standards to a facility not covered by DHS PREA Standards, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Interviews with the Supt., PSA Compliance Manager, and HSA confirmed they could not articulate the requirements of subsections (c) and (d) of the standard. To become compliant, the facility must revise SCDC policy 3.6.07 to include the requirements "if a victim of sexual abuse is transferred between facilities covered by DHS PREA Standards, 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" or "if a victim of sexual abuse is transferred from a facility covered by DHS PREA standards to a facility not covered by DHS PREA Standards, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Once the policy is revised, the facility must submit documentation to confirm all applicable staff, including medical, mental health, and the PSA Compliance Manager, have received training on the requirements of subsections (c) and (d). In addition, the facility must submit any sexual abuse allegation investigations closed by the Agency where a detainee victim was transferred to another facility due to an incident of sexual abuse during the CAP period to confirm compliance with subsections (c) and (d) of the standard.

Corrective Action Taken:

On 4/16/2026 the facility submitted revised policy 3.6.07. The Auditor reviewed the policy and confirmed the policy includes the coordinated actions to be taken by the Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office, and the Assistant Superintendent – Security, or designee and requires both first responders and non-security responders request the victim not to take any actions which could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking. In addition, the facility submitted revised policies E.P. 204 – Evidence and Crime Scene Preservation, and E.P. 2.18 – Sexual Assault of an Inmate. The Auditor reviewed both policies and confirmed the policies require both first responders and non-security responders to request the victim not to take any actions which could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking. The facility submitted a string of emails. The Auditor reviewed the emails and confirmed four volunteers had received training on their 1st responder duties. On 5/15/2026 the facility submitted a slide from the facility training titled PREA/Staff Inmate Relations and staff sign off sheets. The Auditor reviewed the slide, and the staff sign-off sheets and confirmed 81 staff members have received training have received training on the updated Coordinated Response Plan. The facility submitted an email and read receipts. The Auditor reviewed the email and receipts and confirmed the Strafford County Sheriff's Office, the Strafford County Attorney's Office, the Assistant Superintendent – Security have received the required training. On 6/4/2026 the facility submitted a memorandum which states, "As of June 3, 2026, there have been no sexual abuse allegation investigation files closed by the Agency following the implementation of the facility procedures. Upon review of all submitted documentation the Auditor the Auditor now finds the facility in compliance with subsection (a) of the standard.

On 4/16/2026 the facility submitted revised policy 3.06.07. The Auditor reviewed the revised policy and confirmed the revised policy includes, "if a victim of sexual abuse is transferred between facilities covered by

DHS PREA Standards, 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" and "if a victim of sexual abuse is transferred from a facility covered by DHS PREA standards to a facility not covered by DHS PREA Standards, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." On 5/15/2026 the facility submitted a slide from the facility training titled PREA/Staff Inmate Relations and staff sign off sheets. The Auditor reviewed the slide, and the staff sign-off sheets and confirmed medical, mental health, and the PSA Compliance Manager, have received training have received training on the updated Coordinated Response Plan. On 6/4/2026 the facility submitted a memorandum which states, "As of June 3, 2026, there have been no sexual abuse allegation investigation files closed by the Agency following the implementation of the facility procedures. Upon review of all submitted documentation the Auditor the Auditor now finds the facility in compliance with subsections (c) and (d) of the standard.

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

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

Notes:

SCDC policy 3.6.07 states, "Staff, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring inmate contact pending the outcome of an investigation." An interview with the Supt. indicated if the alleged perpetrator is a staff member they would be removed from any contact with detainees, until the completion of the investigation, and if the alleged perpetrator is a staff contractor or volunteer, they would be removed from the facility until the outcome of the investigation has been determined. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed there were two allegations of sexual abuse which involved a staff member who was removed from all contact with the alleged detainee victim; however, both staff members were moved to another housing unit post and continued to have detainee contact while the investigation was ongoing.

Corrective Action:

The facility is not in compliance with standard §115.66. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed there were two allegations of sexual abuse which involved a staff member who had been removed from all contact with the alleged detainee victim; however, each staff member was moved to another housing unit post and continued to have detainee contact while the investigation was ongoing. To become compliant, the facility must implement a procedure to ensure all staff, staff contractors, and volunteers suspected of perpetrating sexual abuse are removed from all duties requiring detainee contact pending the outcome of the investigation. Once implemented the facility must submit documentation which confirms all applicable staff, including the PREA Investigator, PSA Compliance Manager, and security supervisors, have received training on the implemented procedure. In addition, the facility must submit all sexual abuse allegation investigation files, which include staff, staff contractors, or volunteers, and the corresponding rosters, which are closed by the Agency during the CAP period to confirm all staff, staff contractors, and volunteers suspected of perpetrating sexual abuse are removed from all duties requiring detainee contact pending the outcome of the investigation.

Corrective Action Taken:

On 6/4/2026 the facility submitted revised policy 3-6-07 which includes, "Staff, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring inmate contact pending the outcome of an investigation. The facility submitted read receipts to confirm the PREA Coordinator, the Internal Administrative Investigator and the Deputy Sheriff assigned to SCDOC have reviewed the revised policy. In addition, the facility submitted a memorandum which states, "As of June 3, 2026, there have been no sexual abuse allegation investigation files, which include staff, staff contractors, or volunteers, and the corresponding rosters, which are closed by the Agency following the implementation of the facility procedures to confirm all

staff, staff contractors and volunteers suspected of perpetrating sexual abuse are removed from all duties requiring detainee contact pending the outcome of an investigation." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with standard 115.66.

§115.67 - Agency protection against retaliation.

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

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." SCDC policy 3.6.07 states, "Inmates and staff reporting incidents of sexual abuse will be protected from retaliation from other inmates and staff. All staff will be required to report incidents of retaliation from either staff or inmates. Staff members who fail to report may face disciplinary sanctions up to and including termination. (O.G. 1.3.06 - Staff Rules). Whenever possible, protective measures will not restrict an inmate's access to programs or other privileges. For at least 90 days following a report of sexual abuse, the Superintendent or his/her designee, shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and if inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation." An interview with the PSA Compliance Manager/Retaliation Monitor confirmed she is responsible for monitoring, utilizing a PREA Retaliation Monitoring form, all detainee victims, detainee witnesses, and staff members who cooperate with an investigation for retaliation. An interview with the PSA Compliance Manager/Retaliation Monitor further confirmed the monitoring will be conducted for up to 90 days and longer if needed beginning 30 days after the allegation is reported and will include reviewing detainee disciplinary reports, housing changes, and any changes in the detainee's programming which occurred during the previous month to determine if there have been any signs of retaliation. In addition, an interview with the PSA Compliance Manager/Retaliation Monitor confirmed for a staff member who reports, witnesses, or participates in an investigation of alleged sexual abuse, 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 to include progressive discipline. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 4 of the files had a PREA Retaliation Monitoring form confirming a review of the detainee victim's disciplinary reports, housing changes, changes in the detainee's programming, had been completed thirty days after the allegation had been reported and 8 files did not include documentation confirming retaliation monitoring had occurred.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. An interview with the PSA Compliance Manager/Retaliation Monitor confirmed retaliation monitoring will be conducted for up to 90 days, and longer if needed, beginning 30 days after the allegation is reported and will include reviewing detainee disciplinary reports, housing changes, and any changes in the detainee's programming which occurred during the previous month to determine if there have been any signs of retaliation. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 4 of the files had a PREA Retaliation Monitoring form confirming a review of the detainee victim's disciplinary reports, housing changes, changes in the detainee's programming, had been completed thirty days after the allegation had been reported and 8 files did not include documentation confirming retaliation monitoring had occurred. To become compliant, the facility must implement a procedure to ensure immediately following an allegation of sexual abuse the facility initiates monitoring to see if facts which may suggest possible retaliation by detainees of staff, for up to 90 days, and longer if needed. Once implemented the facility must submit documentation to confirm all staff who may be responsible for monitoring detainees and staff responsible for monitoring all detainee victims, detainee witnesses, and staff members who cooperate with an investigation for retaliation have received training on the implemented procedure. The facility must submit all

sexual abuse allegation investigation files, and the corresponding PREA Retaliation Monitoring form, to confirm compliance with subsection (c) of the standard.

Corrective Action Taken:

On 5/15/2026 the facility submitted an email and a read receipts. The Auditor reviewed the email and read receipts and confirmed staff responsible for monitoring all detainee victims, detainee witnesses, and staff members who cooperate with an investigation for retaliation have received training on the facility's implemented procedure to ensure immediately following an allegation of sexual abuse the facility initiates monitoring to see if facts which may suggest possible retaliation by detainees of staff, for up to 90 days, and longer if needed. On 6/4/2026 the facility submitted a memorandum which states, "As of June 3, 2026, there have been no allegations of sexual abuse following the implementation of the facility procedures." Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (c) of the standard.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c)(d): SCDC policy 3.4.04 Special Needs and Protective Custody states, "Special Needs Inmates are inmates who have problems such as substance abuse (withdrawals), severe physical or mental disabilities, serious mental illnesses, a history of sexual predation, those likely to be exploited or victimized by others, and those who have other special needs for separate housing. Detailed reasons for the placement of inmates housed in Protective Custody on the basis of vulnerability to sexual abuse or assault will be documented in the Booking Folder." SCDC policy 3.4.04 further states, "Inmates housed in either Special Needs or Protective Custody will be afforded the same rights as general population inmates as outlined in O.G. 3.6.02 - Rights of Inmates; additionally, within housing limitations, they will be afforded privileges including: Access to barbering services; Recreation privileges, Access to non-legal reading materials; Religious items and material; The same correspondence and phone privileges as those inmates in general population; Personal legal material." In addition, SCDC policy 3.6.07 states, "ICE inmates classified as Special Needs (referred to as 'Administrative Segregation' in ICE standards) will have their status reviewed by the Classification Officer after seven (7) days and: Every week for the first month and then every 10 days. The immigrant detainee will be interviewed during each review. ICE detainees in Protective Custody due to a PREA incident will have a review conducted within 72 hours of being placed in that status and then every week. ICE will be notified of the placement within 72 hours. Ordinarily, this placement will not exceed 30 days. If the Classification Officer finds that an inmate no longer needs to be housed in a special needs unit, s/he will reclassify the inmate in the OMS. The Classification Officer will have the inmate moved to the new housing assignment;" however, subsection (c) of the standard requires a detainee victim of sexual abuse will not be released to general population without a proper reassessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse." However, a review of the Operational Procedures governing administrative segregation states under Special Considerations Detainees." After the initial Review reviews shall be conducted every seven days for the first 60 days of placement" and "after 60 days reviews will be conducted every 30 days." A review of the Special Housing Review form confirms the form requires reviews be conducted in accordance with the Operational Procedures governing administrative segregation. Interviews with the Superintendent, the PSA Compliance Manager, and a Segregation Supervisor indicated if a detainee reported an incident of sexual abuse, the FOD would immediately be notified, and the detainee would be placed in the least restrictive housing, subject to all the review requirements of standard §115.43. The interviews further indicated in the event, there was no other options, a detainee victim's placement into segregation would not exceed five days and prior to being released from administrative segregation or protective custody.

Recommendation: The Auditor recommends the facility updates the Operational Procedures governing administrative segregation and the Special Housing Review form to require detainees who are placed in

administrative segregation due to being vulnerable to sexual abuse receive a supervisor review within 72 hours of the detainee's placement, after the detainee has spent seven days in administrative segregation, every week thereafter for the first 30 days, and every 10 days thereafter to coincide with subsection (e) of the standard and facility practice.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. SCDC policy 3.6.07 states, "If the Classification Officer finds that an inmate no longer needs to be housed in a special needs unit, s/he will reclassify the inmate in the OMS. The Classification Officer will have the inmate moved to the new housing assignment;" however, subsection (c) of the standard requires a detainee victim of sexual abuse will not be released to general population without a proper reassessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. To become compliant the facility must implement a practice which requires a proper reassessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse prior to releasing a detainee victim of sexual abuse from administrative segregation or protective custody. Once implemented the facility must submit documentation which confirms all Classification staff have received training on the implemented procedure. The facility must submit the files of any detainee who was placed into administrative segregation or protective custody during the CAP period due to being a victim of sexual abuse to confirm compliance with subsection (c) of the standard.

Corrective Action Taken:

On 5/15/2026 the facility submitted a signed training memorandum. The Auditor reviewed the memorandum and confirmed classification staff have received training in prior to releasing a detainee victim from segregation or protective custody, the facility must conduct a reassessment of the detainee. On 6/4/2026 the facility submitted a memorandum to Auditor which states, “There have been no detainees placed into admirative segregation or protective custody due to being a victim of sexual abuse following the implementation of the facility’s procedures.” Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (c) of the standard.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b)(c)(e)(f): SCDC policy 3.6.07 states, "Investigations into allegations of sexual abuse will be prompt, thorough, objective and fair. Investigations will be conducted by investigators who have received special training in sexual abuse investigations." SCDC policy 3.6.07 further states, "Sexual abuse data will be maintained for a minimum of 10 years." SCDC policy 1.6.01 Internal Investigations state, "When an allegation of misconduct is made by a staff person, citizen or inmate to any staff member, the complaint will be immediately forwarded to a supervisor. The supervisor will conduct an initial inquiry and will keep the lieutenant on the shift informed of the status of the investigation, if appropriate. The Shift Lieutenant will review all written materials before they are submitted to the Assistant Superintendent- Security, unless the lieutenant is the subject of the investigation. If the Shift Lieutenant is not working, the Shift Supervisor will assume the responsibility for reviewing applicable information. The supervisor will file a written report, following 1.5.01, Reporting of Incidents and Unusual Behaviors, to the Assistant Superintendent- Security. The Assistant Superintendent- Security will be trained to act as the facility's internal investigator. If necessary, the Assistant Superintendent- Security, or his/her designee will begin a formal investigation. The investigation shall be kept confidential, except as required by law or regulation." A review of the facility's written procedures for internal investigations confirmed the procedures do not include all elements required by subsection (c) of the standard which include the preservation of direct and circumstantial evidence, including any available physical DNA evidence (b) (7)(E) ; interviewing alleged victims, suspected perpetrators and witnesses; reviewing prior complaints and reports

of sexual abuse or assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect or witness, without regard to the individual's status as detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings; retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years; and the coordination of and sequencing of the two types of investigations in accordance to subsection (b) of standards, to ensure that a criminal investigation is not compromised by an internal administrative investigation. Interviews with the Supt., PSA Compliance Manager, and facility PREA Investigator indicated criminal allegations are investigated by the SCSO and administrative allegations are investigated by the facility PREA investigator. In an interview with the facility PREA Investigator it was confirmed he and the SCSO Detective would conduct criminal and administrative investigations together including simultaneously interviewing detainee witnesses; however, subsection (b) of the standard requires "upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted and upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether and administrative investigation is necessary or appropriate" and subsection (c) of the standard requires "coordination and sequencing of the two types of investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation." An interview with the facility PREA Investigator further confirmed the administrative investigation would be completed promptly, thoroughly, and objectively and if the alleged detainee victim or alleged perpetrator is no longer housed or working in the facility, the investigation will continue until an outcome is determined. According to the PAQ there are three staff who are specially trained to conduct sexual abuse allegation investigations; however, interviews with the PSA Compliance Manager and facility PREA Investigator confirmed, although SCDC policy 1.6.01 states, "If necessary, the Assistant Superintendent-Security, or his/her designee will begin a formal investigation" the facility PREA Investigator is the only staff member who conducts sexual abuse allegation investigations at SCDC. An interview with the facility PREA Investigator, and a view of the Investigator's certificate, confirmed he has completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting course. The Auditor reviewed the NIC curriculum and confirmed the curriculum includes all elements required by standard §115.34. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed all allegations had been reported to the SCDC; however, a review of 12 sexual abuse allegation investigation files further confirmed the files did not contain a written report which included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and finding, or all elements required by subsection (c) of the standard.

Corrective Action:

The facility is not in compliance with subsections (b), and (c) of the standard. A review SCDC policy 1.6.01, the facility's written procedures for internal investigations, confirmed the procedures do not include all elements required by subsection (c) of the standard. In an interview with the facility PREA Investigator it was confirmed he and the SCSO Detective would conduct criminal and administrative investigations together including simultaneously interviewing detainee witnesses; however, subsection (b) of the standard requires "upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted and upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether and administrative investigation is necessary or appropriate" and subsection (c) of the standard requires "coordination and sequencing of the two types of investigations to ensure that the criminal investigation is no compromised by an internal administrative investigation." The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed all allegations had been reported to the SCDO; however, a review of 12 sexual abuse allegation investigation files further confirmed the files did not contain a written report which included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and finding, or

all elements required by subsection (c) of the standard. To become compliant, the facility must update SCDC policy 1.6.01, the facility's written procedures for internal investigations, to include all elements required by subsection (c) of the standard which include the preservation of direct and circumstantial evidence, including any available physical DNA evidence (b) (7)(E) ; interviewing alleged victims, suspected perpetrators and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect or witness, without regard to the individual's status as detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings; retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years; and the coordination of and sequencing of the two types of investigations in accordance to subsection (b) of standards, to ensure that a criminal investigation is not compromised by an internal administrative investigation. Once implemented the facility must submit documentation to confirm the facility PREA Investigator and PSA Compliance Manager received training on the updated written procedures to include the coordination of and sequencing of the two types of investigations in accordance to subsection (b) of standards, to ensure a criminal investigation is not compromised by an internal administrative investigation and all allegation of sexual abuse investigation files include a written report which includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and findings, and all elements required by subsection (c) of the standard. In addition, the facility must submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm compliance with subsections (b) and (c) of the standard.

Corrective Action Taken:

On 4/16/2026 the facility submitted revised policy 1.6.01 Internal Investigations. The Auditor reviewed the revised policy and confirmed the revised policy includes the preservation of direct and circumstantial evidence, including any available physical DNA evidence (b) (7)(E) ; interviewing alleged victims, suspected perpetrators and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect or witness, without regard to the individual's status as detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings; retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years; and the coordination of and sequencing of the two types of investigations in accordance to subsection (b) of standards, to ensure that a criminal investigation is not compromised by an internal administrative investigation. On 5/15/2026 the facility submitted an email and read receipts. The Auditor reviewed the email and receipts and confirmed the facility PREA Investigator and PSA Compliance Manager have received training on the updated written procedures to include the coordination of and sequencing of the two types of investigations in accordance to subsection (b) of standards, to ensure a criminal investigation is not compromised by an internal administrative investigation and all allegation of sexual abuse investigation files include a written report which includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and findings, and all elements required by subsection (c) of the standard. On 6/4/2026 the facility submitted a memorandum to Auditor which states, “As of June 3, 2026, there have been no allegations of sexual abuse following the implementation of the facility procedures.” Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (b) and (c) of the standard.

§115.73 - Reporting to detainees.

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

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." SCDC policy 3.6.07 states, "If an inmate alleges another inmate has committed sexual abuse against the inmate: The alleged victim will be informed whenever: The alleged abuser has been indicted on a charge related to sexual abuse within the facility. The alleged abuser has been convicted on a charge related to sexual abuse within the facility." An interview with a facility PREA Investigator indicated at the conclusion of an investigation, the detainee victim is notified of the results of the investigation and any responsive action taken. The Auditor submitted the Notification to Detainee of PREA Investigation Results form with the names of six detainee victims to the TL who forwarded the form to the Office of Enforcement Removal Operations POC for action. The Auditor reviewed the results noted on the form and confirmed the form indicated five of the detainee victims had been given the results of the investigation; however, only provided the Auditor with one copy of the notification. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed one detainee victim had been notified the allegation of sexual abuse investigation was unsubstantiated and the alleged detainee perpetrator had been removed from contact with the detainee.

Corrective Action:

The Agency is not in compliance with standard §115.73. The Auditor submitted the Notification to Detainee of PREA Investigation Results form with the names of six detainee victims to the TL who forwarded the form to the Office of Enforcement Removal Operations POC for action. The Auditor reviewed the results noted on the form and confirmed the form indicated five of the detainee victims had been given the results of the investigation; however, only provided the Auditor with one copy of the notification. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed one detainee victim had been notified the investigation results were unsubstantiated, and the alleged detainee perpetrator had been removed from contact with the detainee. To become compliant, if applicable, the Agency must submit copies of notifications made to all detainees whose sexual abuse allegation investigation files were closed by the Agency during the audit period. In addition, the Agency must submit copies of notifications made to all detainee victims whose allegations of sexual abuse investigation files were closed by the Agency during the CAP period.

Corrective Action Taken:

On May 15, 2026, the Agency submitted copies of notifications made to all detainee victims whose sexual abuse allegation investigation files were closed by the Agency during the audit period. Upon review of all submitted documentation the Auditor now finds the Agency in compliance with standard §115.73.

§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): SCDC policy 3.6.07 states, "During the initial medical and mental health screenings, inmates will be asked if they have a history of sexual victimization. If the screening indicates that an inmate has experienced prior sexual victimization or has previously perpetuated sexual abuse, whether in an institutional setting or the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. ICE detainees shall receive a health evaluation no later than two working days from the date of assessment." Interviews with the PSA Compliance Manager, a Classification

Officer, and the HSA indicated all detainees are screened during intake for a potential risk of sexual victimization or sexually abusive behavior and if a detainee is determined to be at risk for sexual abuse or at risk for perpetrating sexual abuse email notification is provided to medical and mental health for follow-up. The Auditor requested a sample email; however, a sample could not be provided. An interview with the HSA indicated the detainee would be scheduled for a follow-up assessment with medical staff and mental health staff and medical staff will follow-up with the detainee within two days and mental health staff will follow up with the detainee within 72 hours. The Auditor reviewed the medical and mental health files for seven detainees who had been identified as potential risk of sexual victimization and five detainees that had been identified at risk for perpetrating sexual abuse and confirmed none of the files contained documentation to confirm the detainees had been referred and seen by medical or mental health staff based on information gained from the initial risk assessment.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (c) of the standard. Interviews with the PSA Compliance Manager, a Classification Officer, and the HSA indicated all detainees are screened during intake for a potential risk of sexual victimization or sexually abusive behavior and if a detainee is determined to be at risk for sexual abuse or at risk for perpetrating sexual abuse email notification is provided to medical and mental health for follow-up. The Auditor requested a sample email; however, a sample could not be provided. The Auditor reviewed the medical and mental health files for seven detainees who during the initial risk assessment had been identified as potential risk of sexual victimization and five detainees who during the initial risk assessment had been identified at risk for perpetrating sexual abuse and confirmed none of the files contained documentation to confirm the detainees had been referred and seen by medical or mental health staff based on information gained from the initial risk assessment. To become compliant, the facility must implement a procedure to ensure if information gained from the initial risk assessment indicates a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff assigned to intake will immediately refer the detainee to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate and if 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 and when a referral for mental health follow-up in initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral. Once the procedure has been implemented, the facility must submit documentation to confirm all applicable staff; to include medical, mental health, Booking, and classification staff have received training on the implemented procedures. In addition, the facility must submit the files of seven detainees who during the initial risk assessment identified as having a history of sexual abuse, and the files of three detainees who during the initial risk assessment identified as pretraining sexual abuse, and the corresponding medical and mental health files, who arrive during the CAP period to confirm compliance with subsections (a), (b), and (c) of the standard.

Corrective Action Taken:

On 5/15/2026 the facility submitted an email and read receipts. The Auditor reviewed the email and receipts and confirmed medical, mental health, Booking, and classification staff have received training on the facility's implemented procedures to ensure if information gained from the initial risk assessment indicates a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff assigned to intake will immediately refer the detainee to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. On 6/4/2026 **t**he facility submitted an implemented procedure to ensure if 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 and when a referral for mental health follow-up in initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral with read receipts to confirm applicable staff have received training on the implemented procedure. On 6/9/2026 the facility submitted the credentials of one employee who will be bridging the gap prior to hiring mental health staff. On 6/12/2026 the facility submitted a training curriculum. The Auditor reviewed the curriculum and confirmed the curriculum is a refresher course regarding the new implemented procedure to ensure if 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 and when a referral for mental health follow-up in initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral. The facility submitted a training sign-in sheet. The Auditor reviewed the sign-in sheet and confirmed only three medical/mental health staff have received the training; however, the Auditor accepts training has begun and will be completed as staff are available. The facility submitted the files of one detainee. The Auditor reviewed the file and confirmed the detainee had a history of sexual abuse, was immediately referred to mental health based on information gained from the initial risk assessment and received a mental health evaluation within 72 hours of the referral. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsections (a), (b), and (c) of the standard.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b)(c): SCDC policy 3.6.07 states, "The PREA review team will meet monthly to discuss and evaluate the process of investigations and response process. The review team will consist of Security, Classifications and Medical staff as well as the PREA Coordinator. The review team shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation regardless of outcome. For substantiated and unsubstantiated allegations, a written report shall be prepared within 30 days of the conclusion of the investigation, recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect or respond to sexual abuse. The review shall also consider: Names of the persons involved, events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures. If the allegation/investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. If the incident/allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility. The area of the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in that area during different shifts.(b) (7)(E) . The facility shall implement the recommendations for improvement or shall document its reasons for not doing so." The Auditor reviewed a memorandum to the file which states, "Strafford County Department of Corrections has not conducted an annual review of all sexual abuse allegations. Each incident is reviewed individually." Interviews with the Supt. and PSA Compliance Manager indicated the facility was not conducting incident reviews; however, following the facility's pre-audit, a procedure was put into place requiring a review be conducted within 30 days of the conclusion of the investigations. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 2 files had been closed following the facility pre- audit; however, only 1 file had a completed Sexual Abuse or Assault Incident Review form; and therefore, the Auditor could not confirm the facility had fully implemented a procedure to ensure an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigation. The Auditor reviewed the Sexual Abuse or Assault Incident Review 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 Sexual Abuse or Assault Incident Review form further confirms the review form requires the review team review the incident 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 a sexual abuse. In addition, a review of the Sexual Abuse or Assault Incident Review form confirms if the recommendations are not followed, the review indicates the reasons for not doing so. The Auditor reviewed the SCDC ICE SAAPI Annual Report for 2024 and could not confirm the report had been forwarded to the Agency PSA Coordinator or uploaded into the ICE system for the PSA Coordinator to review; however, prior to the conclusion of the on-site audit, the

facility had forwarded the report to the Agency PSA Coordinator; and therefore, came into compliance during the on-site audit.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. Interviews with the Supt., and PSA Compliance Manager indicated the facility was not conducting an incident review; however, following the facility's pre-audit, a procedure was put into place which ensures an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigations. During the on-site, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 2 of the investigations were closed by the Agency following the facility's pre-audit; however, only 1 file had a completed Sexual Abuse or Assault Incident Review form; and therefore, the Auditor could not confirm the facility had fully implemented a procedure to ensure an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigation. To become compliant, the facility must submit documentation to confirm applicable staff, to include staff assigned to the incident review team, have received refresher training on the facility's pre-audit implemented procedure which ensures an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigations. In addition, the facility must submit all sexual abuse allegation investigative files, and the corresponding incident reviews, which are closed by the Agency during the CAP period.

Corrective Action Taken:

On 5/15/2026 **t**he facility submitted an email and read receipts. The Auditor reviewed the email and receipts and confirmed staff assigned to the incident review team have received refresher training on the facility's pre-audit implemented procedure which ensures an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigations. On 6/4/2026 the facility submitted a memorandum which states, "As of June 3, 2026, there have been no allegations of sexual abuse following the implementation of the facility procedures." 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 6/17/2026

Auditor's Signature & Date

(b) (6), (b) (7)(C) 6/24/2026

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 6/23/2026

Assistant Program Manager's Signature & Date

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	9/9/2025	**To:**	9/11/2025
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:	Boston		
Field Office Director:	Patricia Hyde		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	1000 District Avenue Burlington, MA 01803		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Strafford County Corrections		
Physical address:	266 County Farm Road Dover, New Hampshire 03820		
Telephone number:			
Facility type:	Intergovernmental Service Agreement		
PREA Incorporation Date:	2/09/2022		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(606) 742(b) (6), (b) (7
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(603) 516-(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 Strafford County Department of Corrections (SCDC) was conducted September 9, 2025 – September 11, 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 into the ICE PREA audit process and act as the 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. SCDC is a county level agency and is under contract with DHS, ICE, Office of Enforcement and Removal Operations (ERO). SCDC is in Dover, New Hampshire. This is the first DHS PREA audit for SCDC, and it includes a review period of February 9, 2022, through September 11, 2025.

Approximately three 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 policies, and other pertinent documents through the ICE Audit Management and Review System (AMRS). The 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 (https://www.ice.gov/prea), and the SCDC website (https://co.strafford.nh.us/prison-rape-elimination-act). The main policy that governs SCDC's sexual abuse prevention, intervention and response efforts is 3.6.07 Prison Rape Elimination Act.

An entrance briefing was held in the SCDC's conference room on Tuesday, September 9, 2025, at 8:15 a.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C), TL, ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C), ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C), Superintendent, SCDC
(b) (6), (b) (7)(C), Captain, SCDC
(b) (6), (b) (7)(C), Prevention of Sexual Abuse (PSA) Compliance Manager, SCDC
(b) (6), (b) (7)(C), Lieutenant, SCDC
(b) (6), (b) (7)(C) Deputy, Strafford County Sheriff's Office (SCSO)
(b) (6), (b) (7)(C), Booking/Classification Supervisor
Robin Bruck, Lead Auditor, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

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 SCDC staff. All areas of the facility where detainees are afforded the opportunity to go or are provided with services, were observed by the Auditor, which included ICE detainee housing units, booking/Intake, the library, recreation areas, and the medical area. In addition, the Auditor observed the sally port and the control center. During the on-site audit, the Auditor made visual observations of bathroom and shower areas, (b) (7)(E) , and the number of staff assigned in all areas of the facility. During the on-site audit, the Auditor further 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 ICE Detention and Reporting Information Line (DRIL) poster, the DHS Office of Inspector General (OIG) poster, and information for contacting consular officials; however, the Auditor did not observe the Haven flyer. In addition, the Auditor made visual observations of the number of staff assigned to the areas, officer post sight lines, (b) (7)(E) 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] In addition, during the on-site audit, the Auditor did not observe detainees in a state of undress and confirmed through informal interviews with staff, and detainees, detainees are not permitted to change clothing outside of the shower or toilet areas.

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 announcements being made as opposite gender staff entered the housing areas. During the on-site audit, the Auditor observed the notification of audit, posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. While conducting the on-site audit, the Auditor tested all detainee telephone numbers and confirmed successful calls were made to the DHS OIG, ICE DRIL, and the Haven.

SCDC's design capacity is (b) (7)(E) On the first day of the on-site audit, the facility housed (b) (7)(E) detainees, ((b) (7)(E) male and (b) (7)(E female). ICE detainees are co-mingled with the county inmates, United States Marshall Service (USMS) prisoners, and Bureau of Prison (BOP) inmates. The facility PAQ indicates the top three nationalities housed at the facility are Mexican, Brazilian and Guatemalan and the average length of time in custody for ICE detainees at SCDC is 64 days. The facility does not house juveniles or family units.

Interviews were conducted, utilizing the random detainee protocol, with 15 detainees (10 male detainees and 5 female detainees). Of the 15 detainees interviewed, 12 were limited English proficient (LEP) (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi and 2 Chinese) and required the use of the language line through Language Line Service Associates (LSA) provided by Creative Corrections, LLC. In addition, of the 15 detainees interviewed 1 detainee was disabled, and 4 detainees had reported prior sexual victimization. All interviews were conducted in a private setting allowing confidentiality for those participating in the interview process.

A review of SCDC's PAQ indicated the facility employs (b) (7)(security staff, ((b) (7)(males and (b) (7)(females) who have recurring contact with detainees. A review of the PAQ further indicates the facility utilizes (b) (7)(medical staff and (b) contracted mental health staff and (b) (7)(medical and (b) (7)(mental contracted mental health staff who have recurring contact with detainees; however, a provided staff roster indicates the facility employs (b) (7)(E facility medical staff, (b) contracted medical staff, and (b) (contracted mental health staff, who have recurring contact with

detainees. In addition, there are (b) (7)(E) food service staff, (b) (7)(E) maintenance staff, (b) (7)(E) staff who provide religious services, and (b) (7)(E) ICE staff who have recurring contact with detainees. Security line staff and supervisors work in three shifts(b) (7)(E) . According to the PAQ the facility utilizes volunteers to provide advocacy and religious and mental health services.

The Auditor conducted interviews with 16 staff members to include an SDDO, the facility Superintendent (Supt.), PSA Compliance Manager/Retaliation Monitor/Disciplinary Officer, Human Resource Personnel Assistant (HRPA), Classification Officer, Grievance Officer (GO), Booking Officer, Health Service Administrator (HSA)/Mental Health, Lieutenant who conducts unannounced security inspections, Segregation Supervisor, facility PREA Investigator, 4 random Correctional Officers (CO)s, and 1 non-security First Responder. 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 interviews it was confirmed one trained investigator was a detective employed by the Strafford County Sherrif's Office (SCSO) and the third trained investigator was the PSA Compliance Manager who does not conduct PREA investigations. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 3 files included detainee-on-detainee (1 substantiated and 2 unsubstantiated), 5 files included inmate-on-detainee (3 unfounded and 2 unsubstantiated), 1 file included contractor-on-detainee (unsubstantiated), and 3 files included staff-on-detainee (2 unfounded and 1 unsubstantiated).

An exit briefing was conducted on Thursday, September 11, 2025, at 2:00 p.m. The ICE ERAU TL opened the briefing and turned it over to the Auditor. In attendance were:

(b) (6), (b) (7)(C) TL, ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C) , ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C) Supt.,
(b) (6), (b) (7)(C) , ICS, ICE/OPR/ERAU
(b) (6), (b) (7)(C) , PSA, SCDC
Robin Bruck, Lead Auditor, DOJ/DHS Certified PREA Auditor, Creative Corrections, LLC

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: 19

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.18 - Upgrades to facilities and technologies.
- §115.21 - Evidence protocols and forensic medical examinations.
- §115.32 - Other training.
- §115.43 - Protective custody.
- §115.51 - Detainee reporting.
- §115.54 - Third-party reporting.
- §115.61 - Staff reporting duties.
- §115.62 - Protection duties.
- §115.63 - Reporting to other confinement facilities.
- §115.72 - Evidentiary standard for administrative investigations.
- §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.
- §115.87 - Data collection.
- §115.201 - Scope of audits.

Number of Standards Not Met: 21

- §115.15 - Limits to cross-gender viewing and searches.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.17 - Hiring and promotion decisions.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.31 - Staff training.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §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.

- §115.73 - Reporting to detainees.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

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): SCDC policy 3.6.07 states, "It is the policy of the Strafford County Department of Corrections to provide a safe, humane, secure environment, free from sexual misconduct. There will be zero-tolerance for sexual misconduct within the facility and for all offenders under the jurisdiction of the Strafford County Department of Corrections, including those under the supervision of Community Corrections." A review of SCDC policy 3.6.07 confirms the policy includes definitions of sexual abuse and other general PREA definitions. A review of SCDC policy 3.6.07 further confirms the policy 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 throughout the facility. The Auditor spoke informally and formally 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. Interviews with the facility Supt., PSA Compliance Manager, and SDDO confirmed SCDC policy 3-6-07 had been submitted and approved by the Agency.

Recommendation: The Auditor makes an overall recommendation to update SCDC policy 3.6.07 to include detainees.

(d): SCDC policy 3.6.07 states, "A PREA Coordinator will be appointed to develop, implement, and oversee efforts to comply with PREA Standards." The Auditor reviewed the SCDC Organizational Chart and confirmed the PSA Compliance Manager is in a position of authority. An interview with the PSA Compliance Manager confirmed she was knowledgeable of the DHS PREA standards, has sufficient time and authority to oversee the facility's efforts to comply with the sexual abuse prevention and intervention policies and procedures, and is the point of contact for the facility and the Agency PSA Coordinator.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring.

Outcome: Meets Standard

Notes:

(a)(b)(c): SCDC policy 3.6.07 states, "The Superintendent, or designee, in consultation with the PREA Coordinator, shall assess and document, on at least a yearly basis, whether adjustments are needed to: the staffing plan, (b) (7)(E) ; the resources the facility has available to commit to ensure adherence to the staffing plan. The factors that will be considered when reviewing the staffing plan (b) (7)(E) will include: generally accepted detention practices; any judicial findings of inadequacy; any finding of inadequacy from other investigative oversight bodies; all components of the facility's physical plant, including blind spots or areas where staff or inmates may be isolated; the

composition of the inmate population; programs occurring on a particular shift; any applicable state or local laws, regulations or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; recommendations of sexual abuse incident reports; any other relevant factors." A review of SCDC's PAQ indicated the facility employs (b) (7) security staff, ((b) (7) males and (b) (7) females), who have recurring contact with detainees. A review of the PAQ further indicates the facility utilizes (b) (7) medical staff and (b) contracted mental health staff and (b) (7) medical and (b) (7) mental contracted mental health staff who have recurring contact with detainees; however, a provided staff roster confirms the facility employs (b) (7) facility medical staff, (b) contracted medical staff, and (b) contracted mental health staff, who have recurring contact with detainees. In addition, there are (b) (7)(E) food service staff, (b) (7)(E) maintenance staff, (b) (7)(E) staff who provide religious services, and (b) (7)(E) ICE staff who have recurring contact with detainees. Security line staff and supervisors work in three shifts (b) (7)(E) . According to the PAQ the facility utilizes volunteers to provide advocacy and religious and mental health services. (b) (7)(E) In addition, the Auditor did not observe detainees in the state of undress and was able to confirm through informal, and formal interviews, detainees are required to be fully dressed while in the housing unit and common areas. During the on-site audit, the Auditor reviewed the facility comprehensive supervision guidelines and confirmed they are reviewed annually and are updated when necessary. An interview with the facility Supt. indicated the facility does have adequate staffing to protect detainees from sexual abuse, the staffing plan, (b) (7)(E) , are reviewed annually, and adjustments are made if needed. An interview with the facility Supt. further indicated the review is conducted with key supervisors, including the PSA Compliance Manager, and is documented on a "Staffing Plan Review" memorandum. During the on-site audit the Auditor reviewed the 2023 and 2024 "Staffing Plan Review" memorandums and confirmed the facility considered all elements required by subsection (c) of the standard to include generally accepted detention and correctional practices; any judicial findings of inadequacy; all components of the facility's physical plant; the composition of the detainee population; the prevalence of Substantiated and Unsubstantiated incidents of sexual abuse; recommendations of sexual abuse incident review reports; and any other relevant factors, including but not limited to the length of time detainees spend in agency custody when determining staffing (b) (7)(E) .

(d): SCDC policy 3.6.07 states, "Supervisors will conduct and document unannounced rounds to identify and deter staff from sexual abuse and sexual harassment. These rounds will occur on each shift at irregular times. Staff are prohibited from alerting other staff members that these rounds are occurring unless the announcement is related to the legitimate operational function of the facility." Interviews with the Supt. and PSA Compliance Manager indicated all facility supervisors are required to complete unannounced security inspections at irregular times, on all shifts, in all areas of the facility. An interview with a facility Lieutenant indicated unannounced security inspections are completed with the facility (b) (7)(E) which monitors and documents unannounced security inspections completed by an individual. An interview with a facility Lieutenant further indicated there is a total of nine supervisors, three for each shift, who conduct unannounced security inspections, the Core Track system will track the unannounced security inspections, and will indicate to each supervisor, if a round has not been completed during a shift; and therefore, the supervisor is alerted an unannounced security inspection must be completed. An interview with a facility Lieutenant further indicated staff are prohibited from alerting other staff unannounced security inspections are occurring and if staff are found to be alerting other staff unannounced security inspections are occurring, they would be disciplined. The Auditor reviewed the electronic logs for five consecutive days and confirmed unannounced security inspections are being conducted daily, at irregular times, and on every 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 Strafford County Department of Corrections does not house juvenile detainee/prisoners/inmates for Immigration and Customs Enforcement or any other entity." Interviews with the Supt., PSA Compliance Manager, four random COs, 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: Does Not Meet Standard

Notes:

(b)(c)(d)(e)(f)(g): SCDC policy 3.6.07 states, "Unless an emergent situation exists, cross-gender supervision of inmates will not occur: 1. When an inmate is disrobed or performing bodily functions. This will not prohibit an officer from supervising a housing unit of the opposite sex, providing the officer announces that a staff member of the opposite gender is on the housing unit, and 2. Privacy panels (including shower stalls/curtains) are available for use by the inmates. 3. Viewing that is incidental to routine cell checks shall not be prohibited. When an inmate is undergoing a medical exam or procedure. During an unclothed or body cavity search. Pat searches may be observed by a staff member of the opposite sex as needed for security purposes. If exigent circumstances indicate a cross-gender pat, unclothed or body cavity search is warranted, it must be documented, and documentation should include both the reason for the search and the officer performing the search." Interviews with the Supt., PSA Compliance Manager, and four random COs indicated the facility does not conduct cross-gender pat-down search, cross-gender strip search, strip searches, or visual body cavity searches of detainees, unless there are exigent circumstances and if there are exigent circumstances which require a strip search, cross-gender pat-down search, cross-gender strip search, visual cavity search, or cross-gender visual body cavity search the search would be documented; however, during the on-site audit, the Auditor reviewed the ICE Detainee Unclothed Search Log and confirmed there were nine pages of strip searches with reasons noted to include, but not limited to, intake, return from court, and new. A review of the ICE Detainee Unclothed Search Log further confirmed strip searches are documented; however, during the on-site audit, the Auditor requested copies of additional logs to confirm the facility documents searches in accordance with subsections (d) and (f) of the standard and none were provided including blank copies. Interviews with four random COs further indicated announcements are made by staff prior to entering a housing unit of the opposite gender. Interviews with 15 detainees (10 male and 5 female) confirmed they had not been subjected to a cross-gender pat-down search, cross-gender strip search, a visual body cavity search, or a cross-gender body cavity search while housed at the facility. Interviews with 15 detainees further confirmed staff of the opposite gender inform them prior to entering the housing unit. During the on-site audit, the Auditor attempted to observe a pat-down search; however, pat-down searches are conducted in the sally port area before the detainee enters the facility, and none were being conducted while the Auditor was on-site.

(h): SCDC is not designated as Family Residential Centers; therefore, provision (h) is not applicable.

(i)(j): SCDC policy 3.6.07 states, "Searches of transgender or intersex inmates will be conducted following OG 3.7.01 – Searches, specifically: Transgender inmates shall be searched by an officer of the same gender identity unless the inmate expresses a preference for an officer of the same biological sex. Searches will not be conducted to determine an inmate's genital status." SCDC policy 3.7.01 Searches states, "There are two types of body searches performed by correctional staff- Clothed and Unclothed. An officer of the same sex as the inmate will perform the searches whenever possible. A clothed search may be done when there is an imminent threat to the

life of the inmate, officer or visitor, or if valuable evidence will be lost if there is not an immediate search. In such cases, an officer of the opposite sex may do a clothed search only if there is no officer of the same sex available to do the search. If an officer of the opposite sex performs the search, a second officer will stand by to observe. Detailed reports stating the reasons for and results of the search will be filed before the officers go off duty;" however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances. SCDC policy 3.7.01 further states, "Searches In the case of an inmate or offender of ambiguous gender, the sex of the inmate will be determined by questioning the individual; a known transgendered or intersex individual will be searched by a staff member of the sex he/she is most comfortable with as long as the individual's behavior remains appropriate. Searches will not be conducted solely for the purpose of determining the gender of an inmate or offender. Searches are a method used to control contraband and will not be used for disciplinary purposes. Officers will not embarrass or cause indignity to inmates or offenders by either remarks or actions. Officers will not touch inmates or offenders any more than necessary to complete the search. Searches will be thorough." During the on-site audit the Auditor requested a copy of the curriculum utilized to train staff in the proper procedures to conduct pat-down searches including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible and was provided a copy of the SCDC Body Searches training curriculum. The Auditor reviewed the curriculum and confirmed the curriculum does not include the proper procedures for conducting cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible. Interviews with four random COs confirmed they have not received training on conducting a pat-down search on a transgender or intersex detainee. Interviews with four random COs further confirmed, three male COs would call a female officer to conduct the pat-search of a transgender/intersex detainee, one female CO would ask the detainee his/her preference, and one female CO indicated she would call her supervisor to advise her of the procedure. In addition, interviews with four random COs confirmed pat-down searches would not be conducted for the sole purpose of determining a detainee's genital characteristics.

Corrective Action:

The facility is not in compliance with subsections and (c), (d), (f), and (j) of the standard. Interviews with the Supt., PSA Compliance Manager, and four random COs indicated the facility does not conduct cross-gender pat-down search, cross-gender strip search, strip searches, or visual body cavity searches of detainees, unless there are exigent circumstances and if there are exigent circumstances which require a strip search, cross-gender pat-down search, cross-gender strip search, visual cavity search, or cross-gender visual body cavity search the search would be documented; however, during the on-site audit, the Auditor reviewed the ICE Detainee Unclothed Search Log and confirmed there were nine pages of strip searches with reasons noted to include, but not limited to, intake, return from court, and new. A review of the ICE Detainee Unclothed Search Log further confirmed strip searches are documented; however, during the on-site audit, the Auditor requested copies of additional logs to confirm the facility documents searches in accordance with subsections (d) and (f) of the standard and none were provided including blank copies. SCDC policy 3.7.01 Searches states, "There are two types of body searches performed by correctional staff- Clothed and Unclothed. An officer of the same sex as the inmate will perform the searches whenever possible. A clothed search may be done when there is an imminent threat to the life of the inmate, officer or visitor, or if valuable evidence will be lost if there is not an immediate search. In such cases, an officer of the opposite sex may do a clothed search only if there is no officer of the same sex available to do the search. If an officer of the opposite sex performs the search, a second officer will stand by to observe. Detailed reports stating the reasons for and results of the search will be filed before the officers go off duty;" however, subsection (c) of the standard requires cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances. During the on-site audit the Auditor requested a copy of the curriculum utilized to train staff in the proper procedures to conduct pat-down searches including cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible and was provided a copy of the SCDC Body Searches training curriculum. The Auditor reviewed the curriculum and confirmed the curriculum does not include the proper procedures for conducting

cross-gender pat-down searches and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible. Interviews with four random COs confirmed they have not received training on conducting a pat-down search on a transgender or intersex detainee. Interviews with four random COs further confirmed, three male COs would call a female officer to conduct the pat-search of a transgender/intersex detainee, one female CO would ask the detainee his/her preference, and one female CO indicated she would call her supervisor to advise her of the procedure. To become compliant, the facility must revise the SCDC Body Search training curriculum to include the proper procedures to conduct cross-gender pat-down searches, including cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances, and searches of transgender and intersex detainees in a professional and respectful manner and in the least intrusive manner as possible. Once the curriculum is revised the facility must submit documentation to confirm all staff responsible for conducting pat-down searches and searches of transgender and intersex detainees have received the updated training.

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

Outcome: Does Not Meet Standard

Notes:

(a)(b): SCDC policy 3.6.07 states, "Education will be provided to inmates in formats accessible to all, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Formats may include closed captions, audio recordings and multilingual publications. All housing units will also have key information continually and readily available or visible to inmates through the tablet, posters, inmate handbooks or other written formats." The Auditor reviewed a memorandum to the file which states, "Strafford County Department of Corrections utilizes a robust tablet system. Tablets are issued to all placed in custody. The tablets are used for many things that are required for Immigration and Customs Enforcement. All SAPPI related documents are located on the tablet and are available, upon request, in paper form." A review of the memorandum further confirms the memorandum includes the name of the PSA Compliance Manager, "the DHS poster is located on the inmate tablet and is visible in high traffic areas, and the Haven, the local organization, is located on the tablet and is referenced in the local handbook." During the on-site audit, the Auditor confirmed the intake staff had access to the electronic versions of the ICE National Detainee Handbook in 19 languages including English, Spanish, 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) and the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, available on the facility computer system in 17 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, and Wolof on the computer system. Interviews with a Booking Officer and a Classification Officer indicated if a detainee is LEP, staff would use a language line, or a Pocket Talk to establish effective communication with the detainee; however, the Booking Officer and Classification Officer struggled with articulating how information would be provided if a detainee had limited reading skills, was deaf or hard of hearing, was blind or visually impaired, if the detainee had intellectual disabilities, psychiatric disabilities, or any other disabilities. In an interview with the Booking Officer it was further indicated that detainees are asked to sign a Clothing Issued Receipt. The Auditor reviewed the receipt and confirmed it includes a statement "I do/do not want a paper copy of the Inmate Handbook at this time. I understand that I can obtain a paper copy upon request." In addition, an interview with the Booking Officer indicated detainees will sign an Inmate Telephone ID Number Release Form which includes a statement, "I, (inmate name), have received the pamphlet "Sexual Assault Awareness-What you need to know while you are under the supervision of SCDOC." The Auditor reviewed a copy of the SCDC Sexual Assault Awareness pamphlet and confirmed the pamphlet contains "what is PREA, definition of sexual misconduct not consistent with sexual abuse definitions, facts related to sexual abuse and what do if sexually assault - report it;" however, the pamphlet is available in English only; and therefore, is not available in a manner all detainees can understand. Interviews with the Supt. and Booking Officer indicated detainees are informed PREA information to include the ICE National Detainee Handbook, the SCDC Inmate Handbook, the DHS-prescribed "Sexual

Assault Awareness Information" pamphlet and the Haven Flyer are located on the detainee tablets, and they will be issued a tablet once they are taken to their housing unit. During the on-site audit the Auditor reviewed the detainee tablets and confirmed the tablet included the ICE National Detainee Handbook, in the 19 languages most prevalent to ICE, the DHS-prescribed SAA Information pamphlet in the 17 languages most prevalent to ICE, and the SCDC Inmate Handbook available in English and Spanish; however, the Auditor could not locate the Haven flyer anywhere on the tablet. The Auditor interviewed 15 detainees (10 male and 5 female), who brought their tablets with them, which included 12 LEP detainees (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi, 2 Chinese) and confirmed all detainees interviewed indicated during the intake process, they had not received handbooks, pamphlets, or any other information on sexual abuse. In interviews with 15 detainees it was further indicated each detainee had been provided with a tablet; however, each detainee differed on when the tablets had been provided, which ranged from one to two weeks. In addition, interviews with 15 detainees indicated, other than how to log in, they were not provided with instructions on how to utilize the tablet and none of the detainees could show the Auditor where to access the PREA information. The Auditor reviewed 25 detainee files and confirmed each file included a detainee signed the Clothing Issued Receipt; however, the review further confirmed none of the detainees indicated if they did or did not want a hard copy of the Inmate Handbook. During the on-site audit the Auditor attempted to observe an intake; however, no detainees were received during the on-site audit, and the initial intake screening is conducted (b) (7)(E)

(c): SCDC policy 3.6.07 states, "Inmates will not translate for other inmates unless it is done at the request of the inmate or an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first response duties or the investigation of the inmate's allegations." Interviews with four random COs 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 12 sexual abuse allegation investigation files and confirmed none of the files included documentation of a detainee interpretating for another detainee.

Recommendation (c): The Auditor recommends the facility update SCDC policy 3.6.07 to include the verbiage, "Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse" to coincide with subsection (c) of the standard and facility practice.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. Interviews with a Booking Officer and a Classification Officer confirmed the Booking Officer and Classification Officer struggled with articulating how information would be provided if a detainee had limited reading skills, was deaf or hard of hearing, was blind or visually impaired, if the detainee had intellectual disabilities, psychiatric disabilities, or any other disabilities. Interviews with the Supt. and Booking Officer indicated all PREA information to include the ICE National Detainee Handbook, the SCDC Inmate Handbook, the DHS-prescribed SAA Information pamphlet and the Haven Flyer are located on the detainee tablets which are provided to the detainees once they are taken to their housing unit. During the on-site audit the Auditor reviewed the detainee tablets and confirmed the SCDC Inmate Handbook was uploaded only in English and Spanish, and the Auditor could not locate the Haven flyer anywhere on the tablet. The Auditor interviewed 15 detainees (10 male and 5 female), who brought their tablets with them, which included 12 LEP detainees (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi, 2 Chinese) and confirmed all detainees interviewed indicated during the intake process, they had not received handbooks, pamphlets, or any other information on sexual abuse. In interviews with 15 detainees it was further indicated each detainee had been provided with a tablet; however, each detainee differed on when the tablets had been

provided, which ranged from one to two weeks. In addition, interviews with 15 detainees indicated, other than how to log in, they were not provided with instructions on how to utilize the tablet and none of the detainees could show the Auditor where to access the PREA information. The Auditor reviewed 25 detainee files and confirmed in each file the detainee had signed the Clothing Issued Receipt without indicating if they did or did not want a hard copy of the Inmate Handbook. To become compliant, the facility must obtain and distribute the DHS-prescribed SAA Information pamphlet in K'iche' (Quiché)/Kxlantzij and Mam to all detainees in which K'iche' (Quiché)/Kxlantzij or Mam is their preferred language. The facility must implement a process to ensure during intake all detainees with disabilities, to include those who are LEP, have limited reading skills, are deaf or hard of hearing, are blind or visually impaired, has intellectual disabilities, psychiatric disabilities, or any other disabilities 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 booking and classification, have received training on the implemented procedure. The facility must submit the files of 10 detainees 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. In addition, if applicable, the facility must submit the files of any detainees who arrive during the CAP period who have limited reading skills, are deaf or hard of hearing, are blind or visually impaired, has intellectual disabilities, psychiatric disabilities, or any other disabilities 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: Does Not Meet 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. SCDC policy 3.6.07 states, "All staff will be screened for criminal history, history of engaging in sexual abuse and any other previous conduct that suggests a likelihood of engaging in sexual abuse. The Strafford County Department of Corrections will not hire or promote anyone who may have contact with inmates who: a. has engaged in sexual abuse in a prison, jail, lockup, community conferment facility, juvenile facility or other institution. B. has 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 if the victim did not consent or was unable to consent or refuse; or c. has been civilly or administratively adjudicated to have engaged in the activity described in 2a. Material omissions regarding such misconduct, or provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment as appropriate. All employees must sign a job description confirming they have not engaged in sexual abuse in a confinement setting or the community. The job descriptions must be signed upon hire, promotion or lateral transfer. Any charges that may occur after hiring will be addressed through O.G. 1.3.06 Staff Rules. All current employees or contractors who may have contact with inmates shall have a background check performed at least every 5 years and before any promotional decisions. Substantiated claims of sexual abuse or sexual harassment involving a former employee must be reported upon receiving a request from an institutional employer for whom such employee has applied to work." An interview with the HRPA indicated all applicants are required to complete an on-line application, interview, and a background check through the National Crime Information Center (NCIC). An interview with the HRPA further indicated if an applicant has indicated previous institutional employment, they would request information regarding any substantiated allegations of sexual abuse. The Auditor reviewed the employment application and confirmed each applicant must sign an applicant's statement which includes, "In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employers;" however, subsection (e) of the standard requires material omissions regarding sexual abuse misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of a employment, as appropriate. An interview with the HRPA further indicated all applicants, and employees applying for a promotion must complete a "Job Description form." The Auditor reviewed the "Job Description" and confirmed the description includes the qualifications and responsibilities required for the position and the applicant, promotional candidate, contractor staff, or volunteer must acknowledge "I have also read the questions pertaining to the Prison Rape Elimination Act and have answered truthfully." The Auditor reviewed the questions pertaining to the Prison Rape Elimination Act and confirmed the questions include, "You are being asked the following questions to comply with the Federal Prison Rape Elimination Act (PREA): Have you ever engaged in sexual activity in the community facilitated by force, the threat of force, or coercion? Have you ever been convicted of domestic violence? Have you ever been convicted of stalking? Have you ever been convicted for sex offenses committed in the community? Have you ever engaged in any type of sexual misconduct either in the workplace or the community;" however, a review of the questions confirm the questions do not include if they have ever been convicted 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 refuse, and although asked if they have ever engaged in sexual abuse in "workplace", the answer would not encompass those who may have engaged in this activity while volunteering, visiting, etc. An interview with the HRPA further indicated employees are instructed they are required to report any law enforcement contact and on an annual basis when receiving a cost of living increase or prior to receiving a promotion the employee must

complete an Acknowledgement which includes "I understand it is my responsibility to immediately report any personal arrest, criminal conviction, or civil judgement against me in writing to the superintendent or his/her designee. I understand it is my responsibility to report any misconduct related to sexual abuse in or outside of the facility immediately and I can be held accountable for not doing so." In an interview with the PSA Compliance Manager, it was indicated by adding this to the form, it ensures all staff are reminded of their continuing duty to disclose any misconduct related to sexual abuse. The Auditor reviewed 16 staff files (5 medical, 5 non-security, and 6 CO) and 2 volunteer files and confirmed background checks had been completed on all applicants prior to their employment with the facility; however, a review of the files confirmed the files did not include acknowledgments for medical staff, non-security, staff, or volunteers; and therefore, the Auditor could not confirm medical staff, non-security staff, or volunteers were asked about previous sexual misconduct prior to being hired, providing services, or annually upon receiving a cost of living increase in pay. Utilizing the PSD Background Investigation for Employees and Contractors, the Auditor received documentation confirming the completion of required background checks for two ICE employees.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (e) of the standard. An interview with the HRPA indicated all applicants, and employees applying for a promotion must complete a Job Description form. The Auditor reviewed the Job Description and confirmed the applicant, promotional candidate, contractor staff, or volunteer must acknowledge "I have also read the questions pertaining to the Prison Rape Elimination Act and have answered truthfully." The Auditor reviewed the questions pertaining to the Prison Rape Elimination Act and confirmed the questions include, "You are being asked the following questions to comply with the Federal Prison Rape Elimination Act (PREA): Have you ever engaged in sexual activity in the community facilitated by force, the threat of force, or coercion? Have you ever been convicted of domestic violence? Have you ever been convicted of stalking? Have you ever been convicted for sex offenses committed in the community? Have you ever engaged in any type of sexual misconduct either in the workplace or the community;" however, the questions do not include if they have ever been convicted 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 refuse, and although asked if they have ever engaged in sexual abuse in "workplace", the answer would not encompass those who may have engaged in this activity while volunteering, visiting, etc. The Auditor reviewed 16 staff files (5 medical, 5 non-security, and 6 CO) and 2 volunteer files and confirmed background checks had been completed on all applicants prior to their employment with the facility; however, a review of the files confirmed the files did not include acknowledgments for medical staff, non-security, staff, or volunteers; and therefore, the Auditor could not confirm medical staff, non-security staff, or volunteers were asked about previous sexual misconduct prior to being hired, providing services, or annually upon receiving a cost of living increase in pay. The Auditor reviewed the employment application and confirmed each applicant must sign an applicant's statement which includes, "In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employers;" however, subsection (e) of the standard requires material omissions regarding sexual abuse misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. To become compliant, the facility must implement a procedure to ensure all applicants, contractors, volunteers, promotional candidates, and current employees are asked about previous sexual misconduct to include have you engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution; 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 if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described prior to hiring, utilizing their services, promotion, or annually following an increase in salary. The facility must update the employment application to advise all prospective employees material omissions regarding sexual abuse misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. Once implemented the facility must submit documentation to confirm all applicable staff to include Human Resource and supervisory staff have

received training in the implemented procedures. The facility must submit documentation to confirm all applicable staff, including Human Resource and supervisory staff, are trained in the facility's procedure to ask current employees about previous misconduct as described above when employees receive an increase in pay. If applicable, the facility must submit the files of five newly hired staff, two staff who have received promotions, three medical staff, one volunteer, and five staff who have received an increase in pay during the CAP period to confirm compliance.

§115.18 - Upgrades to facilities and technologies.

Outcome: Meets Standard

Notes:

(a): Interviews with the Superintendent, the PSA Compliance Manager and the Auditor's observations indicated the facility has not designed, modified, acquired or expanded upon new or existing space within the facility; and therefore, subsection (a) of standard §115.18 is not applicable.

(b): Interviews with the Superintendent and PSA Compliance Manager indicated in 2022 the facility, during a separate on-site audit, were advised of blind spots throughout the facility (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." SCDC policy 3.6.07 states, "if an allegation of sexual abuse occurs, the Superintendent will ensure that the need of the victim(s) are met while maintaining evidence in a way that will be admissible in a court of law. All protocols should align with the most current edition of the Department of Justice's National Protocol for Sexual Assault Medical Forensic Examinations." SCDC policy 3.6.07 further states, "All evidence will be collected following E.P.'s 2.04-Evidence and Crime Scene Preservation and 2.18 -Sexual Assault of an Inmate. All victims of sexual abuse shall be offered access to forensic medical examinations where evidentiarily or medically appropriate. This shall be done without cost at the local emergency room. Victims will have access to a PREA Liaison from a rape crisis center, when available. If requested by the victim, the PREA Liaison may accompany and support the victim through the forensic medical exam process and investigatory interviews. The Superintendent will have a memorandum of understanding with community agencies for outside reporting, confidential support services and discharge planning. The Superintendent will have a memorandum of understanding with the Strafford County Sheriff's Office and the Strafford County Attorney's Office for the investigation and prosecution of alleged sexual abuse." Interviews with the Supt., PSA Compliance Manager, and the facility PREA Investigator indicated criminal allegations are investigated by the SCSO and administrative allegations are investigated by the facility PREA investigator. Interviews with the Supt., PSA Compliance Manager, and the HSA indicated a detainee victim would be transported to the Wentworth-Douglass Hospital (WDH) for a forensic examination and

the Haven would provide crisis intervention and support services at no cost to the detainee victim. The Auditor reviewed a Service Agreement between Strafford County and WDH which commenced on June 19, 2016, and shall remain in effect until or unless terminated by either party with 90 days' written notice and confirmed the Service Agreement indicates WDH would provide all emergency medical services to the inmates and detainees housed at SCDC. The Auditor further reviewed the WDH website and confirmed the hospital will utilize a Sexual Abuse Nurse Examiner (SANE) during a forensic exam. In addition, the Auditor reviewed a Memorandum of Understanding (MOU) between SCDC and the Haven, executed in March 2025, to be reviewed every two years, and can be terminated by any party with written notification and confirmed the Haven would provide confidential crisis intervention, medical accompaniments during forensic exams to those inmates who request them, and will provide legal advocacy during all court proceedings. During the on-site audit, utilizing the Auditor's cell phone, the Auditor spoke with a victim advocate and confirmed the facility and the Haven have an MOU to provide legal advocacy and confidential emotional support at no charge to the detainee victim even if they refused to name their abuser. The Auditor reviewed an email sent to the SCSO which states, - "Because our MOU with the SO does not specifically outline this, I am sending this remail requesting that, when your investigations are conducted, you follow the below protocols" and includes §115.21 (a)-(d). During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed there were no detainee victims who required a forensic examination. Interviews with the Supt., PSA Compliance Manager, and the facility PREA Investigator indicated the facility evidence protocol has been developed in coordination with DHS.

Recommendation: The Auditor recommends the facility update SCDC policy 3.6.07 to remove "when available" to the sentence, "Victims will have access to a PREA Liaison from a rape crisis center, when available," as the Haven has confirmed through interviews, they will be available to assist detainees following an incident of sexual abuse.

Corrective Action:

No corrective action needed.

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

Outcome: Does Not Meet 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)." SCDC policy 3.6.07 states, "The Superintendent will have a memorandum of understanding with the Strafford County Sheriff's Office and the Strafford County Attorney's Office for the investigation and prosecution of alleged sexual abuse. If the allegation concerns an ICE detainee, the ICE representative shall be notified immediately so the investigation can be properly coordinated between agencies. It will be the responsibility of the ICE representative to notify the ICE Office of Professional Responsibility (OPR) of the allegation." SCDC policy 3.6.07 further states, "Collected sexual abuse data will be properly stored, retained, protected and destroyed. Sexual abuse data will be maintained for a minimum of 10 years." However, a review of SCDC policy 3.6.07 further confirms the policy does not include the verbiage required by subsections (e) and (f) of the standard which states, "When a detainee, prisoner, inmate or resident of the facility in which an alleged

detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation" and "when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, 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 SDDO, Supt., PSA Compliance Manager, and the facility PREA Investigator indicated allegations of sexual abuse are immediately reported to the SCSO, the SDDO, and the duty team will report the allegation to the Joint Intake Center (JIC). Interviews with the SDDO, Supt., PSA Compliance Manager, and the facility PREA Investigator further indicated the facility is responsible for conducting administrative investigations and the SCSO is responsible for conducting criminal investigations. In an interview with the facility PREA Investigator it was indicated the assigned SCSO Detective and the PREA Investigator will work together on the investigation. The Auditor reviewed the Agency website (https://www.ice.gov/prea) and confirmed the Agency protocol has been posted and is available to the public. The Auditor reviewed the facility website https://www.co.strafford.nh.us and confirmed the protocol has been posted and is available to the public; however, the protocol as written does not meet the standard. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed each allegation of sexual abuse had been reported to the SCSO, ICE OPR, and JIC.

Corrective Action:

The facility is not in compliance with subsections (c), (d), (e) and (f) of the standard. A review SCDC policy 3.6.07 confirmed the policy does not include the required verbiage "When a detainee, prisoner, inmate or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation." or "when a staff member, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General, as well as the appropriate ICE Field Office Director, 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." The Auditor reviewed the facility website https://www.co.strafford.nh.us and confirmed the protocol has been posted and are available to the public; however, the protocol as written does not meet the standard. To become compliant, the facility must revise SCDC policy 3.6.07 to include the required verbiage. Once revised, the facility must submit documentation to confirm the facility PREA Investigator and PSA Compliance Manager receive training on the updated policy. In addition, once revised the facility must submit documentation which confirms updated SCDC policy 3.6.07 has been posted on the facility website.

§115.31 - Staff training.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SCDC policy 3.6.07 states, "All parties entering the facility, whether inmates, staff members, volunteers or other members of the community will be informed of the facility's zero tolerance policy on for sexual abuse and sexual harassment. Staff and volunteers will be trained in PREA as part of their orientation to the facility. Training on PREA will be offered a minimum of every two years for all employees. Refresher training will be conducted yearly. Training for staff will include: 1. The zero-tolerance policy for sexual abuse

and sexual harassment. 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures. 3. How to limit reporting of sexual abuse to personnel who need to know. 4. Inmates' rights to be free from sexual abuse and sexual harassment. 5. The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 6. The dynamics of sexual abuse and sexual harassment in confinement and how to recognize situations where sexual abuse may occur. 7. The common reactions of sexual abuse and sexual harassment victims. 8. How to detect and respond to signs of threatened and actual sexual abuse. 9. How to avoid inappropriate relationships with inmates. 10. How to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates. 11. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. 12. Definitions and examples of prohibited and illegal sexual behavior. 13. Procedures for reporting knowledge or suspicion of sexual abuse. Staff and volunteers will be informed of the sanctions that may occur for incidents of sexual abuse as well as their rights under facility policy. Documentation that every employee, volunteer and contractor has received and understands the training shall be kept." The Auditor reviewed the SCDC PREA – The Prison Rape Elimination Act 2023 training PowerPoint and confirmed the curriculum includes the facility zero-tolerance policy; definitions and examples of prohibited and illegal sexual behavior; the right of detainees and staff to be free from sexual abuse and from retaliation for reporting on prohibited and illegal sexual behaviors; 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 non-conforming detainees; procedures for reporting 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 and for law enforcement or investigative purposes; however, the PowerPoint does not include the Agency zero-tolerance policies. The Auditor reviewed a memorandum to the file which states, "Training for Cultural Awareness and Humility" has been completed by staff." During the on-site audit, the Auditor requested the "Training for Cultural Awareness and Humility" curriculum; however, the curriculum was not provided; and therefore, the Auditor could not confirm the curriculum's contents. Interviews with four random COs indicated they are required to complete annual PREA training. The Auditor reviewed the files of 16 staff members (5 medical 5 non-security, and 6 COs) and confirmed the files did not include documentation to confirm each employee had participated in the SCDC PREA – The Prison Rape Elimination Act 2023. The Auditor reviewed submitted training rosters, dated 2/22/2024, entitled PREA/Staff/Inmate Interactions and confirmed although the training was conducted in February of 2024 the rosters were missing numerous employee signatures. The Auditor requested the training files for two ICE staff; however, the records were not provided.

Corrective Action:

The Agency and facility are not in compliance with subsections (a), (b), and (c) of the standard. The Auditor reviewed the SCDC PREA – The Prison Rape Elimination Act 2023 training PowerPoint and confirmed the curriculum does not include the Agency zero-tolerance policies. The Auditor reviewed the files of 16 staff members (5 medical staff, 5 non-security staff, and 6 COs) and confirmed the files did not include documentation to confirm each employee had participated in the SCDC PREA – The Prison Rape Elimination Act 2023. The Auditor reviewed submitted training rosters, dated 2/22/2024, entitled PREA/Staff/Inmate Interactions and confirmed although the training was conducted in February of 2024; however, the rosters were missing numerous employee signatures. The Auditor requested the training files for two ICE staff; however, the records were not provided. To become compliant, the Agency must ensure the facility provides training to all staff who have recurring contact with detainees on the Agency zero-tolerance policies. The Agency and facility must submit documentation to confirm all Agency staff assigned to the facility and facility staff have completed refresher training during 2024 or 2025.

§115.32 - Other training.

Outcome: Meets Standard

Notes:

(a)(b)(c): The Auditor reviewed a memorandum to the file which states, "Strafford County Department of Corrections utilizes an online training program that is accessible via invitation from our web design staff. This training encompasses PREA training that has been evaluation by our facility PREA Coordinator to ensure all relevant material(s) are covered." Interviews with the Supt. and PSA Compliance Manager indicated volunteers are required to complete volunteer training online each year. The Auditor reviewed the Volunteer PowerPoint and confirmed the training includes the facility zero tolerance policies, and how to report an allegation; however, does not include the Agency zero-tolerance policies. An interview with Supt. and PSA Compliance Manager further indicated volunteers and "other contractors" are required to sign into the facility on the Sign-In Sheet located in the lobby and "other" contractors would be escorted by an officer while in the facility; and therefore, are not PREA trained. However, prior to the conclusion of the on-site audit, the facility revised the facility Sign-In sheet to include, "Strafford County and DHS has a zero-tolerance policy regarding inmate sexual abuse and harassment. Contractors and volunteers have the responsibility to report any such instances. Reports of sexual abuse and harassment can be made to any staff member." The Auditor reviewed the implemented sign-in sheet and confirmed three "other" contractors, and one volunteer, had come into the facility and signed the implemented revised sign-in sheet; and therefore, concluded the facility achieved substantial compliance during the on-site audit.

Corrective Action:

No corrective action needed.

§115.33 - Detainee education.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f): SCDC policy 3.6.07 states, "All inmates will be notified of the facility's zero-tolerance policy on intake and how to report any instances. A pamphlet including information on sexual abuse will be issued to every inmate upon arrival. Inmates will be also be educated on sexual abuse after they have been assigned housing. Information, including videos in multiple languages, will be available on the tablet at all times. A comprehensive education program will be given to every inmate in the facility. Training will consist of: 1. Prevention and intervention strategies. 2. Definitions and examples of inmate-on-inmate sexual abuse, staff on inmate sexual abuse and coercive sexual activity. 3. Methods for reporting sexual abuse, including, but not limited to, any staff member, regardless of rank or position, the DHS Office of the Inspector General, the Strafford County Sheriff's Office or the County Attorney's Victim's Advocate Office. 4. Information about self-protection and indicators of sexual abuse. 5. Prohibitions against retaliation, including an explanation that reporting sexual abuse shall not negatively impact any court proceedings, including immigration proceedings. 6. The right of an inmate who has been subjected to sexual abuse to receive treatment and counseling." [sic]
The Auditor reviewed a memorandum to the file which states, "Strafford County Department of Corrections utilizes a robust tablet system. Tablets are issued to all placed in custody. The tablets are used for many things that are required for Immigration and Customs Enforcement. All SAPPI related documents are located on the tablet and are available, upon request, in paper form." A review of the memorandum further confirms the memorandum includes the name of the PSA Compliance Manager, "the DHS poster is located on the inmate tablet and is visible in high traffic areas, and Haven, the local organization, is located on the tablet and is referenced in the local handbook." During the on-site audit, the Auditor confirmed the intake staff had access to the electronic versions of the ICE National Detainee Handbook in 19 languages including English, Spanish, 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) and the DHS-prescribed SAA Information pamphlet, available on the facility computer system in 17 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, , Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, and Wolof on the computer system. Interviews with a Booking Officer and a Classification Officer indicated if a detainee is LEP, staff would use a language line,

or a Pocket Talk to establish effective communication with the detainee; however, the Booking Officer and Classification Officer struggled with articulating how information would be provided if a detainee had limited reading skills, was deaf or hard of hearing, was blind or visually impaired, if the detainee had intellectual disabilities, psychiatric disabilities, or any other disabilities. In an interview with the Booking Officer it was indicated detainees are asked to sign a "Clothing Issued Receipt". The Auditor reviewed the receipt and confirmed it includes a statement "I do/do not want a paper copy of the Inmate Handbook at this time. I understand that I can obtain a paper copy upon request." An interview with the Booking Officer further indicated detainees will sign an Inmate Telephone ID Number Release Form which includes a statement, "I, (inmate name), have received the pamphlet "Sexual Assault Awareness-What you need to know while you are under the supervision of SCDOC; however, the facility does not have the detainee document he/she has participated in the intake process orientation." The Auditor reviewed the SCDC Sexual Assault Awareness pamphlet and confirmed the pamphlet contains "what is PREA, definition of sexual misconduct not consistent with sexual abuse definitions, facts related to sexual abuse and what do if sexually assault - report it;" however, the pamphlet is available in English only; and therefore, is not available in a manner all detainees can understand. During the on-site audit the Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook included information about reporting sexual abuse. Interviews with the Supt. and Booking Officer indicated detainees are notified PREA information to include the ICE National Detainee Handbook, the SCDC Inmate Handbook, the DHS-prescribed "Sexual Assault Awareness Information" pamphlet and the Haven Flyer are located on the detainee tablets, and the tablets are provided once they are taken to their housing unit. During the on-site audit the Auditor reviewed the detainee tablets and confirmed the tablet included the ICE National Detainee Handbook, in the 19 most prevalent languages, the DHS-prescribed SAA Information pamphlet in the 17 languages most prevalent languages, and the SCDC Inmate Handbook uploaded in English and Spanish only; however, the Auditor could not locate the Haven flyer anywhere on the tablet. The Auditor interviewed 15 detainees (10 male and 5 female), who brought their tablets with them, which included 12 LEP detainees (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi, 2 Chinese) and confirmed all detainees interviewed indicated during the intake process, they had not received handbooks, pamphlets, or any other information on sexual abuse. In interviews with 15 detainees, it was further indicated each detainee had been provided with a tablet; however, each detainee differed on when the tablets had been provided, which ranged from one week to up to two weeks. In addition, interviews with 15 indicated, other than how to log in, they were not provided with instructions on how to utilize the tablet and none of the detainees could show the Auditor where to access the PREA information. The Auditor reviewed 25 detainee files and confirmed in each file the detainee had signed the Clothing Issued Receipt; however, the clothing receipt only indicates the detainee received the SCDC Sexual Assault Awareness pamphlet, available in English only, and whether the detainee wants a hard copy of the facility Inmate Handbook available in English and Spanish only. A review of the Clothing Issued Receipt further confirms the detainees signed the receipt without indicating if they did or did not want a hard copy of the Inmate Handbook. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all the detainee housing units and common areas and confirmed the posters included the name of the PSA Compliance Manager; however, the Auditor did not observe information on The Haven, the local community resource, which can assist detainees who have been victims of sexual abuse.

Corrective Action:

The facility is not in compliance with subsections (a), (b), (c), (d), and (e) of the standard. Interviews with a Booking Officer and a Classification Officer indicated if a detainee is LEP, staff would use a language line, or a Pocket Talk to establish effective communication with the detainee; however, the Booking Officer and the Classification Officer struggled with articulating how information would be provided if a detainee had limited reading skills, deaf, hard of hearing, blind or visually impaired or if the detainee had intellectual disabilities, psychiatric disabilities or any other disabilities. In an interview with the Booking Officer it was indicated detainees are asked to sign a "Clothing Issued Receipt". The Auditor reviewed the receipt and confirmed it includes a statement "I do/do not want a paper copy of the Inmate Handbook at this time. I understand that I can obtain a paper copy upon request." An interview with the Booking Officer further indicated detainees will sign

an Inmate Telephone ID Number Release Form which includes a statement, "I, (inmate name), have received the pamphlet "Sexual Assault Awareness-What you need to know while you are under the supervision of SCDOC; however, the facility does not have the detainee document he/she has participated in the intake process orientation." The Auditor reviewed the SCDC Sexual Assault Awareness pamphlet and confirmed the pamphlet contains "what is PREA, definition of sexual misconduct not consistent with sexual abuse definitions, facts related to sexual abuse and what do if sexually assault - report it;" however, the pamphlet is available in English only; and therefore, is not available in a manner all detainees can understand. Interviews with the Supt. and Booking Officer indicated detainees are notified PREA information to include the ICE National Detainee Handbook, the SCDC Inmate Handbook, the DHS-prescribed "Sexual Assault Awareness Information" pamphlet and the Haven Flyer are located on the detainee tablets, and the tablets are provided once they are taken to their housing unit. During the on-site audit the Auditor reviewed the detainee tablets and confirmed the tablet included the ICE National Detainee Handbook, in the 19 most prevalent languages, the DHS-prescribed SAA Information pamphlet in the 17 languages most prevalent languages, and the SCDC Inmate Handbook uploaded in English and Spanish only; however, the Auditor could not locate the Haven flyer anywhere on the tablet. The Auditor interviewed 15 detainees (10 male and 5 female), who brought their tablets with them, which included 12 LEP detainees (5 Spanish, 3 Portuguese, 1 Vietnamese, 1 Hindi, 2 Chinese) and confirmed all detainees interviewed indicated during the intake process, they had not received handbooks, pamphlets, or any other information on sexual abuse. In interviews with 15 detainees, it was further indicated each detainee had been provided with a tablet; however, each detainee differed on when the tablets had been provided, which ranged from one week to up to two weeks. In addition, interviews with 15 detainees indicated, other than how to log in, they were not provided with instructions on how to utilize the tablet and none of the detainees could show the Auditor where to access the PREA information. The Auditor reviewed 25 detainee files and confirmed in each file the detainee had signed the Clothing Issued Receipt; however, the clothing receipt only indicates the detainee received the SCDC Sexual Assault Awareness pamphlet, available in English only, and whether the detainee wants a hard copy of the facility Inmate Handbook available in English and Spanish only. A review of the Clothing Issued Receipt further confirms the detainees signed the receipt without indicating if they did or did not want a hard copy of the Inmate Handbook. During the on-site audit, the Auditor observed the DHS-prescribed sexual assault awareness notice posted in all the detainee housing units and common areas and confirmed the posters included the name of the PSA Compliance Manager; however, the Auditor did not observe information on The Haven, the local community resource, which can assist detainees who have been victims of sexual abuse. To become compliant, the facility must post the name of local organizations which can assist detainees who have been victims of sexual abuse. The facility must obtain and distribute the DHS-prescribed SAA Information pamphlet in K'iche' (Quiché)/Kxlantzij and Mam to all detainees in which K'iche' (Quiché)/Kxlantzij or Mam is their preferred language. The facility must implement a process to ensure that during the intake process, all detainees with disabilities, to include those who are LEP, receive notification, orientation, and instruction on the facility sexual abuse prevention and response in a manner all detainees can understand. Once implemented, the facility must submit documentation to confirm all applicable staff, to include Intake staff and Classification staff, have received training on the implemented procedure. Documentation of the curriculum and the staff participation shall be forwarded to the Auditor. The facility must submit the files of 10 detainees who arrive during the 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, receive notification, orientation, and instruction on the facility sexual abuse prevention and response in a manner all detainees can understand.

§115.34 - Specialized training: Investigations.

Outcome: Does Not Meet Standard

Notes:

(a)(b): Agency Policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The lead Auditor reviewed the ICE OPR Investigating Incidents of Sexual

Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims, best practices for interacting with LEP, LGBTI and disabled detainees, and an overall view of the investigative process SCDC policy 3.6.07 states, "Investigations will be conducted by investigators who have received special training in sexual abuse investigations. The training shall include Techniques for interviewing sexual abuse victims, Proper use of Miranda and Garrity warnings, where appropriate, Sexual abuse evidence collection in confinement settings, The criteria and evidence required to substantiate a case for administrative action or prosecution referral." According to the PAQ there are three staff who are specially trained to conduct sexual abuse allegation investigations. Interviews with the PSA Compliance Manager and facility PREA Investigator confirmed the facility PREA Investigator is the only staff member who conducts sexual abuse allegation investigations at SCDC; however, according to a review of the investigation files it was confirmed the Captain also conducts investigations. An interview with the facility PREA Investigator, and a view of both Investigator's certificates, confirmed they had completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting course; however, the training had been completed following the completion of all facility investigations; and therefore, the Auditor concluded the investigative training deficiency was completed on-site. The Auditor reviewed the NIC curriculum and confirmed the curriculum includes all elements required by subsection (a) of the standard; however, the Auditor could not confirm either PREA Investigator has received general PREA training as required by subsection (a) of the standard.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with the facility PREA Investigator, and a view of both Investigator's certificates, confirmed they had completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting course; however, the training had been completed following the completion of all facility investigations; and therefore, the Auditor concluded the investigative training deficiency was completed on-site. The Auditor reviewed the NIC curriculum and confirmed the curriculum includes all elements required by subsection (a) of the standard; however, the Auditor could not confirm either PREA Investigator had received general PREA training as required by subsection (a) of the standard. To become compliant the facility must submit documentation to confirm the facility PREA Investigators has received PREA refresher training as required by standard §115.31.

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

Outcome: Does Not Meet Standard

Notes:

(a): The Auditor reviewed a memorandum to the file which states, "The Strafford County Department of Corrections does not have IHSC/USPHS employees at the facility." In addition, during the on-site audit, the Auditor did not observe IHSC/USPHS staff working in the facility; and therefore, subsection (a) of the standard is not applicable.

(b)(c): SCDC policy 3.6.07 states, "Medical and Mental Health practitioners who work regularly in the facility will be trained in; a. How to detect and assess signs of sexual abuse and sexual harassment. b. How to preserve physical evidence of sexual abuse. c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment." The Auditor reviewed the facility's Victimization SCDOC Medical Department Sexual Assault Training and confirmed the training does not include how to preserve physical evidence of sexual abuse or how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During the on-site audit, the Auditor reviewed five medical and mental health staff files and could not confirm staff have received the

required specialized training. In an interview with the SDDO and Supt. it was confirmed SCDC policy 3.6.07 has been submitted and approved by the Agency.

Corrective Action:

The facility is not in compliance with subsection (b) of the standard. The Auditor reviewed the facility's Victimization SCDOC Medical Department Sexual Assault Training and confirmed the training does not include how to preserve physical evidence of sexual abuse or how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. During the on-site audit, the Auditor reviewed five medical and mental health staff files and could not confirm staff have received the required specialized training. To become compliant, the facility must submit documentation to confirm all medical and mental health staff, to include contract staff, have received specialized training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): SCDC policy 3.6.07 states, "Classification assessments will be used to protect vulnerable inmates from those who may engage in sexually abusive behavior. All inmates will have an initial screening conducted upon arrival at the facility. This initial screening will be done by the Booking Officers as part of the booking procedure. Inmates that appear vulnerable to sexual abuse may be housed in the Booking Area or Medical until a comprehensive classification assessment is done. Inmates that are considered vulnerable to sexual abuse will have 'VP' entered into the Alerts module of the OMS. Inmates who may be abusers may be housed in the Booking Area or Maximum Security until a comprehensive classification assessment is done. Inmates that are considered potential predators will have 'PP' entered into the Alerts module of the OMS. A comprehensive classification assessment following 3.4.01, Initial Housing and Classification, will be done on every inmate incarcerated in the facility. This assessment will determine housing assignments and needs. The results of the assessment will be entered into the Offender Management System. Inmate management plans will be developed for each inmate so that all inmates can be housed in the least-restrictive setting possible. VP and PP inmates will be housed on separate housing units whenever possible and will be separated from each other during programs and work assignments. Inmates that cannot be housed in separate units will be housed on separate tiers with the VP inmate housed closest to the Officer's Station." SCDC policy 3.4.01 further states, "The Classification Officer will complete the 'Initial Classification' section of the OMS before an initial intake interview. After completing the 'Initial Classification' section of the OMS, the Classification Officer will determine the inmate's security level score and housing assignment: a. Minimum-score of 0-1, unless pretrial; b. Medium – score of 2-20; c. High Medium- score of 21-45; d. Maximum- score of 46-85. In addition, to the security level, inmates may also be labeled as "VP" or "AP" under the Alerts module of the OMS. VP inmates are those that are higher risk of being sexually victimized. AP inmates are those at a higher risk of being sexual aggressors. VP and AP inmates will be kept in separate housing units whenever possible. If it is not possible to separate by housing units, they will be on separate tiers with the VP housed as close to the Officer's Station as possible. VP and AP inmates will not be permitted to have classes or work assignments together. The Classification Officer may choose to override the assigned security level after the initial intake interview." SCDC policy 3.4.01 further states, "ICE detainees will have the initial classification assessment done within 12 hours of arrival to the facility." SCDC policy 3.6.07 further states "Inmates may not be disciplined for refusing to answer or for not disclosing complete information in response to these questions. This information will be restricted to medical staff and classification staff so that appropriate housing can be established." Interviews with a Booking Officer and a Classification Officer indicated all detainees are screened during intake for a potential risk of sexual victimization or sexually abusive behavior and detainees are not disciplined if they refuse to answer or if they don't provide complete information. An interview with a Booking Officer indicated each detainee is given a

PRE-Booking Survey to complete, and they will initially house the detainee, separate from inmates, USM prisoners, and BOP inmates until Classification staff come in to complete the detainee's initial classification process. The Auditor reviewed the survey and confirmed the survey is available in multiple languages and includes classification questions which detainees are asked to circle a yes or no answer which include: 1. Medical concerns we need to know about? 2. Mental health concerns we need to know about? 3. Do you have any current suicide concerns, or history? 4. Do you have pending charges, or convictions of sexual assaults? 5. Escape history from secure facilities? 6. History of behavioral issues inside of facilities? 7. Any type of sexual, and or assault charges? 8. Do you identify as male, female, intersex? 9. Sexual Orientation: heterosexual (straight)/ homosexual/ bisexual/ sexually fluid? 10. Any mental, physical or developmental disability? 11. Is this your first incarceration? An interview with a Classification Officer indicated the officer will meet with the detainee and will review the responses noted on the booking survey and will enter and complete the "OMS Classification Questions". A review of the "OMS Classification Questions" confirmed all of the above questions are included with additional questions which include: the physical build of the detainee, if the detainee feel safe in the facility, prior convictions for sexual abuse against an adult, prior convictions for sexual assault against a child, convictions for violent offenses, history of committing sexual abuse outside of an institution, history of committing sexual abuse in an institution and history of prior institutional violence. An interview with a Classification Officer further indicated although the classification process must be completed within 12 hours for detainees, Classification staff cannot always meet the time frame; and therefore, detainees will be housed by booking officers and once the classification process is completed, adjustments will be made to the detainee's housing, if necessary. In addition, an interview with the Classification Officer indicated a reassessment is completed every 30 days after the detainee's arrival at the facility; however, he could not articulate other times an reassessment is warranted to include between 60 and 90 days, following an incident of sexual abuse, or upon the receipt of additional information. The Auditor reviewed the Re-Classification Questionnaire and confirmed the questionnaire includes the detainee shall circle a yes or no answer to the questions: "1. Any changes to your sexual orientation? 2. Do you still feel safe here? 3. Have you experienced any sexual abuse while here? Do you have any questions for us?" During the on-site audit, the Auditor observed the room where detainee files are maintained, and confirmed the room is kept locked and staff must sign out any files which are removed. The Auditor interviewed 15 detainees (10 male and 5 female) and confirmed 3 detainees indicated they had been asked the questions and 2 of the 3 disclosed they had been previously victimized, 6 detainees indicated the questions had been asked by medical staff only, 2 detainees couldn't remember being asked the questions, 2 detainees indicated they had not been asked any questions related to sexual abuse, and 1 detainee indicated he was not asked anything during intake; however, was pulled into the hallway a few days later and asked the PREA questions. The Auditor reviewed the files of 25 detainees and confirmed 13 files indicated the assessment had been completed within 12 hours, 6 files did not have a completed assessment, 4 files indicated the assessment was completed two days after the detainee's intake, and 2 of the files indicated the assessment had been completed four days after the detainee's intake into the facility. A review of 25 detainees further confirmed 7 of the detainees had been housed at the facility over thirty days and had received a re-assessment within thirty days after the detainee's initial assessment. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed none of the detainee victims had been reassessed following an incident of sexual abuse.

Corrective Action:

The facility is not in compliance with subsections (a), (b), (c) and (e) of the standards. An interview with the Booking Officer indicated the booking staff will initially house the detainee and once Classification staff come in, they will complete the detainee's initial classification process. An interview with the Classification Officer indicated although the classification process must be completed within 12 hours for detainees, Classification staff cannot always meet the time frame; and therefore, detainees are housed by booking officers and once the classification process is completed, adjustments will be made to the detainee housing, if necessary. An interview with the Classification Officer further indicated a reassessment is completed every 30 days after the detainee's arrival at the facility; however, he could not articulate other times a re-assessment is warranted to include between 60 and 90 days, following an incident of sexual abuse, or upon the receipt of additional information. The Auditor

interviewed 15 detainees (10 male and 5 female) and confirmed 3 detainees indicated they had been asked the questions and 2 of the 3 disclosed they had been previously victimized, 6 detainees indicated the questions had been asked by medical staff only, 2 detainees couldn't remember being asked the questions, 2 detainees indicated they had not been asked any questions related to sexual abuse, and 1 detainee indicated he was not asked anything during intake; however, was pulled into the hallway a few days later and asked the PREA questions. The Auditor reviewed the files of 25 detainees and confirmed 13 files indicated the assessment had been completed within 12 hours, 6 files did not have a completed assessment, 4 files indicated the assessment was completed two days after the detainee's intake, and 2 of the files indicated the assessment had been completed four days after the detainee's intake into the facility. A review of 25 detainees further confirmed 7 of the detainees had been housed at the facility over thirty days and had received a re-assessment within thirty days after the detainee's initial assessment; however, subsection (e) of the standard requires detainees be reassessed for risk of victimization or abusiveness within 60 – 90 days of the initial assessment. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed none of the detainee victims had been reassessed following an incident of sexual abuse. To become compliant, the facility must implement a procedure to ensure upon intake, within 12 hours, detainees are assessed, in a manner all detainees can understand, to identify those likely to be sexual victims or aggressors and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such dangers utilizing the information gained from the initial risk assessment to determine initial housing. The facility must implement a procedure to ensure detainees are reassessed for risk of victimization or abusiveness between 60 and 90 days from the date of the initial assessment, at any other time when warranted based upon the receipt of additional, relevant information, and following and incident of abuse or victimization. Once implemented the facility must submit documentation to confirm all applicable staff, including staff who may be assigned to booking or classification, have received training on the implemented procedures. The facility shall submit the files of 10 detainees, and the corresponding OMS tracking, to confirm the initial assessment and classification is completed within 12 hours and information gained from the initial risk assessment was utilized to determine initial housing. The facility must submit the files of 5 detainees to confirm a reassessment has been completed 60 to 90 days from the date of the detainee's initial assessment. In addition, the facility must submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm all alleged detainee victims and perpetrators were reassessed following an allegation of sexual abuse.

§115.42 - Use of assessment information.

Outcome: Does Not Meet Standard

Notes:

(a): SCDC policy 3.6.07 states, "Classification assessments will be used to protect vulnerable inmates from those who may engage in sexually abusive behavior. All inmates will have an initial screening conducted upon arrival at the facility. This initial screening will be done by the Booking Officers as part of the booking procedure. Inmates that appear vulnerable to sexual abuse may be housed in the Booking Area or Medical until a comprehensive classification assessment is done. Inmates that are considered vulnerable to sexual abuse will have 'VP' entered into the Alerts module of the OMS. Inmates who may be abusers may be housed in the Booking Area or Maximum Security until a comprehensive classification assessment is done. Inmates that are considered potential predators will have 'PP' entered into the Alerts module of the OMS. A comprehensive classification assessment following 3.4.01, Initial Housing and Classification, will be done on every inmate incarcerated in the facility. This assessment will determine housing assignments and needs. The results of the assessment will be entered into the Offender Management System. Inmate management plans will be developed for each inmate so that all inmates can be housed in the least-restrictive setting possible. VP and PP inmates will be housed in separate housing units whenever possible and will be separated from each other during programs and work assignments. Inmates that cannot be housed in separate units will be housed on separate tiers with the VP inmate housed closest to the Officer's Station." SCDC policy 3.4.01 further states, "The Classification Officer will complete the 'Initial Classification' section of the OMS before an initial intake interview. After completing the 'Initial Classification' section of the OMS, the Classification Officer will determine the inmate's security level score and housing assignment: a. Minimum-score of 0-1, unless pretrial; b. Medium – score of 2-20; c. High

Medium- score of 21-45; d. Maximum- score of 46-85. In addition, to the security level, inmates may also be labeled as "VP" or "AP" under the Alerts module of the OMS. VP inmates are those that have higher risk of being sexually victimized. AP inmates are those at a higher risk of being sexual aggressors. VP and AP inmates will be kept in separate housing units whenever possible. If it is not possible to separate by housing units, they will be on separate tiers with the VP housed as close to the Officer's Station as possible. VP and AP inmates will not be permitted to have classes or work assignments together. The Classification Officer may choose to override the assigned security level after the initial intake interview." An interview with a Booking Officer indicated each detainee is given a PRE-Booking Survey to complete. The Auditor reviewed the booking survey and OMS Classification Questions and confirmed they are compliant with the requirements of standard §115.41. An interview with a Booking officer further indicated Booking staff will initially house the detainee and once the Classification staff come on duty, they will complete the detainee's initial classification process. An interview with a Classification Officer indicated a Classification Officer will meet with the detainee, will review the responses contained in the booking survey, and complete the OMS Classification Questions; however, an interview with a Classification Officer further indicated detainees will be housed by booking officers and once the classification process is completed, adjustments will be made to the detainee's housing, if necessary. In addition, an interview with a Classification Officer indicated an alert is entered into the OMS if the detainee is identified as high risk for victimization or identified as a being a sexual abuse aggressor and detainees will be housed with the intent of keeping the victims and perpetrators separate from each other. An interview with a Classification Officer further indicated separate housing is accomplished by housing the victims in different housing units than the perpetrators or if separate housing is not possible, those likely to be a victim will be housed closer to the officer for sight and sound or they are housed on a different tier than the alleged abusers and detainees do not work or program outside of the housing unit and attend recreation with their assigned housing unit; however, as practice allows for victims and perpetrators be housed on the same housing unit the facility must utilize the information gained from the initial risk assessment to determine recreation, volunteer work and other activities. The Auditor reviewed the files of 25 detainees and confirmed 6 files did not have a completed assessment and 8 files confirmed the detainees had been housed in a housing unit prior to the assessment being completed.

(b)(c): SCDC policy 3.6.07 states, "Transgendered inmates will not be housed based solely on their genitalia; housing will be determined on a case-by-case basis. Transgender inmates will be addressed in a manner consistent with their gender identity. They will be housed following OG 3.4.04, Special Needs & PC." SCDC policy 3.4.04 states, "Inmates who are lesbian, gay, bisexual or transgendered are not automatically considered Special Needs or Protective Custody, they will be interviewed by a Classifications Officer and housing will be determined on a case-by-case basis. The inmate's needs and wishes as well as the security of the facility will all be examined before housing is assigned. Regardless of where they are housed, transgender and intersex inmates will be permitted to shower during lockdown periods to maintain privacy." Interviews with the PSA Compliance Manager and a Classification Officer indicated a transgender or intersex detainee's self-identification and the detainee's own views of his/her safety are considered when making housing decisions and housing decisions are not based solely on the detainee's genitalia. Interviews with the PSA Compliance Manager and a Classification Officer further indicated transgender or intersex detainees are given an opportunity to shower separately at different times to ensure their privacy. An interview with a Classification Officer indicated the facility has not received a transgender detainee in the reporting period; however, if a transgender detainee was received the facility would meet with medical and mental health staff to discuss the placement for the detainee. An interview with a Classification Officer indicated transgender and intersex detainees would be reassessed every six months utilizing the Strafford Transgender Review if the detainee were housed at the facility for long enough to require a reassessment. The Auditor reviewed the Strafford Transgender Review form and confirmed the form requires a reassessment be completed at 180 days, considers PREA related incidents, and whether the detainee identifies as having a history of sexual abuse or perpetrating sexual abuse.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. An interview with a Classification Officer indicated a Classification Officer will meet with the detainee, will review the responses contained in the booking survey, and complete the OMS Classification Questions; however, an interview with a Classification Officer further indicated detainees will be housed by booking officers and once the classification process is completed, adjustments will be made to the detainee's housing, if necessary. In addition, an interview with a Classification Officer indicated an alert is entered into the OMS if the detainee is identified as high risk for victimization or identified as a being a sexual abuse aggressor and detainees will be housed with the intent of keeping the victims and perpetrators separate from each other. An interview with a Classification Officer further indicated separate housing is accomplished by housing the victims in different housing units than the perpetrators or if separate housing is not possible, those likely to be a victim will be housed closer to the officer for sight and sound or they are housed on a different tier than the alleged abusers and detainees do not work or program outside of the housing unit and attend recreation with their assigned housing unit; however, as practice allows for victims and perpetrators be housed on the same housing unit the facility must utilize the information gained from the initial risk assessment to determine recreation, and volunteer work, and other activities. The Auditor reviewed the files of 25 detainees and confirmed 6 files did not have a completed assessment and 8 files confirmed the detainees had been housed in a housing unit prior to the assessment being completed. To become compliant, the facility must implement a procedure to ensure the facility utilizes the information gained from an initial risk assessment pursuant standard §115.41 to inform housing, recreation, voluntary work and any other activities. Once implemented the facility must submit documentation to confirm all staff who may work in booking and classification have received training in the implemented procedure. The facility must submit the 10 detainee files, and the corresponding OMS, to confirm the facility utilizes the information gained from the initial risk assessment pursuant standard §115.41 to inform housing, recreation, voluntary work and any other activities.

§115.43 - Protective custody.

Outcome: Meets Standard

Notes:

(a)(b)(c): SCDC policy 3.4.04 Special Needs and Protective Custody states, "Special Needs Inmates are inmates who have problems such as substance abuse (withdrawals), severe physical or mental disabilities, serious mental illnesses, a history of sexual predation, those likely to be exploited or victimized by others, and those who have other special needs for separate housing. Detailed reasons for the placement of inmates housed in Protective Custody on the basis of vulnerability to sexual abuse or assault will be documented in the Booking Folder." SCDC policy 3.4.04 further states, "Inmates housed in either Special Needs or Protective Custody will be afforded the same rights as general population inmates as outlined in O.G. 3.6.02 – Rights of Inmates; additionally, within housing limitations, they will be afforded privileges including: Access to barbering services; Recreation privileges, Access to non-legal reading materials; Religious items and material; The same correspondence and phone privileges as those inmates in general population; Personal legal material." Interviews with the Supt. and PSA 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 Supt. and PSA 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 and would not exceed 30 days. In addition, interviews with the Supt. and PSA Compliance Manager indicated if a detainee vulnerable to sexual abuse was placed in administrative segregation and/or protective custody, he would be provided access to programming, visitation, counsel, and all services available to other detainees. An interview with a Segregation Supervisor indicated if a detainee were placed in segregation or protective custody there would be an Administrative Segregation Order which would include detailed reasons for the detainee's placement in administrative segregation. An interview with a Segregation Supervisor further indicated there has not been a detainee at risk for sexual abuse placed into 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 SDDO,

Supt., and PSA Compliance Manager confirmed policy 3.4.04 had been developed in consultation with the ICE ERO FOD having jurisdiction over the facility.

(d)(e): SCDC policy 3.4.04 states, "ICE inmates classified as Special Needs (referred to as 'Administrative Segregation' in ICE standards) will have their status reviewed by the Classification Officer after seven (7) days and: Every week for the first month and then every 10 days. The immigrant detainee will be interviewed during each review. ICE detainees in Protective Custody due to a PREA incident will have a review conducted within 72 hours of being placed in that status and then every week. ICE will be notified of the placement within 72 hours. Ordinarily, this placement will not exceed 30 days. If the Classification Officer finds that an inmate no longer needs to be housed in a special needs unit, s/he will reclassify the inmate in the OMS. The Classification Officer will have the inmate moved to the new housing assignment. The Classification Officer will document the review and place a copy in the inmate's Classification Folder." However, A review of the Operational Procedures governing administrative segregation states under Special Considerations Detainees, "After the initial Review reviews shall be conducted every seven days for the first 60 days of placement" and "after 60 days reviews will be conducted every 30 days." A review of the Special Housing Review form confirms the form requires reviews be conducted in accordance with the Operational Procedures governing administrative segregation. Interviews with the Supt., PSA Compliance Manager, and a Segregation Supervisor, indicated any placement of a detainee vulnerable to sexual abuse into administrative segregation and/or protective custody would be documented and the ICE FOD would be immediately notified. Interviews with the Supt., PSA Compliance Manager, and a Segregation Supervisor, further indicated regular reviews would be conducted, to include a supervisor review within 72 hours of the detainee's placement, after the detainee has spent seven days in administrative segregation, every week thereafter for the first 30 days, and every 10 days thereafter. During the on-site audit, the Auditor observed the facility administrative segregation unit and confirmed there were no detainees assigned to administrative segregation and/or protective custody due to being vulnerable to sexual abuse.

Recommendation (d): The Auditor recommends the facility updates the Operational Procedures governing administrative segregation and the Special Housing Review form to require detainees who are placed in administrative segregation due to being vulnerable to sexual abuse receive a supervisor review within 72 hours of the detainee's placement, after the detainee has spent seven days in administrative segregation, every week thereafter for the first 30 days, and every 10 days thereafter to coincide with subsection (e) of the standard and facility practice.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting.

Outcome: Meets Standard

Notes:

(a)(b)(c): SCDC policy 3.6.07 states, "Inmates are encouraged to report allegations of sexual abuse, either verbally or in writing, and know that they will be protected from future harm and retaliation. Inmates may report incidents of sexual abuse in several ways: Directly to a staff member; Through the in-house grievance procedure; By submitting a sick slip to medical personnel; By contacting the Strafford County Attorney's Office PREA Liaison as outlined in the Inmate Handbook. Information on the right to be free from sexual abuse and harassment will also be posted in each housing unit. Contacts, numbers and addresses will also be posted in each unit. Confidential phone interviews will be arranged for each inmate requesting the services of a rape crisis counselor through the Medical Department. Family and friends of inmates may report incidents or suspicions of sexual abuse to officials at the Strafford County Department of Corrections. Flyers will be posted in the visiting areas as well as Reception. Reports can be made by phone to the Inmate Nursing Line or to the Superintendent's line. Reports can be made in writing directly to the Superintendent. Strafford County Department of Corrections. All allegations of sexual abuse will be investigated." During the on-site audit, the Auditor observed

posted in all detainee housing units and other common areas throughout the facility, 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 which may have contributed to incidents of sexual abuse. Utilizing the detainee telephones, the Auditors tested each number provided to detainees and confirmed all were in good order. Interviews with the Supt., PSA Compliance Manager, and four random COs 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 Supt., PSA Compliance Manager, and four random COs further confirmed all allegations reported verbally, in writing, or anonymously must be immediately documented in an incident report. Interviews with 15 detainees indicated they had seen the posters in the housing units and could articulate at least one way to report an allegation of sexual abuse.

Corrective Action:

No corrective action needed.

§115.52 - Grievances.

Outcome: Does Not Meet Standard

Notes:

a)(b)(c)(d)(e)(f): SCDC policy 3.6.04 Inmate Grievance Procedures states, "Notice of this grievance procedure is given to all inmates, upon entry, by being contained within the Inmate Handbook. This is the only approved method of addressing grievances, conditions of confinement, complaints or mistreatment. Time limitations are mandatory unless the grievance falls under the Prison Rape Elimination Act guidelines. If the grievance alleges sexual abuse, there is no time limit for reporting the abuse." SCDC policy 3.6.04 further states, "The inmate will place the grievance in a locked grievance box. A Grievance Officer, designated by the Superintendent, will empty each grievance box on a nightly basis. If the Grievance Officer is not working, a second officer will be properly designated to handle grievances in his/her absence. The grievance will be logged into the Grievance Log in the shift supervisor's office. Each grievance will be numbered in the log and the number will be written on the original form. The inmate will be provided a numbered copy of the original grievance. If the grievance is submitted by an ICE detainee and alleges staff misconduct, a copy will be immediately forwarded to the Assistant Superintendent-Administration who will forward it to the appropriate ICE personnel. The Grievance Officer will forward the grievance to the appropriate party for a resolution. The on-duty shift supervisor will address the grievance as needed and return same to the inmate within five (5) business days. If the grievance is of an emergency nature or for any condition of confinement or other issue which an inmate believes requires immediate action or remedy of any kind, the Unit Officer will contact a supervisor as soon as practical. Upon receiving an inmate's grievance, the Shift Supervisor or designee will investigate the inmate's complaint"; however, a review of SCDC policy 3.6.04 further confirms the policy does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare as required by subsection (c) of the standard. In addition, SCDC policy 3.6.04 states, "Grievances concerning medical issues may be hand-delivered by the inmate to medical personnel on the housing unit; medical grievances placed in the Grievance Boxes will be forwarded to the medical department within 24 hours of receipt. All medical grievances received by the Shift Supervisor or designee will be logged as "Medical" in the grievance log-specific medical issues will not be logged as to protect the privacy of the inmate. The Shift Supervisor will answer the grievance in writing and will return the original grievance to the inmate in five (5) working days;" however, a review of SCDC policy 3.6.04 further confirms the policy does not include facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further follow-up" as required by subsection (d) of the standard. The Auditor reviewed the facility Inmate Handbook which states, "Incidents of sexual abuse shall not be subject to any mandatory reporting deadlines and will not be required to be handled through the informal grievance process. The facility will issue a final decision on the merits of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance." An interview with the GO indicated that a detainee could file a grievance alleging sexual abuse at any time, there are 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 GO further indicated all grievances alleging sexual abuse are considered emergency grievances and are an immediate threat to detainee's health, safety, and welfare; and therefore, the staff would ensure the detainee is protected and immediately taken to medical for an assessment. In addition, an interview with the GO indicated the grievance would be forwarded to the facility PREA Investigator who would respond to the detainee within five days, the grievance would become part of the sexual abuse investigation, and the grievance and decision would be forwarded to the Agency as part of the investigative process. During the on-site audit, the Auditor placed two test grievances in the housing unit grievance boxes and the following morning, the Supt. returned the test grievance to the Auditor confirming the grievance had been received. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed two of the allegations had been reported through the grievance process. The Auditor reviewed the two grievances and confirmed the alleged detainee victim had been taken to medical following the allegation of sexual abuse.

Recommendation (e): The Auditor recommends the facility update SCDC policy 3.6.04 to include when the grievance involves an allegation of sexual abuse the facility will provide the detainee with a grievance decision within five days and not five working days to coincide with subsection (e) of the standard and facility practice. The Auditor further recommends the facility update the facility Inmate Handbook to include the facility will provide the detainee with a grievance decision within 5 days and not within 90 days to coincide with subsection (e) of the standard and facility practice.

Corrective Action:

The facility is not in compliance with subsections (c) and (d) of the standard. SCDC policy 3.6.04 states, "If the grievance is of an emergency nature or for any condition of confinement or other issue which an inmate believes requires immediate action or remedy of any kind, the Unit Officer will contact a supervisor as soon as practical. Upon receiving an inmate's grievance, the Shift Supervisor or designee will investigate the inmate's complaint"; however, a review of SCDC policy 3.6.04 confirms the policy does not include written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare as required by subsection (c) of the standard. SCDC policy 3.6.04 further states, "Grievances concerning medical issues may be hand-delivered by the inmate to medical personnel on the housing unit; medical grievances placed in the Grievance Boxes will be forwarded to the medical department within 24 hours of receipt;" however, a review of SCDC policy 3.6.04 further confirms the policy does not include facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further follow-up" as required by subsection (d) of the standard. To become compliant the facility must revise SCDC policy 3.6.04 to include written procedures for identifying and handling time-sensitive grievances which involve an immediate threat to detainee health, safety, or welfare as required by subsection (c) of the standard and "staff shall bring medical emergencies to the immediate attention of proper medical personnel for further follow-up" as required by subsection (d) of the standard. Once revised the facility must submit documentation to confirm all applicable staff to include line-staff, security supervisors, and the GO have received training on the revised policy.

§115.53 - Detainee access to outside confidential support services.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): SCDC policy 3.6.07 states, "The Superintendent will have a memorandum of understanding with community agencies for outside reporting, confidential support services and discharge planning." During the on-site audit the Auditor reviewed the SCDC Inmate Handbook and confirmed the handbook includes, "Calls, including those made through the tablets, and video visits may be recorded and/or monitored;" however, the handbook is available in English and Spanish only; and therefore, detainees are not informed of the information, prior to giving them access, in a manner all detainees can understand. A review of the SCDC Inmate Handbook further confirms the handbook does not inform detainees, prior to giving them access to outside resources, the extent to which reports of sexual abuse will be forwarded to the authorities in accordance with mandatory

reporting laws. The Auditor reviewed a memorandum to file which states, "The Strafford County Department of Corrections has a Memorandum of Understanding with Haven, an organization that aims to prevent sexual assault, domestic violence and stalking. Their services are offered to all within the facility and information for their organization is located throughout the facility as well as on the inmate tablets." The Auditor reviewed a Memorandum of Understanding (MOU) between SCDC and the Haven, executed in March 2025, will be reviewed every two years, and can be terminated by any party with written notification, and confirmed the Haven would provide confidential crisis intervention, medical accompaniments through forensic exams to those inmates who request them, and support during all court proceedings. During the on-site audit the Auditor reviewed the SCDC Inmate Handbook and confirmed the handbook includes, "Calls, including those made through the tablets, and video visits may be recorded and/or monitored;" however, the handbook is available in English and Spanish only; and therefore, detainees are not informed of the information, prior to giving them access, in a manner all detainees can understand. A review of the SCDC Inmate Handbook further confirms the handbook does not inform detainees, prior to giving them access to outside resources, the extent to which reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws. The Auditor reviewed the Haven flyer and confirmed the flyer indicates there is a 24-hour confidential hotline available for victims, survivors, their families, and others affected by domestic violence, sexual assault, and stalking. A review of the Haven flyer further confirms the flyer provides detainees with contact information to include a telephone number and mailing address; however, the Auditor could not confirm the facility informs the detainees prior to giving them access to the Haven, the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws. In addition, during the on-site audit, the Auditor did not observe the flyer posted in the housing units and/or did not observe the flyer on the detainee tablets; and therefore, was unable to confirm the facility provides detainees contact information for the Haven to include mailing addresses and telephone numbers or if detainees are able to utilize the telephone or the tablet to communicate with Haven. During the on-site audit, utilizing the Auditor's cell phone, the Auditor spoke with a victim advocate and confirmed the facility, and the Haven has an MOU to provide legal advocacy, confidential emotional support, and a hotline to provide crisis intervention and counseling.

Corrective Action:

The facility is not in compliance with subsections (c) and (d) of the standard. During the on-site audit the Auditor reviewed the SCDC Inmate Handbook and confirmed the handbook includes, "Calls, including those made through the tablets, and video visits may be recorded and/or monitored;" however, the handbook is available in English and Spanish only; and therefore, detainees are not informed of the information, prior to giving them access, in a manner all detainees can understand. A review of the SCDC Inmate Handbook further confirms the handbook does not inform detainees, prior to giving them access to outside resources, the extent to which reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws. The Auditor reviewed the Haven flyer which indicates there is a 24-hour confidential hotline available for victims, survivors, their families and others affected by domestic violence, sexual assault, and stalking. A review of the Haven flyer further confirms the flyer provides detainees with contact information to include a telephone number and mailing address; however, the Auditor could not confirm the facility informs the detainees prior to giving them access to Haven, the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws. In addition, during the on-site audit, the Auditor did not observe the flyer posted in the housing units and/or observe the flyer on the detainee tablets; and therefore, was unable to confirm the facility provides detainees contact information for the Haven to include mailing addresses and telephone numbers or if detainees are able to utilize the telephone or the tablet to communicate with Haven. To become compliant, the facility must implement a process which ensures detainees are informed and given access to the services provided to them through the Haven. In addition, the facility must implement a process which ensures prior to giving detainees access to outside resources the facility informs detainees the extent communications to outside resources will be monitored and the extent reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws in a manner all detainees can understand.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Notes:

The Auditor reviewed the facility website and confirmed the website includes "A family member may report sexual abuse of an inmate by: Calling the facility at (603) 742-3310 and asking to speak to the shift supervisor. Contacting the Strafford County Victim's Assistance Program at (603) 516-7138, Emailing the facility at StraffordJail@co.strafford.nh.us." During the on-site audit, the Auditor sent a test email to the facility and received an immediate reply from the facility PSA Compliance Manager confirming the third-party reporting options are in good working order.

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." SCDC policy 3.6.07 states, "All staff members are required to immediately report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against an inmate or staff member who reported such an incident, including any knowledge of staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse, sexual harassment or retaliation. Staff shall be allowed to report sexual abuse/ sexual harassment of inmates in the following ways and may do so anonymously: Notifying a supervisor, Submitting a report to the PREA Coordinator, Assistant Superintendent of Security or the Superintendent; When necessitated, notifying the Strafford County Sheriff's Office. Staff members who fail to report may face disciplinary sanctions up to and including termination. (O.G. 1.3.06 – Staff Rules). In all cases, information regarding sexual abuse will be strictly limited to those who have a need to know in order to make treatment, investigation and classification decisions." Interviews with four random COs confirmed they were aware of their responsibilities to report any knowledge, suspicion, or information regarding an allegation of sexual abuse immediately upon learning the information. Interviews with four random COs further confirmed they could articulate the multiple ways available to report an allegation of sexual abuse outside the chain of command to include the reporting methods available to the detainees or filing a report with the SCSO. In addition, interviews with four random COs indicated 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 Supt. and PSA Compliance Manager indicated if a vulnerable adult were to report an allegation of sexual abuse Arizona reporting laws would require notification to the Arizona Adult Protection Services. An interview with the SDDO confirmed she was knowledgeable in the Agency's requirement to contact OPLA if a vulnerable adult were to report an allegation of sexual abuse. Interviews with the SDDO, Supt., and PSA Compliance Manager confirmed SCDC policy 3.6.07 had been submitted and approved by the Agency. The facility does not house juveniles.

Corrective Action:

No corrective action needed.

§115.62 - Protection duties.

Outcome: Meets Standard

Notes:

An interview with the Supt., PSA Compliance Manger, and four random COs indicated all staff are required to take immediate action to protect detainee victims of sexual abuse and if they became aware a detainee is 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 12 sexual abuse allegation investigation files and confirmed upon reporting an allegation of sexual abuse all alleged detainee victims were immediately separated from the alleged perpetrator.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other confinement facilities.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SCDC policy 3.6.07 states, "If an inmate makes an allegation of sexual abuse that occurred at another facility, the Superintendent, or designee, will contact the facility so an investigation into the allegation can be done. This notification should take place as soon as possible, but no later than 72 hours after receiving notification. Such notification shall be documented. Any facility that receives a report of sexual abuse from another facility or agency is required to investigate the allegation. If a victim of sexual abuse is transferred between facilities, the sending facility shall, when appropriate and permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services." An interview with the Supt. indicated if he receives notification from another facility Administrator indicating an alleged sexual abuse occurred at SCDC, he will immediately notify the FOD and refer the allegation to the facility PREA Investigator for an investigation. An interview with the Supt. further indicated if a detainee reported an allegation of sexual abuse at SCDC which occurred at another facility, he 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 Supt. provided the Auditor with an email memorandum which had recently been sent to another facility Administrator, informing the Administrator a detainee had reported an allegation of sexual abuse while housed at the transferring facility. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed none of the allegations had been reported by the detainee victim after being transferred to another facility.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties.

Outcome: Does Not Meet Standard

Notes:

(a)(b): SCDC policy 3.6.07, which according to facility staff serves as the facility Coordinated Response Plan, states, "Immediately upon learning that an inmate has been sexually abused, the staff member will: Take steps to protect the safety of the victim, Separate the alleged abuser from the alleged victim. Seal and preserve any crime scene following E.P. 2.04 – Evidence and Crime Scene Preservation. Inform the victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking, following E.P. 2.18 – Sexual Assault of an Inmate. Remember the alleged victim and the alleged abuser are both considered physical evidence. If the staff member is not a security staff member, they will inform the alleged victim not to take any actions that could destroy physical evidence and then notify security

staff." Interviews with four random COs confirmed if an incident of sexual abuse were to occur the first responder would call for back-up, separate the detainees, secure the crime scene, escort both the detainee victim and the alleged perpetrator to medical for an assessment, and would not allow the detainee victim or the perpetrator to wash, shower, or use the bathroom as they could destroy the physical evidence. An interview with one non-security first responder indicated she would call for backup and report the incident to her supervisor; however, she could not articulate the standard's requirement to request the victim not to take any actions which could destroy physical evidence.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. SCDC policy 3.6.07, which serves as the facility's coordinated response plan, states, "Immediately upon learning that an inmate has been sexually abused, the staff member will: Take steps to protect the safety of the victim, Separate the alleged abuser from the alleged victim. Seal and preserve any crime scene following E.P. 2.04 – Evidence and Crime Scene Preservation. Inform the victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking, following E.P. 2.18 – Sexual Assault of an Inmate. Remember the alleged victim and the alleged abuser are both considered physical evidence. If the staff member is not a security staff member, they will inform the alleged victim not to take any actions that could destroy physical evidence and then notify security staff." Interviews with four random COs indicated if an incident of sexual abuse were to occur the first responder would call for back-up, separate the detainees, secure the crime scene, escort both the detainee victim and the alleged perpetrator to medical for an assessment, and would not allow the detainee victim or the perpetrator to wash, shower, or use the bathroom as they could destroy the physical evidence. An interview with one non-security first responder indicated she would call for backup and report the incident to her supervisor; however, she could not articulate the standard's requirement to request the victim not to take any actions which could destroy physical evidence. To become compliant the facility must revise SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, E.P. 204 – Evidence and Crime Scene Preservation, and E.P. 2.18 – Sexual Assault of an Inmate to require both first responders and non-security responders request the victim not to take any actions which could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking. Once SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, E.P. 204 – Evidence and Crime Scene Preservation, and E.P. 2.18 – Sexual Assault of an Inmate Once SCDC policy 3.6.07 are revised the facility must submit documentation to confirm all facility staff, contract staff, and volunteers who may service as facility first responders or non-security responders have received training on the updated Coordinated Response Plan. The facility must submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm compliance with subsections (a) and (b) of the standard.

§115.65 - Coordinated response.

Outcome: Does Not Meet Standard

Notes:

(a)(b): SCDC policy 3.6.07, which according to facility staff, serves as the facility Coordinated Response Plan, states, "A coordinated response team, consisting of Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office and the Assistant Superintendent – Security, or designee, will coordinate their actions and share information;" however, a review of SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, confirms the policy does not include the coordinated actions to be taken by Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office, and the Assistant Superintendent – Security, or designee. SCDC policy 3.6.07, , further states, "Immediately upon learning that an inmate has been sexually abused, the staff member will: Take steps to protect the safety of the victim: Separate the alleged abuser from the alleged victim. Seal and preserve any crime scene following E.P. 2.04 – Evidence and Crime Scene Preservation. Inform the victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking, following E.P. 2.18 – Sexual Assault of

an Inmate. Remember the alleged victim and the alleged abuser are both considered physical evidence. If the staff member is not a security staff member, they will inform the alleged victim not to take any actions that could destroy physical evidence and then notify security staff." Interviews with four random COs indicated if an incident of sexual abuse were to occur the first responder would call for back-up, separate the detainees, secure the crime scene, escort both the detainee victim and the alleged perpetrator to medical for an assessment, and the detainee victim and perpetrator would not be allowed to wash, shower, or use the bathroom as they would destroy any physical evidence. An interview with one non-custody first responder indicated she would call for backup and report the incident to her supervisor; however, she could not articulate the requirement to request the victim not to take any action which could destroy physical evidence.

(c)(d): SCDC policy 3.6.07 states, "If a victim of sexual abuse is transferred between facilities, the sending facility shall, when appropriate and permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services;" however, a review of SCDC policy 3.6.07 further confirms the policy does not include subsections (c) and (d) which require "if a victim of sexual abuse is transferred between facilities covered by DHS PREA Standards, 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" or "if a victim of sexual abuse is transferred from a facility covered by DHS PREA standards to a facility not covered by DHS PREA Standards, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Interviews with the Supt., PSA Compliance Manager, and HSA confirmed they could not articulate the requirements of subsections (c) and (d) of the standard.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. A review of SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, confirms the policy does not include the coordinated actions to be taken by Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office, and the Assistant Superintendent – Security, or designee. SCDC policy 3.6.07, which serves as the facility Coordinated Response Plane, further states, "Immediately upon learning that an inmate has been sexually abused, the staff member will: Take steps to protect the safety of the victim: Separate the alleged abuser from the alleged victim. Seal and preserve any crime scene following E.P. 2.04 – Evidence and Crime Scene Preservation. Inform the victim not to take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking, following E.P. 2.18 – Sexual Assault of an Inmate. Remember the alleged victim and the alleged abuser are both considered physical evidence. If the staff member is not a security staff member, they will inform the alleged victim not to take any actions that could destroy physical evidence and then notify security staff." Interviews with four random COs confirmed if an incident of sexual abuse were to occur the first responder would call for back-up, separate the detainees, secure the crime scene, escort both the detainee victim and the alleged perpetrator to medical for an assessment, and the alleged victim and perpetrator would not be allowed wash, shower, or use the bathroom as they would destroy any physical evidence. To become compliant the facility must revise SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan to include the coordinated actions to be taken by the Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office, and the Assistant Superintendent – Security, or designee. In addition, the facility must revise SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, E.P. 204 – Evidence and Crime Scene Preservation, and E.P. 2.18 – Sexual Assault of an Inmate to require both first responders and non-security responders request the victim not to take any actions which could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking. Once SCDC policy 3.6.07, which serves as the facility Coordinated Response Plan, E.P. 204 – Evidence and Crime Scene Preservation, and E.P. 2.18 – Sexual Assault of an Inmate are revised the facility must submit documentation to confirm Strafford County medical personnel, a sexual assault counselor, the Strafford County Sheriff's Office, the Strafford County Attorney's Office, the Assistant Superintendent – Security, or designee, and

all facility staff, contract staff, and volunteers who may service as facility first responders or non-security responders have received training on the updated Coordinated Response Plan. The facility must submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm compliance with subsection (a) of the standard.

The facility is not in compliance with subsections (c) and (d) of the standard. A review of SCDC policy 3.6.07 confirms the policy does not include subsections (c) and (d) of the standard which require "if a victim of sexual abuse is transferred between facilities covered by DHS PREA Standards, 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" or "if a victim of sexual abuse is transferred from a facility covered by DHS PREA standards to a facility not covered by DHS PREA Standards, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Interviews with the Supt., PSA Compliance Manager, and HSA confirmed they could not articulate the requirements of subsections (c) and (d) of the standard. To become compliant, the facility must revise SCDC policy 3.6.07 to include the requirements "if a victim of sexual abuse is transferred between facilities covered by DHS PREA Standards, 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" or "if a victim of sexual abuse is transferred from a facility covered by DHS PREA standards to a facility not covered by DHS PREA Standards, the sending facility will, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise." Once the policy is revised, the facility must submit documentation to confirm all applicable staff, including medical, mental health, and the PSA Compliance Manager, have received training on the requirements of subsections (c) and (d). In addition, the facility must submit any sexual abuse allegation investigations closed by the Agency where a detainee victim was transferred to another facility due to an incident of sexual abuse during the CAP period to confirm compliance with subsections (c) and (d) of the standard.

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

Outcome: Does Not Meet Standard

Notes:

SCDC policy 3.6.07 states, "Staff, contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring inmate contact pending the outcome of an investigation." An interview with the Supt. indicated if the alleged perpetrator is a staff member they would be removed from any contact with detainees, until the completion of the investigation, and if the alleged perpetrator is a staff contractor or volunteer, they would be removed from the facility until the outcome of the investigation has been determined. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed there were two allegations of sexual abuse which involved a staff member who was removed from all contact with the alleged detainee victim; however, both staff members were moved to another housing unit post and continued to have detainee contact while the investigation was ongoing.

Corrective Action:

The facility is not in compliance with standard §115.66. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed there were two allegations of sexual abuse which involved a staff member who had been removed from all contact with the alleged detainee victim; however, each staff member was moved to another housing unit post and continued to have detainee contact while the investigation was ongoing. To become compliant, the facility must implement a procedure to ensure all staff, staff contractors, and volunteers suspected of perpetrating sexual abuse are removed from all duties requiring detainee contact pending the outcome of the investigation. Once implemented the facility must submit documentation which confirms all applicable staff, including the PREA Investigator, PSA Compliance Manager, and security supervisors, have received training on the implemented procedure. In addition, the facility must submit all sexual abuse allegation investigation files, which include staff, staff contractors, or volunteers, and the corresponding rosters, which are

closed by the Agency during the CAP period to confirm all staff, staff contractors, and volunteers suspected of perpetrating sexual abuse are removed from all duties requiring detainee contact pending the outcome of the investigation.

§115.67 - Agency protection against retaliation.

Outcome: Does Not Meet 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." SCDC policy 3.6.07 states, "Inmates and staff reporting incidents of sexual abuse will be protected from retaliation from other inmates and staff. All staff will be required to report incidents of retaliation from either staff or inmates. Staff members who fail to report may face disciplinary sanctions up to and including termination. (O.G. 1.3.06 – Staff Rules). Whenever possible, protective measures will not restrict an inmate's access to programs or other privileges. For at least 90 days following a report of sexual abuse, the Superintendent or his/her designee, shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and if inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation." An interview with the PSA Compliance Manager/Retaliation Monitor confirmed she is responsible for monitoring, utilizing a PREA Retaliation Monitoring form, all detainee victims, detainee witnesses, and staff members who cooperate with an investigation for retaliation. An interview with the PSA Compliance Manager/Retaliation Monitor further confirmed the monitoring will be conducted for up to 90 days and longer if needed beginning 30 days after the allegation is reported and will include reviewing detainee disciplinary reports, housing changes, and any changes in the detainee's programming which occurred during the previous month to determine if there have been any signs of retaliation. In addition, an interview with the PSA Compliance Manager/Retaliation Monitor confirmed for a staff member who reports, witnesses, or participates in an investigation of alleged sexual abuse, 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 to include progressive discipline. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 4 of the files had a PREA Retaliation Monitoring form confirming a review of the detainee victim's disciplinary reports, housing changes, changes in the detainee's programming, had been completed thirty days after the allegation had been reported and 8 files did not include documentation confirming retaliation monitoring had occurred.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. An interview with the PSA Compliance Manager/Retaliation Monitor confirmed retaliation monitoring will be conducted for up to 90 days, and longer if needed, beginning 30 days after the allegation is reported and will include reviewing detainee disciplinary reports, housing changes, and any changes in the detainee's programming which occurred during the previous month to determine if there have been any signs of retaliation. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 4 of the files had a PREA Retaliation Monitoring form confirming a review of the detainee victim's disciplinary reports, housing changes, changes in the detainee's programming, had been completed thirty days after the allegation had been reported and 8 files did not include documentation confirming retaliation monitoring had occurred. To become compliant, the facility must implement a procedure to ensure immediately following an allegation of sexual abuse the facility initiates monitoring to see if facts which may suggest possible retaliation by detainees of staff, for up to 90 days, and longer if needed. Once implemented the facility must submit documentation to confirm all staff who may be responsible for monitoring detainees and staff responsible for monitoring all detainee victims, detainee witnesses, and staff members who cooperate with an investigation for retaliation have received training on the implemented procedure. The facility must submit all sexual abuse allegation investigation files, and the corresponding PREA Retaliation Monitoring form, to confirm compliance with subsection (c) of the standard.

§115.68 - Post-allegation protective custody.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(d): SCDC policy 3.4.04 Special Needs and Protective Custody states, "Special Needs Inmates are inmates who have problems such as substance abuse (withdrawals), severe physical or mental disabilities, serious mental illnesses, a history of sexual predation, those likely to be exploited or victimized by others, and those who have other special needs for separate housing. Detailed reasons for the placement of inmates housed in Protective Custody on the basis of vulnerability to sexual abuse or assault will be documented in the Booking Folder." SCDC policy 3.4.04 further states, "Inmates housed in either Special Needs or Protective Custody will be afforded the same rights as general population inmates as outlined in O.G. 3.6.02 – Rights of Inmates; additionally, within housing limitations, they will be afforded privileges including: Access to barbering services; Recreation privileges, Access to non-legal reading materials; Religious items and material; The same correspondence and phone privileges as those inmates in general population; Personal legal material." In addition, SCDC policy 3.6.07 states, "ICE inmates classified as Special Needs (referred to as 'Administrative Segregation' in ICE standards) will have their status reviewed by the Classification Officer after seven (7) days and: Every week for the first month and then every 10 days. The immigrant detainee will be interviewed during each review. ICE detainees in Protective Custody due to a PREA incident will have a review conducted within 72 hours of being placed in that status and then every week. ICE will be notified of the placement within 72 hours. Ordinarily, this placement will not exceed 30 days. If the Classification Officer finds that an inmate no longer needs to be housed in a special needs unit, s/he will reclassify the inmate in the OMS. The Classification Officer will have the inmate moved to the new housing assignment;" however, subsection (c) of the standard requires a detainee victim of sexual abuse will not be released to general population without a proper reassessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse." However, a review of the Operational Procedures governing administrative segregation states under Special Considerations Detainees, "After the initial Review reviews shall be conducted every seven days for the first 60 days of placement" and "after 60 days reviews will be conducted every 30 days." A review of the Special Housing Review form confirms the form requires reviews be conducted in accordance with the Operational Procedures governing administrative segregation. Interviews with the Superintendent, the PSA Compliance Manager, and a Segregation Supervisor indicated if a detainee reported an incident of sexual abuse, the FOD would immediately be notified, and the detainee would be placed in the least restrictive housing, subject to all the review requirements of standard §115.43. The interviews further indicated in the event, there was no other options, a detainee victim's placement into segregation would not exceed five days and prior to being released from administrative segregation or protective custody.

Recommendation: The Auditor recommends the facility updates the Operational Procedures governing administrative segregation and the Special Housing Review form to require detainees who are placed in administrative segregation due to being vulnerable to sexual abuse receive a supervisor review within 72 hours of the detainee's placement, after the detainee has spent seven days in administrative segregation, every week thereafter for the first 30 days, and every 10 days thereafter to coincide with subsection (e) of the standard and facility practice.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. SCDC policy 3.6.07 states, "If the Classification Officer finds that an inmate no longer needs to be housed in a special needs unit, s/he will reclassify the inmate in the OMS. The Classification Officer will have the inmate moved to the new housing assignment;" however, subsection (c) of the standard requires a detainee victim of sexual abuse will not be released to general population without a proper reassessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. To become compliant the facility must implement a practice which requires a proper reassessment taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse

prior to releasing a detainee victim of sexual abuse from administrative segregation or protective custody. Once implemented the facility must submit documentation which confirms all Classification staff have received training on the implemented procedure. The facility must submit the files of any detainee who was placed into administrative segregation or protective custody during the CAP period due to being a victim of sexual abuse to confirm compliance with subsection (c) of the standard.

§115.71 - Criminal and administrative investigations.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c)(e)(f): SCDC policy 3.6.07 states, "Investigations into allegations of sexual abuse will be prompt, thorough, objective and fair. Investigations will be conducted by investigators who have received special training in sexual abuse investigations." SCDC policy 3.6.07 further states, "Sexual abuse data will be maintained for a minimum of 10 years." SCDC policy 1.6.01 Internal Investigations state, "When an allegation of misconduct is made by a staff person, citizen or inmate to any staff member, the complaint will be immediately forwarded to a supervisor. The supervisor will conduct an initial inquiry and will keep the lieutenant on the shift informed of the status of the investigation, if appropriate. The Shift Lieutenant will review all written materials before they are submitted to the Assistant Superintendent- Security, unless the lieutenant is the subject of the investigation. If the Shift Lieutenant is not working, the Shift Supervisor will assume the responsibility for reviewing applicable information. The supervisor will file a written report, following 1.5.01, Reporting of Incidents and Unusual Behaviors, to the Assistant Superintendent- Security. The Assistant Superintendent- Security will be trained to act as the facility's internal investigator. If necessary, the Assistant Superintendent- Security, or his/her designee will begin a formal investigation. The investigation shall be kept confidential, except as required by law or regulation." A review of the facility's written procedures for internal investigations confirmed the procedures do not include all elements required by subsection (c) of the standard which include the preservation of direct and circumstantial evidence, including any available physical DNA evidence (b) (7)(E) ; interviewing alleged victims, suspected perpetrators and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect or witness, without regard to the individual's status as detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings; retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years; and the coordination of and sequencing of the two types of investigations in accordance to subsection (b) of standards, to ensure that a criminal investigation is not compromised by an internal administrative investigation. Interviews with the Supt., PSA Compliance Manager, and facility PREA Investigator indicated criminal allegations are investigated by the SCSO and administrative allegations are investigated by the facility PREA investigator. In an interview with the facility PREA Investigator it was confirmed he and the SCSO Detective would conduct criminal and administrative investigations together including simultaneously interviewing detainee witnesses; however, subsection (b) of the standard requires "upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted and upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether and administrative investigation is necessary or appropriate" and subsection (c) of the standard requires "coordination and sequencing of the two types of investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation." An interview with the facility PREA Investigator further confirmed the administrative investigation would be completed promptly, thoroughly, and objectively and if the alleged detainee victim or alleged perpetrator is no longer housed or working in the facility, the investigation will continue until an outcome is determined. According to the PAQ there are three staff who are specially trained to conduct sexual abuse allegation investigations; however, interviews with the PSA Compliance Manager and facility PREA Investigator confirmed, although SCDC policy 1.6.01 states, "If

necessary, the Assistant Superintendent- Security, or his/her designee will begin a formal investigation" the facility PREA Investigator is the only staff member who conducts sexual abuse allegation investigations at SCDC. An interview with the facility PREA Investigator, and a view of the Investigator's certificate, confirmed he has completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting course. The Auditor reviewed the NIC curriculum and confirmed the curriculum includes all elements required by standard §115.34. The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed all allegations had been reported to the SCDC; however, a review of 12 sexual abuse allegation investigation files further confirmed the files did not contain a written report which included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and finding, or all elements required by subsection (c) of the standard.

Corrective Action:

The facility is not in compliance with subsections (b), and (c) of the standard. A review SCDC policy 1.6.01, the facility's written procedures for internal investigations, confirmed the procedures do not include all elements required by subsection (c) of the standard. In an interview with the facility PREA Investigator it was confirmed he and the SCSO Detective would conduct criminal and administrative investigations together including simultaneously interviewing detainee witnesses; however, subsection (b) of the standard requires "upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted and upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether and administrative investigation is necessary or appropriate" and subsection (c) of the standard requires "coordination and sequencing of the two types of investigations to ensure that the criminal investigation is no compromised by an internal administrative investigation." The Auditor reviewed 12 sexual abuse allegation investigation files and confirmed all allegations had been reported to the SCDO; however, a review of 12 sexual abuse allegation investigation files further confirmed the files did not contain a written report which included a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and finding, or all elements required by subsection (c) of the standard. To become compliant, the facility must update SCDC policy 1.6.01, the facility's written procedures for internal investigations, to include all elements required by subsection (c) of the standard which include the preservation of direct and circumstantial evidence, including any available physical DNA evidence (b) (7)(E) ; interviewing alleged victims, suspected perpetrators and witnesses; reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect or witness, without regard to the individual's status as detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph; an effort to determine whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings; retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years; and the coordination of and sequencing of the two types of investigations in accordance to subsection (b) of standards, to ensure that a criminal investigation is not compromised by an internal administrative investigation. Once implemented the facility must submit documentation to confirm the facility PREA Investigator and PSA Compliance Manager received training on the updated written procedures to include the coordination of and sequencing of the two types of investigations in accordance to subsection (b) of standards, to ensure a criminal investigation is not compromised by an internal administrative investigation and all allegation of sexual abuse investigation files include a written report which includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts and findings, and all elements required by subsection (c) of the standard. In addition, the facility must submit all sexual abuse allegation investigation files closed by the Agency during the CAP period to confirm compliance with subsections (b) and (c) of the standard.

§115.72 - Evidentiary standard for administrative investigations.

Outcome: Meets Standard

Notes:

Agency Policy 11062.2 states, "The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse." SCDC policy 3.6.07 states, "Any allegation of sexual abuse or sexual harassment will be investigated properly, thoroughly and objectively and documented accordingly and must be deemed substantiated if supported by a preponderance of evidence." SCDC policy 3.6.07 further states, "The level of proof required to substantiate sexual abuse allegations for disciplinary actions will be preponderance of the evidence." An interview with the facility PREA 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 12 sexual abuse allegation investigation files and confirmed a standard higher than a preponderance of evidence was not imposed when determining whether the allegation should be substantiated.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees.

Outcome: Does Not Meet 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." SCDC policy 3.6.07 states, "If an inmate alleges another inmate has committed sexual abuse against the inmate: The alleged victim will be informed whenever: The alleged abuser has been indicted on a charge related to sexual abuse within the facility. The alleged abuser has been convicted on a charge related to sexual abuse within the facility." An interview with a facility PREA Investigator indicated at the conclusion of an investigation, the detainee victim is notified of the results of the investigation and any responsive action taken. The Auditor submitted the Notification to Detainee of PREA Investigation Results form with the names of six detainee victims to the TL who forwarded the form to the Office of Enforcement Removal Operations POC for action. The Auditor reviewed the results noted on the form and confirmed the form indicated five of the detainee victims had been given the results of the investigation; however, only provided the Auditor with one copy of the notification. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed one detainee victim had been notified the allegation of sexual abuse investigation was unsubstantiated and the alleged detainee perpetrator had been removed from contact with the detainee.

Corrective Action:

The Agency is not in compliance with standard §115.73. The Auditor submitted the Notification to Detainee of PREA Investigation Results form with the names of six detainee victims to the TL who forwarded the form to the Office of Enforcement Removal Operations POC for action. The Auditor reviewed the results noted on the form and confirmed the form indicated five of the detainee victims had been given the results of the investigation; however, only provided the Auditor with one copy of the notification. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed one detainee victim had been notified the investigation results were unsubstantiated, and the alleged detainee perpetrator had been removed from contact with the detainee. To become compliant, if applicable, the Agency must submit copies of notifications made to all detainees whose sexual abuse allegation investigation files were closed by the Agency during the audit period. In addition, the Agency must submit copies of notifications made to all detainee victims whose allegations of sexual abuse investigation files were closed by the Agency during the CAP period.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): SCDC policy 3.6.07 states, "Staff members will be subject to disciplinary actions, up to and including termination, for any violation of the Prison Rape Elimination Act, following O.G. 1.3.06 – Staff Rules." A review of the facility policy indicates it does not include that "removal from 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, contractor, or volunteer." However, termination is greater than removal from Federal Service; and therefore, the Auditor finds the facility to be substantial compliance with subsections (a) and (b) of the standard. Interviews with the Supt., PSA Compliance Manager, and the HRPA indicated a staff member suspected of engaging in sexual abuse with a detainee or violating any part of facility or Agency 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 local law enforcement for possible criminal charges, and reported to any applicable licensing body. Interviews with four random COs confirmed they were aware violating the Agency or facility zero tolerance policies are grounds for termination from the facility and removal from federal service. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 3 of the files included staff-on-detainee; however, none of the allegations were substantiated. Interviews with the SDDO, Supt., and PSA Compliance Manager confirmed SCDC policy 3.6.07 had been submitted and approved by the Agency.

Recommendations (c) and (d); The Auditor recommends the facility adds the verbiage the "facility shall report all removals or resignations in lieu removal for violations of Agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal" and the facility "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" to coincide with subsections (c) and (d) of the standard and facility practice.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard

Notes:

(a)(b)(c): SCDC policy 3.6.07 states, "Contractors and volunteers who engage in sexual abuse or sexual harassment shall be prohibited from any further contact with inmates if they are still required to enter the facility for any reason." Interviews with the Supt., PSA Compliance Manager, and the HRPA indicated a staff contractor or volunteer suspected of engaging in sexual abuse with a detainee or violating any part of facility policies governing sexual abuse would be removed from the facility pending the conclusion of the investigation, the allegation would be reported to local law enforcement for possible criminal charges, and reported to any applicable licensing body. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 1 of the files included contractor-on-detainee; however, the outcome of the allegation was unfounded. A review of 12 sexual abuse allegation investigation files further confirmed there were no allegations of sexual abuse which included a volunteer.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): SCDC policy 3.6.07 states, "Disciplinary sanctions for inmates found to have engaged in sexual abuse on another inmate will be handled administratively (following O.G. 3.5.01 – Inmate Rules) and/or criminally. Where two inmates have engaged in sexual contact, they will be disciplined for violating rules against sexual contact, however discipline for sexual abuse will only take place if a determination was made that the activity was not consensual. Inmates will not be subject to disciplinary actions for sexual contact with a staff member unless there is a finding the staff member did not consent to such contact." Interviews with the Supt., and PSA Compliance Manager/Disciplinary Officer indicated the facility has a disciplinary process in place and all sanctions are commensurate with the severity of the act committed. Interviews with the Supt., and PSA Compliance Manager/Disciplinary Officer 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, and 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 12 sexual abuse allegation investigation files and confirmed the facility had one substantiated detainee-on-detainee investigation which did not meet the criteria for filing criminal charges; however, the detainee perpetrator was disciplined through the facility disciplinary process.

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): SCDC policy 3.6.07 states, "During the initial medical and mental health screenings, inmates will be asked if they have a history of sexual victimization. If the screening indicates that an inmate has experienced prior sexual victimization or has previously perpetuated sexual abuse, whether in an institutional setting or the community, staff shall ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. ICE detainees shall receive a health evaluation no later than two working days from the date of assessment." Interviews with the PSA Compliance Manager, a Classification Officer, and the HSA indicated all detainees are screened during intake for a potential risk of sexual victimization or sexually abusive behavior and if a detainee is determined to be at risk for sexual abuse or at risk for perpetrating sexual abuse email notification is provided to medical and mental health for follow-up. The Auditor requested a sample email; however, a sample could not be provided. An interview with the HSA indicated the detainee would be scheduled for a follow-up assessment with medical staff and mental health staff and medical staff will follow-up with the detainee within two days and mental health staff will follow up with the detainee within 72 hours. The Auditor reviewed the medical and mental health files for seven detainees who had been identified as potential risk of sexual victimization and five detainees that had been identified at risk for perpetrating sexual abuse and confirmed none of the files contained documentation to confirm the detainees had been referred and seen by medical or mental health staff based on information gained from the initial risk assessment.

Corrective Action:

The facility is not in compliance with subsections (a), (b), and (c) of the standard. Interviews with the PSA Compliance Manager, a Classification Officer, and the HSA indicated all detainees are screened during intake for a potential risk of sexual victimization or sexually abusive behavior and if a detainee is determined to be at risk for sexual abuse or at risk for perpetrating sexual abuse email notification is provided to medical and mental health for follow-up. The Auditor requested a sample email; however, a sample could not be provided. The

Auditor reviewed the medical and mental health files for seven detainees who during the initial risk assessment had been identified as potential risk of sexual victimization and five detainees who during the initial risk assessment had been identified at risk for perpetrating sexual abuse and confirmed none of the files contained documentation to confirm the detainees had been referred and seen by medical or mental health staff based on information gained from the initial risk assessment. To become compliant, the facility must implement a procedure to ensure if information gained from the initial risk assessment indicates a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff assigned to intake will immediately refer the detainee to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate and if 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 and when a referral for mental health follow-up in initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral. Once the procedure has been implemented, the facility must submit documentation to confirm all applicable staff; to include medical, mental health, Booking, and classification staff have received training on the implemented procedures. In addition, the facility must submit the files of seven detainees who during the initial risk assessment identified as having a history of sexual abuse, and the files of three detainees who during the initial risk assessment identified as pretraining sexual abuse, and the corresponding medical and mental health files, who arrive during the CAP period to confirm compliance with subsections (a), (b), and (c) of the standard.

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

Outcome: Meets Standard

Notes:

(a)(b): SCDC policy 3.6.7 states, "Access to medical and mental health services will occur in a timely manner and will be free of charge to an inmate following an incident of sexual abuse. If no qualified medical or mental health practitioners are available at the time a report is made, the victim will be protected, and the appropriate medical personnel will be notified." The Auditor reviewed a Service Agreement between Strafford County and WDH which commenced on June 19, 2016, and remains in effect until or unless terminated by either party with 90 days' written notice and confirmed WDH would provide all emergency medical services to the inmates and detainees housed in the facility. Interviews with the Supt., PSA 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 WDH for a forensic examination. An interview with the HSA indicated upon the detainee victim's return to the facility, the detainee victim would have timely, unimpeded access to emergency medical treatment and crisis intervention services, free of charge, which would include sexually transmitted infections prophylaxis, according to professionally accepted standards of care. An interview with the HSA further indicated all detainee victims would be offered tests for sexually transmitted infections and would be at no cost to the detainee regardless of whether the detainee named his abuser or cooperated with the investigation. During the on-site audit, the Auditor reviewed 12 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 WDH 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): SCDC policy 3.6.07 states, "Sexual abuse victims will receive ongoing medical and mental health care equivalent to community standards of care. Victims have the right to refuse medical and/or mental health care. Refusals for care should be signed by the victim and documented in the inmate's medical file." An interview with the HSA indicated that a detainee victim of sexual abuse would receive timely emergency access

to medical and mental health treatment, at no cost to the detainee and regardless of the detainee victim naming the abuser. An interview with the HSA further indicated that all treatment received at the facility is consistent, if not better, than the community level of care and 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. In addition, an interview with the HSA indicated that all detainee victims of sexual abuse would be offered tests for sexually transmitted infections which could be immediately filled at a local pharmacy and detainee victims of sexual abusive vaginal penetration by a male abuser would be offered pregnancy tests and if the pregnancy results are from an incident of sexual abuse the victim would receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy related medical services. During the on-site audit, a mental health provider was not available for an interview; however, an interview with the HSA indicated all known detainee-on-detainee abusers would be offered services within 60 days of learning about the abusive behavior. During the on-site audit, the Auditor reviewed 12 sexual abuse investigative 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. A review of 12 sexual abuse allegation investigation files further confirmed that one of the detainee-on-detainee allegations was substantiated; however, the perpetrator was released from the facility prior to being seen by mental health.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews.

Outcome: Does Not Meet Standard

Notes:

(a)(b)(c): SCDC policy 3.6.07 states, "The PREA review team will meet monthly to discuss and evaluate the process of investigations and response process. The review team will consist of Security, Classifications and Medical staff as well as the PREA Coordinator. The review team shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation regardless of outcome. For substantiated and unsubstantiated allegations, a written report shall be prepared within 30 days of the conclusion of the investigation, recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect or respond to sexual abuse. The review shall also consider: Names of the persons involved, events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures. If the allegation/investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. If the incident/allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility. The area of the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in that area during different shifts. (b) (7)(E) The facility shall implement the recommendations for improvement or shall document its reasons for not doing so." The Auditor reviewed a memorandum to the file which states, "Strafford County Department of Corrections has not conducted an annual review of all sexual abuse allegations. Each incident is reviewed individually." Interviews with the Supt. and PSA Compliance Manager indicated the facility was not conducting incident reviews; however, following the facility's pre-audit, a procedure was put into place requiring a review be conducted within 30 days of the conclusion of the investigations. During the on-site audit, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 2 files had been closed following the facility pre-audit; however, only 1 file had a completed Sexual Abuse or Assault Incident Review form; and therefore, the Auditor could not confirm the facility had fully implemented a procedure to ensure an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigation. The Auditor reviewed the Sexual Abuse or Assault Incident Review 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 Sexual Abuse or Assault Incident Review form further confirms the review form requires the review team review the incident 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 a sexual abuse. In addition, a review of the Sexual Abuse or Assault Incident Review form confirms if the recommendations are not followed, the review indicates the reasons for not doing so. The Auditor reviewed the SCDC ICE SAAPI Annual Report for 2024 and could not confirm the report had been forwarded to the Agency PSA Coordinator or uploaded into the ICE system for the PSA Coordinator to review; however, prior to the conclusion of the on-site audit, the facility had forwarded the report to the Agency PSA Coordinator; and therefore, came into compliance during the on-site audit.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. Interviews with the Supt., and PSA Compliance Manager indicated the facility was not conducting an incident review; however, following the facility's pre-audit, a procedure was put into place which ensures an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigations. During the on-site, the Auditor reviewed 12 sexual abuse allegation investigation files and confirmed 2 of the investigations were closed by the Agency following the facility's pre-audit; however, only 1 file had a completed Sexual Abuse or Assault Incident Review form; and therefore, the Auditor could not confirm the facility had fully implemented a procedure to ensure an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigation. To become compliant, the facility must submit documentation to confirm applicable staff, to include staff assigned to the incident review team, have received refresher training on the facility's pre-audit implemented procedure which ensures an incident review is conducted within 30 days of the conclusion of all sexual abuse allegation investigations. In addition, the facility must submit all sexual abuse allegation investigative files, and the corresponding incident reviews, which are closed by the Agency during the CAP period.

§115.87 - Data collection.

Outcome: Meets Standard

Notes:

(a): SCDC policy 3.6.07 states, "Collected sexual abuse data will be properly stored, retained, protected and destroyed. Sexual abuse data will be maintained for a minimum of 10 years. Aggregate data will be published online annually and should be readily available to the Public." Interviews with the PSA Compliance Manager, a facility PREA Investigator, and Auditor direct observations, confirmed all case records associated with allegations of sexual abuse are maintained in the PREA Investigator's Office under lock and key.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audits.

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): During 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 throughout the audit process. 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 12/9/2025

Auditor's Signature & Date

(b) (6), (b) (7)(C) 12/9/2025

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 12/10/2025

Assistant Program Manager's Signature & Date

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility