

PREA Audit: Subpart B DHS Immigration Detention Facilities Audit Report



Homeland Security

AUDIT DATES

From:	11/16/2021	To:	11/17/2021
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AUDITOR INFORMATION

Name of auditor:	Ron Kidwell	Organization:	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	571-406-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	772-597-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	El Paso Field Office
Field Office Director:	Juan L. Acosta
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	11541 Montana Ave. Ste. E. El Paso, TX 79936
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Albuquerque Hold Room
Physical address:	5441 Watson Dr. S.E. Albuquerque, NM 87106
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	505-452-4701
Facility type:	IGSA
PREA Incorporation Date:	Click or tap to enter a date.

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	AFOD
Email address:	(b) (6), (b) (7)(C)	Telephone number:	505-452-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Coordinator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	610-587-(b) (6), (b) (7)(C)

ICE HQ USE ONLY

Form Key:	29
Revision Date:	12/14/2021
Notes:	Click or tap here to enter text.

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 Prison Rape Elimination Act (PREA) Audit of the Albuquerque Hold Room (AHR) was conducted from November 16-17, 2021. The audit was conducted by U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor Ron Kidwell for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant ICE Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is the previous 12 months, October 2020 through October 2021; however, the audit period was extended to capture closed investigations that occurred since the facility's last audit but there were none. AHR is a Hold Room operated by DHS Immigration and Custom Enforcement (ICE). The facility was constructed in 2012 on the outskirts of downtown Albuquerque, New Mexico. The facility is a two-story building surrounded by a security fencing perimeter with two gatehouse entrances manned by private security. The building contains office space on the second floor for Enforcement and Removal Operations (ERO) and Homeland Security Investigations (HSI). The actual Hold Room is located on the first floor.

This is the second PREA audit conducted for AHR to determine compliance with the DHS PREA standards. Team Lead (b) (6), (b) (7)(C) from OPR ERAU provided the completed Pre-Audit Questionnaire (PAQ), along with supporting documents and policies for the AHR on the secure ERAU SharePoint website approximately three weeks prior to the on-site phase of the audit. The provided information included agency policies, memorandums of understanding (MOUs), training records and curricula, facility schematics, and a multitude of other related documentation and materials to determine compliance with the DHS PREA standards.

The Auditor completed the review of all the documentation that was provided by the Team Lead and AHR in the FY22 Facility Document folder found on the SharePoint platform. The documentation is supposed to help support how a facility is establishing a baseline for its actual practice for zero tolerance for sexual abuse and sexual harassment. The Auditor identified possible gaps or issues that needed to be followed up on and in some cases requested additional information. The request was captured on an easy to review document called an Issue Log. The log is used to outline requests for response to questions that need to be clarified during the audit process. The Auditor submitted his Issue log to the Team Lead on November 6, 2021, containing eleven requests for additional information. On November 9, 2021, the Team Lead provided all the requested information from the Issue Log so that the Auditor could conduct a comprehensive audit review of the facility.

On November 16, 2021, at approximately 7:50 am the Auditor along with the APM and PM met up with the ERAU team at the facility and proceeded to the Conference Room where the in-briefing was conducted by the ERAU Section Chief (b) (6), (b) (7)(C). Those in attendance where:

(b) (6), (b) (7)(C) ICE Supervisory Deportation and Detention Officer (SDDO)

(b) (6), (b) (7)(C) ICE/OPR/ERAU Section Chief

(b) (6), (b) (7)(C) ICE/OPR/ERAU Inspections and Compliance Specialist (ICS)

(b) (6), (b) (7)(C) ICE/OPR/ERAU ICS

(b) (6), (b) (7)(C) ICE/OPR/ERAU ICS

Ron Kidwell, Certified DOJ/DHS Auditor, Creative Corrections, LLC

(b) (6), (b) (7)(C) APM, Creative Corrections, LLC

(b) (6), (b) (7)(C) PM, Creative Corrections, LLC

The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next two days. Soon after the conclusion of the meeting the Auditor began the facility tour. Accompanied by the SDDO, ERAU Section Chief, PM, APM, and all other ICE OPR staff, the tour covered the entire Hold Room over the next two hours. The Auditor observed seven holding cells, a booking area consisting of 14 workstations, property room, storage room, control room, kitchen/lunch break room, two interview rooms, secure sallyport, and an office. During the tour, the Auditor looked at camera placements for possible blind spots and detainee to officer ratio in accordance with the holding room capacity occupancy. The Auditor looked at privacy issues, how the toilet and a single shower area were configured and if detainees have adequate privacy. The Auditor documented that PREA posters and PREA Notices were displayed in the holding rooms and public areas as well. PREA Audit Notices in English and eleven other languages were sent to the AHR prior to the on-site visit. The PREA notice communicates to staff and detainees that the facility will be undergoing an audit for compliance with DHS/ICE standards to prevent, detect, and respond to sexual abuse in a confinement setting. The notice also spells out how confidential information is to be handled and where that confidential information can be reported. No correspondence was received from detainees, staff, or other individuals during this audit phase. The Auditor noted the number of phones in each holding room and that the advocacy hotline number along with the outside reporting entity contact information was readily available in the holding rooms. The Auditor also conducted a test call to the outside entity in an attempt to prove the effectiveness of the facility's practice. Finally, the Auditor observed the processing of approximately 12 detainees that were transferred from the El Paso Detention Center for release. These detainees were immediately processed, received GPS tethering devices, and released. No interviews were conducted due to the timing and protocols.

Each holding cell includes at least one toilet, telephones, and concrete benches that surround the perimeter of the cells. The toilet areas are surrounded by half walls that are approximately four feet tall for privacy. All holding cells contained posters on the walls in English and Spanish informing detainees of how to report sexual abuse in writing, anonymously, and via third party, to the DHS Office of the Inspector General (OIG). (b) (6), (b) (7)(C) The Auditor viewed the video feed and observed that the restroom (toilet) areas had been pixelated (distorted) to provide a level of privacy. When the Hold Room is occupied, the supervision is provided by either an SDDO or a Deportation Officer (DO). No volunteers/contractors or private security is ever allowed inside the AHR at any time; only sworn law enforcement personnel. The AHR can receive males, females, and possibly juveniles by accident (falsifying birth date) pending processing and relocation by ICE ERO staff or through contracted transportation services. During the two-day on-site audit phase, there were no detainees held for any

length of time to conduct interviews. The detainees mentioned above were immediately processed and released. The Auditor did not or would not delay the release of a detainee from custody.

According to both DO staff and the SDDO during the interview process, detainees are usually brought to the AHR by two means. Either during an initial apprehension by a DO or during a transport to or from other detention facilities. The AHR's typical hours of operation is 7:30 am to 3:30 pm. No detainee is ever kept overnight and is never kept longer than 12 hours. The detainees are separated based on which facility they will be assigned to long-term, gender, and if necessary, juveniles. If the DO recognizes or is informed that a detainee is possibly at risk of sexual abuse, then that detainee is immediately separated and placed in a holding cell by themselves. The AHR has magnetic placards identifying these categories that are placed on the holding cell doors. If a detainee is brought to the AHR by means of a DO apprehension that detainee is processed, printed, and receives a risk classification assessment that will follow them to their next destination if necessary.

Immediately following the facility tour, the Auditor interviewed staff as there were no detainees at the facility available for interview during the two-day site visit. Staff interviews were conducted in a private office located on the second floor of the facility. During the interview process, five random staff were interviewed. The staff were randomly selected by the Auditor using the daily duty roster, provided by the SDDO. The Auditor chose staff from all shifts, working different assignments, and with different levels of experience. The Auditor also made sure interviews were conducted with the appropriate number of female staff that corresponded with the daily duty roster. The Auditor relied on the SDDO for the majority of the Designee Interviews as indicated on the PAQ. The SDDO is the current acting Officer in Charge (OIC) of the AHR. In addition, the Auditor also contacted the Rape Crisis Center and the University of New Mexico Hospital as part of this audit. The Auditor also selected four ERO staff and requested their PREA training certificates be made available.

On Wednesday, November 17, 2021, an exit briefing was held at approximately 1:45 pm in the Conference Room to discuss the audit findings. ERAU Section Chief (b) (6), (b) (7)(C) opened the meeting and then turned it over to the Auditor for an overview of the findings. The following individuals were in attendance:

(b) (6), (b) (7)(C) ICE SDDO

(b) (6), (b) (7)(C) ICE/OPR/ERAU Section Chief

(b) (6), (b) (7)(C) ICE/OPR/ERAU ICS

(b) (6), (b) (7)(C) ICE/OPR/ERAU ICS

(b) (6), (b) (7)(C) ICE/OPR/ERAU ICS

Ron Kidwell, Certified DOJ/DHS Auditor, Creative Corrections, LLC

(b) (6), (b) (7)(C) APM, Creative Corrections, LLC

(b) (6), (b) (7)(C) PM, Creative Corrections, LLC

The Auditor thanked everyone present and the entire staff at the AHR for their cooperation, professionalism, and hospitality during the audit. The Auditor reported that the Hold Room phones were not operational and additional information about the situation was needed. The Auditor advised those in attendance that he would be unable to provide them with a score until performing an audit triangulation (policy, interviews, observations) to determine if each standard is met before making a final decision.

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: 29

§115.111 Zero-tolerance of sexual abuse
§115.113 Detainee supervision and monitoring
§115.114 Juveniles and family detainees
§115.115 Limits to cross-gender viewing and searches
§115.116 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.117 Hiring and promotion decisions
§115.121 Evidence protocol and forensic medical examinations
§115.122 Policies to ensure investigation of allegations and appropriate agency oversight
§115.131 Employee, contractor, and volunteer training
§115.132 Notification to detainees of the agency's zero-tolerance policy
§115.134 Specialized training: Investigations
§115.141 Assessment for risk of victimization and abusiveness
§115.154 Third-party reporting
§115.161 Staff reporting duties
§115.162 Protection duties
§115.163 Reporting to other confinement facilities
§115.164 Responder duties
§115.165 Coordinated response
§115.166 Protection of detainees from contact with alleged abusers
§115.167 Agency protection against retaliation
§115.171 Criminal and administrative investigations.
§115.172 Evidentiary standard for administrative investigations
§115.176 Disciplinary sanctions for staff
§115.177 Corrective action for contractors and volunteers
§115.182 Access to emergency medical services
§115.186 Sexual abuse incident reviews
§115.187 Data collection
§115.201 Scope of audits

Number of Standards Not Met: 1

§115.151 Detainee reporting

Number of Standards Not Applicable: 1

§115.118 Upgrades to facilities and technologies

Hold Room Risk Rating

§115.193 Audits of standards – Not Low Risk

PROVISIONS

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

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

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

Notes:

(a) The AHR provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 2, page 1, which states in part that; ICE has a "zero-tolerance policy for all forms of sexual abuse or assault." It is the policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody, including with respect to screening, staff training, detainee education, response and intervention, medical and mental health care, reporting, investigation, monitoring and oversight as outlined in this directive.

During the interview with the SDDO, he discussed the policy and stressed the importance of sexual safety for detainees. The staff that were interviewed was also aware of the zero-tolerance policy.

§115.113 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c) The AHR provided a written directive, Policy 11087.1 Operations of ERO Holding Facilities, section 4.1, pages 4-5, which states in part that; "the Field Office Director (FOD) shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels and where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing the FOD shall take into consideration a) The physical layout of each holding facility; b) The composition of the detainee population; c) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; d) The findings and recommendations of the sexual abuse review reports; e) Any other relevant factors, including the length of time detainees spend in custody."

The AHR provided employee duty rosters and an email confirming the final assessment results from the SDDO of the ERO Phoenix Field Office dated July 9, 2021, showing compliance with their self-assessment. This process is completed annually and is identified as the "Hold Room Facility Self-Assessment Tool (HFSAT)" and is used to review the supervision guidelines.

During the interview with the SDDO, he stated that staff members conduct regular or scheduled detainee cell checks. (b) (7)(C) The AHR has reported that there have been no reported sexual abuse or sexual harassment allegations within the past 12 months. As there were zero allegations of sexual abuse reported at AHR for the prior 12 months, the audit period was extended to capture closed investigations that occurred since the facility's last audit and there were none.

§115.114 - Juvenile and family detainees.

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

Notes:

(a)(b) The AHR provided a written directive, Policy 11087.1, Operations of ERO Holding Facilities, section 4.3, pages 2-4, states in part that; "The FOD shall ensure that unaccompanied minors, elderly detainees, or family units are not placed in hold rooms, unless they have demonstrated or threatened violent behavior, have a history of criminal activity, or pose an escape risk. The FOD shall ensure minors are detained in the least restrictive setting appropriate to his or her age and special needs, provide that such settings are consistent with the need to protect the minor's well-being and that of others, as well as with any laws, regulations, or legal requirements. Unaccompanied minors will generally be held separate from adults. The unaccompanied minor may temporarily remain with a non-parental adult family member where a) The family relationship has been vetted to the extent feasible, b) The agency determines that remaining with the non-parental adult family member is appropriate, under the totality of the circumstances."

The AHR presented a memorandum dated October 20, 2021, authored by the FOD stating that the AHR has not held any juveniles or families in the 12 months preceding this audit. When interviewing the SDDO, he stated that if they encountered a juvenile, they would ensure the juvenile was placed out of sight and sound of any adults. He also confirmed that an unaccompanied minor may temporarily remain with a non-parental family member until the family relationship is established or until it has been established that remaining with the adult family member is appropriate. When interviewing the five random staff, all five stated that they had not taken any juveniles into custody or processed any juveniles. All five random staff members stated that if they were to come into contact with unaccompanied minors, they would ensure the juvenile was kept separate from all adults.

§115.115 - 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)(e)(f) The AHR provided a written directive, Policy 11087.1, Operations of ERO Holding Facilities, sections 4.5, 4.6.1 and 4.6.2 that governs limits to cross gender viewing and searches. Section 4.5 page 7 states in part that; "the FOD shall ensure that when pat down searches indicate the need for a more thorough search, and extended search (i.e., strip search) is conducted in accordance with ICE policies, including that a) All strip searches and visual body cavity searches are documented; b) Cross-gender strip searches or cross gender visual body cavity searches are not conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners; and c) Visual body cavity searches of minors are conducted by a medical practitioner and not by law enforcement personnel."

"The FOD shall ensure that ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, it may be determined during conversation, reviewing medical records, or learning that information as part of a broader medical examination conducted in private by a medical practitioner."

(d) Section 4.6 page 8 states in part that; "the FOD shall ensure that detainees are permitted to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks, a medical exam, or monitored bowel movement under medical supervision." The FOD will also ensure that ERO personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

The AHR presented a memorandum dated October 18, 2021, authored by the FOD stating that the AHR has not conducted any strip searches or visual body cavity searches of non-citizens in the 12 months preceding the audit. In addition, HQ training is located on the ERAU SharePoint platform and all AHR DOs are required to complete the Sexual Abuse and Assault Prevention and Intervention. The AHR provided the Auditor with four DO training certificates as requested by the Auditor, acknowledging the completion of the training.

During the interview with the SDDO, he stated that cross-gender strip searches are only permitted to be performed by medical staff, if needed. However, it should be noted that there are no medical staff working at the AHR. Therefore, if the need for such a search was deemed necessary the detainee would have to be transported to a facility with medical staff for the search. The SDDO also stated that searches are not conducted for the sole purpose of identifying a detainee's gender. He stated that the detainee would be asked what gender they identify with. When interviewing random staff, all five DOs stated that they were taught how to conduct pat searches during the law enforcement academy and that they rely on utilizing sworn staff of the same gender when confronted with the need to conduct a search of a detainee of the opposite gender. Also, all five DOs stated that they had not conducted or witnessed any strip searches or visual body searches of any detainees of the opposite gender or juveniles. (b) (7)(E)

Only one holding cell is equipped with a shower. According to the interviews with the SDDO and DOs, no one has ever taken a shower in that shower area. At the time of the on-site, the holding cell where the shower is located was being used as storage for extra mattresses. Due to the mission and short-term temporary presence of detainees at the hold room, no detainees change clothes at the hold room. They are either brought in upon the initial arrest and then transferred to a long-term facility or they arrive from a long-term facility for release. In either situation there is no need for the detainee to change clothes. During the on-site facility tour, the Auditor observed the privacy half walls and distorted camera views on the live monitor in areas surrounding the bathroom areas inside the hold rooms which provides adequate privacy for detainees to use the restroom.

§115.116 - 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)(c) The AHR has provided a written directive, Policy 11087.1, Operations of ERO Holding Facilities, section 4.4.1-2, pages 6-7, which states in part that; "the FOD shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in and benefit from processes and procedures in connection with placement in an ERO holding facility, consistent with established statutory, regulatory, DHS and ICE policy requirements. The FOD shall take reasonable steps to ensure meaningful access to detainees who are limited English proficient, consistent with established regulatory and DHS/ICE policy requirements." In addition, the AHR provided Policy 11062.2, section 5.6, pages 10-11, which state in part that; "appropriate steps in accordance with applicable law to ensure that detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse. In matters related to allegations of sexual abuse or assault, ensure the provision of in-person or telephonic interpretation that enable effective, accurate, and impartial interpretation 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."

During the interview with the SDDO, he stated that there are posters regarding PREA throughout the facility in multiple languages to include numbers for individuals to contact their consulate. The SDDO also explained that many staff members are bilingual, and staff have access to the ERO Language Access Resource Center. A copy of the flyer for the ERO Language Services was provided to the Auditor for review and staff interviewed were aware of how to access this flyer when needed. These ERO Language Services are provided 24/7 and provides access to a language line for translation or transcription. This resource flyer provides information on how to access the ERO Language Resource Center; the 24-Hour Language Line to request translation or transcription; and the USCIS Language Line to request translations. Finally, the SDDO informed the Auditor that his staff do not utilize other detainees for interpretation responsibilities. Random staff were interviewed and asked about communicating with detainees that have disabilities or are limited English proficient. The staff identified the posters in multiple languages, utilizing the Language Line services, reading the information to the detainee, or communicating with the detainee in writing. Of the five random staff members the Auditor interviewed, the Auditor is aware of three DOs that were fluent in the Spanish Language. Also, all random staff had not encountered a detainee that was either blind or deaf at the AHR facility. Finally, the random staff indicated that the majority of the detainees that they come in contact with that are limited English proficient speak a form of Spanish. The only other language that was identified through random staff interviews was Mandarin. Two DOs indicated that they had come into contact with Chinese detainees that spoke only Mandarin and that they used the interpreter services through the Language Line to communicate.

The Auditor observed these PREA Posters in multiple languages and Consulate contact information posted throughout the facility during the on-site facility tour. No detainees were interviewed during the on-site audit phase because the only detainees that were present were the ones previously mentioned that were immediately processed and released.

§115.117 - 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)(e)(f) 5 CFR 731, Executive Order 10450, ICE Directive 6-7.0, and ICE Directive 6-8.0 require anyone entering into or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, financial check, residence and neighbor checks, and prior employment checks. The policy documents the above outlined misconduct and criminal misconduct as grounds for unsuitability including material omissions or making false or misleading statements in the application. The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors who attended virtual training in November 2021 that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.

Based on information provided in an email by the OPR Personnel Security (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law.

(c) 5 CFR 731, and ICE Directive 6-8.0 requires the agency to conduct a background investigation on everyone to determine access into government employment or into a facility. 5 CFR 731 requires investigations every five years. The Auditor created a list of five random employees working at the AHR and submitted them to the ICE PSO. The Auditor received a response regarding up-to-date background checks on all five employees on November 5, 2021.

(d) As previously noted, there are no contractors allowed access to the Hold Room. If contractors were allowed, they would have to submit and complete the same background check as employees.

§115.118 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b) The AHR has provided a written directive, Policy 11087.1 section 4.12, page 13, which states in part that; "when designing or developing any new ERO holding facility and in planning and substantial expansion or modification of existing facilities, the FOD, in coordination with the Office of Facilities Administration (OFA), shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in a hold room, the FOD in coordination with the OFA shall consider how such technology may enhance the agency's ability to protect detainees from sexual abuse."

The AHR presented a memorandum dated October 18, 2021, authored by the FOD stating that the AHR has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems since May 6, 2014, or in the 12 months preceding this audit.

§115.121 - Evidence protocols and forensic medical examinations.

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

Notes:

(a) The AHR provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.9, page 13, which states in part that; "when feasible, secure and preserve the crime scene and safeguard information and evidence, consistent with ICE uniform evidence protocols and local evidence protocols in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." 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 local law enforcement agency is Albuquerque Police Department (APD). The OPR will coordinate with the ICE Enforcement and Removal Operations ERO 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 the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted." The Hold Room had no sexual abuse allegations reported within the audit period.

(b)(c)(d) The AHR also provided Policy 11087.1, section 4.10, pages 12-13, which states in part that; "the FOD shall coordinate with the ERO HQ and the ICE PSA Coordinator in utilizing, to the extent available and appropriate, community resources and services that provide expertise and support in areas of crisis intervention and counseling to address victims' needs." The policy also states that; "where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the FOD shall arrange or refer an alleged victim detainee to a medical facility to undergo a forensic medical examination, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified health care personnel. If in connection with an allegation of sexual abuse, the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available consistent with security needs."

During the interview with the SDDO, he informed the Auditor that if an allegation of sexual abuse was made and appeared to be credible, his staff would transport the detainee to the University of New Mexico Hospital for a forensic medical examination with the detainee's consent. The Auditor reached out to the hospital and confirmed that they offer and employ SANE's that are on call and available to provide this service. The Auditor was also told by the SDDO that he had contacted a Rape Crisis Center by the name of La Pinon and requested that they provide their services to the AHR if needed, as they have already entered into a contractual agreement with another ERO Detention Facility. The Auditor contacted La Pinon and asked about this verbal agreement. La Pinon confirmed the agreement and stated that they would offer their services as a rape crisis advocate if called upon by the AHR.

(e) AHR is staffed and operated by ICE certified law enforcement Deportation Officers and would rely on the DHS OIG or ICE OPR to conduct all criminal and administrative investigations regarding alleged sexual abuse while in the custody of ICE. Criminal investigations would be conducted in coordination with the APD as well. AHR had no sexual abuse investigations within the audit period.

§115.122 - 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) The AHR provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.7, page 11, 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 (b) (6), (b) (7)(C) Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (b) (6), (b) (7)(C) 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 (b) (6), (b) (7)(C) Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." There were zero allegations of sexual abuse reported at AHC during the audit period.

The AHR presented a memorandum dated October 18, 2021, authored by the FOD stating that AHR does not have service agreements, memos, MOUs, or documentation of efforts to require local law enforcement to comply with Policy 11062.2 section 5.9 (entire section) of that provision.

A second memorandum dated October 18, 2021, by the FOD states that; "The Albuquerque Hold Room has not had to report an allegation to the JIC or the appropriate law enforcement agencies with legal authority to conduct a criminal investigation for PREA allegations within the audit period. In the event that an allegation or instance would have to be reported to the JIC or the appropriate law enforcement agency with legal authority to conduct a criminal investigation, the Albuquerque Hold Room would ensure that it complies with investigative mandates in accordance with PBNDS 2011 Standard 2.11, as well as any other detention standards and contractual requirements for reporting sexual abuse and assault on any non-citizen victim in ERO custody. Whenever feasible, ERO Albuquerque would preserve the crime scene and safeguard any information and evidence in accordance with established evidence protocols."

Based on Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, the agency protocol is developed in coordination with DHS investigative entities and includes a description of responsibilities of both the agency and investigative entities; Section 5.12, page 21, requires "all sexual abuse and assault data collected pursuant to [11062.2] shall be maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise." These protocols are posted to the agency's website and can be found at <https://www.ice.gov/detain/prea>.

The AHR provided a memorandum dated October 18, 2021, by the FOD that indicates; the Albuquerque Hold Room would ensure that it complies with investigative mandates in accordance with PBNDS 2011 Standard 2.11, as well as any other detention standards and contractual requirements for reporting sexual abuse and assault on any non-citizen victim in ERO custody. Whenever feasible, ERO Albuquerque would preserve the crime scene, safeguard any information and evidence in accordance with established evidence protocols. If victim and perpetrator are detained in same housing cell, ERO Albuquerque would have to isolate victim from perpetrator. The ERO Albuquerque officials, in coordination with the APD, would conduct a prompt, thorough, and objective investigation by qualified investigators. Victim and witness statements would be requested as part of the investigation and ERO Albuquerque officials would have to refer the victim to local medical facility or personnel to conduct an extensive forensics exam of victim for any signs of sexual abuse and assault. ERO Albuquerque officials would also have to refer the alleged victim to outside or internal victim advocate services, at victim's request for the assistance from the victim advocate services. If the victim and perpetrator are detained in the same holding cell, ERO Albuquerque would have to isolate the victim from perpetrator. The ERO Albuquerque officials would conduct a prompt, thorough, and objective investigation by qualified investigators. Victim and witness statements would be requested as part of the investigation. The ERO Albuquerque officials would have to refer the victim to a local medical facility to conduct an extensive forensics exam of the victim for any signs of sexual abuse and assault. ERO Albuquerque officials would also have to refer the victim to outside or internal victim advocate services, at victim's request for the assistance from the victim advocate services.

(e) Agency Policy 11062.2, section 5.9, page 16 states in part that; "the OPR shall coordinate with appropriate ICE entities and federal, state, or local law enforcement to facilitate necessary immigration processes that ensure availability of victims, witnesses, and alleged abusers for investigative interviews and administrative or criminal procedures, and provide federal, state, or local law enforcement with information about U nonimmigrant visa certification."

The AHR provided a memorandum dated October 18, 2021, by the FOD that indicates; The ERO Albuquerque officials would refer the case to a federal, state, or local law enforcement entity for possible criminal investigation. A verbal notification would be completed within 24 hours to the FOD and the field office of the Prevention of Sexual Assault (PSA) through the chain of command followed by a written notification in the form of a Significant Incident Report (SIR) within 48 hours or when all written reports of investigation are completed by the investigators are available. Finally, ERO Albuquerque officials would refer the case to OPR for a final outcome and decision.

When interviewing the SDDO, he stated that once made aware of an alleged sexual abuse incident, a SIR would be generated by him with a follow-up phone call to the OPR. The OPR or OIG would determine which office would conduct the criminal investigation, if necessary. If an administrative investigation is warranted, the OPR would conduct the investigation or refer it to ERO's Administrative Inquiry Unit for completion of a management inquiry.

§115.131 - Staff training.

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

Notes:

(a)(b)(c) The AHR provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.2.1, pages 7-9, which states in part that; "all current employees required to take the training, as listed below, shall provide each employee with biennial refresher training to ensure that all employees know ICE's current sexual abuse policies and procedures. All newly hired employees who may have contact with individuals in ICE custody shall also take the training within one year of their entrance on duty."

The policy indicates that the agency shall document all ICE personnel, who may have contact with individuals in ICE custody, have completed the training. All ICE personnel who may have contact with individuals in ICE custody shall receive training on the ICE's zero-tolerance policy for all forms of sexual abuse, the right of detainees and staff to be free from sexual abuse, definitions and examples of prohibited and illegal behavior, dynamics of sexual abuse and assault in confinement, prohibitions on retaliation against individuals who report sexual abuse, recognition of physical, behavioral, and emotional signs of sexual abuse that may occur, and ways of preventing and responding to such occurrences. These ways include common reactions of sexual abuse victims, how to detect and respond to signs of threatened and actual sexual abuse, prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse involving detainees with mental or physical disabilities, and how to communicate effectively and professionally with victims reporting sexual abuse.

Additional training also includes how to avoid inappropriate relationships with detainees, accommodating limited English proficient individuals and individuals with mental or physical disabilities, communicating effectively and professionally with LGBTI or gender nonconforming individuals and members of other vulnerable populations, procedures for fulfilling notification and reporting requirements, the investigation process, 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. The Auditor reviewed the ICE PREA Employee Training curriculum that was provided and concluded that the training addresses all the topics that are listed in the agency's policy.

When interviewing the SDDO, he stated that the AHR does not have any contractors or volunteers that work in the area where detainees are held and that they would not have contact with detainees. Access to the doors entering the AHR is keycard controlled and the security contractors do not have access. During the interview process, a contracted facility security officer that works the perimeter facility security was asked about if or when they would come into contact with detainees. The contracted facility security officer confirmed that they do not have any contact with ICE detainees. During the random interview phase, five DOs were interviewed. All five officers stated that they had received the established PREA training as outlined in the policy. Three officers stated that they receive PREA training through PALMS within the last year. The other two officers stated that they had received PREA training the week prior to the audit. The agency presented a memorandum dated October 18, 2021, authored by the FOD stating that the AHR does not have a sign-in sheet or other evidence of ICE employees, contractor, and volunteers who may have contact with detainees completing PREA refresher training. ERO Albuquerque officers were instructed to take the Sexual Abuse and Assault Preventive and Intervention training in PALMS, and they have provided four training certificates for this training as examples of compliance.

§115.132 - Other training.

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

Notes:

(a) The AHR provided a written directive, Policy 11087.1 Operations of ERO Holding Facilities, section 4.10, page 10, which states in part that; "the FOD shall ensure that key information regarding ICE's zero-tolerance policy for sexual abuse is visible or continuously and readily available to detainees (e.g., through posters, detainee handbooks, or other written formats)."

During the interviews with the SDDO and DOs the Auditor was informed that zero-tolerance and reporting posters for detainees is available in each of the holding rooms through posters affixed to the walls. These posters are available in both English and Spanish alerting the detainee to the zero-tolerance of sexual abuse and how to report it. In addition, the poster provides directions about contacting the toll-free number to make a PREA report in six additional languages. One DO stated that she had personally provided the PREA information and ways to report verbally in Spanish to a detainee. During the facility tour the Auditor observed the zero-tolerance and reporting posters affixed to the walls in each of the holding rooms and in the common areas. As noted, the only detainees present at the time of the site visit were immediately processed and released. Therefore, no detainee interviews were conducted.

§115.134 - Specialized training: Investigations.

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

Notes:

(a)(b) The AHR provided a written directive, Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, section 5.2, page 9, which states in part that; "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover, at a minimum: interviewing sexual abuse victims, sexual abuse evidence collection in a confinement setting, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process."

The AHR provided the Specialized Training in a Confinement Setting Curriculum that was established and created by the Moss Group. The agency has also provided a list of all OPR trained officers that may investigate allegations of sexual abuse of detainees in the custody of ICE while being held at the AHR. The Auditor reviewed the PowerPoint training and an excel spreadsheet titled "ICE Staff trained on Investigating Incidents of Sexual Abuse & Assault." The spreadsheet lists the names and locations of the specially trained officers, when the training was completed, and contact email addresses. The spreadsheet was last modified on October 7, 2021. There were no sexual abuse allegations reported during the audit period. Compliance is based on policy review, review of required training curriculum, and completed training records.

§115.141 - 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) The AHR has provided a written directive, Policy 11087.1, Operations of ERO Holding Facilities, section 4.10, pages 10-11, which states in part that; "the FOD should ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused and when appropriate, shall take necessary steps to mitigate any such danger to the detainee. The FOD shall ensure that detainees who may be held overnight with other detainees are assessed to determine their risk of being either sexually abused or sexually abusive, to include being asked about their concerns for their physical safety."

When conducting the interview with the SDDO, he informed the Auditor that the only initial background information about a detainee that would be available is information collected on the Field Operations Worksheet, which is completed by ERO on detainees when they are taken into custody from the community. The Field Operations Worksheet is a tool to gather investigative information. If prior history on either the arrest location or the individual is available, and that information contains prior sexual abuse concerns, then the DO would be aware and would consider that information when placing the detainee in a hold cell. This form is not created to assess sexual abuse risk but for investigative purposes. However, information that is gained by this process may indicate sexual abuse risk; therefore, that information would be taken into consideration regarding where a detainee should be placed at the AHR. Also, no PREA information would be available on detainees who have just been taken into custody unless the detainee offers that information. The SDDO stated that risk classification assessments (RCAs) are completed at long-term detention facilities and not at the AHR. The SDDO stated that the RCA captures the required information in accordance with Policy 11087.1. When conducting interviews with DOs, several DOs indicated that when they recognized or perceived that a detainee may be high risk for sexual abuse, they would talk to the detainee concerning their feelings about being safe. The DOs also stated that if the RCA is available when detainees are brought to the AHR for release, then that information would be used to determine the appropriate holding cell for that detainee.

(c) Agency Policy 11087.1 states that; "the FOD shall ensure that the following criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available: whether the detainee has a mental, physical, or developmental disability, the age of the detainee, the physical build and appearance of the detainee, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history, whether the detainee has any convictions for sex offenses, whether the detainee has self-identified as LGBTQI or gender nonconforming, whether the detainee has self-identified as previously experiencing sexual victimization, and the detainee's own concerns about his or her physical safety." The AHR provided a blank copy of an RCA identifying that the criteria listed above are present on the form and are assessed during the risk screening process.

(d) Agency Policy 11087.1 states that; "for detainees identified as being at high risk for victimization, the FOD shall provide heightened protection, including continuous direct sight and sound supervision, single-housing, or placement in a hold room actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is feasible,"

The SDDO stated that if a detainee was to provide information regarding their sexual safety, his staff would ask if the detainee felt safe to be housed with others. If not, the detainee would be placed in a hold room by themselves. During the on-site visit, the Auditor identified seven separate holding cells that could be used to separate possible detainee victims from alleged detainee abusers.

(e) Agency Policy 11087.1 states that; "the FOD shall implement appropriate controls on the dissemination of any sensitive information regarding a detainee provided pursuant to screening procedures."

The SDDO stated that sensitive information concerning a detainee is placed in their file. He informed the Auditor that ERO personnel has access to that information. However, the detainee file is placed in a secure box during transport to another facility to limit access to sensitive information.

The Auditor interviewed five DOs and during those interviews they were asked how they would decide where to place detainees at the AHR. Three DOs identified locations by where the detainee was going or where they were from. All five DOs identified housing locations by sex or gender. Again, all five DOs stated they would separate juveniles from adults, and one DO stated he would use the RCA tool. In addition, two DOs explained that the only time an RCA would be conducted at the AHR is when the DO detains an individual off the street and kept overnight. The paperwork would then follow that individual to the long-term detention facility. This situation is very rare and has not occurred during the time both DOs have been assigned to AHR. The only time an RCA is required to be completed by the AHR is if the detainee is being kept overnight at the Hold Room. Finally, all five DOs stated that if they became aware of a detainee that is at high risk of sexual victimization then the DOs would immediately separate that individual from the potential danger. AHR does not hold a detainee overnight and therefore the RCA is completed at the long-term detention facility where the detainee will be housed.

\$115.151 - Detainee reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c) The AHR provided a written directive, Policy 11087.1, section 4.10, page 11, which states in part that; "the FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse, retaliation for reporting sexual abuse, or violations of responsibilities that may have contributed to such incidents to ERO personnel. The FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports." Finally, "the FOD shall ensure that detainees are provided with instructions on how they can contact the DHS/Office of the Inspector General (OIG) or as appropriate, another public or private entity which is able to receive and immediately forward detainee reports of sexual abuse to agency officials. Also, to confidentially and if desired, anonymously, report these incidents."

The AHR provided a copy of the Consulate List with instructions on how to contact 150 consulates located in the United States along with the Rape Crisis Center, American Bar Association, Immigration Court, DHS/OIG, and many other professional organizations associated with Immigration Detention. The Agency also provided a copy of the DHS/OIG Poster containing a mailing address and toll-free phone number to contact the office. During the facility tour, the Auditor observed these posters affixed to the walls of the hold rooms.

When interviewing DOs, they were asked if detainees have multiple ways to privately report a sexual abuse allegation. From that question, five DOs identified verbally, three acknowledged the Hotline, two said in writing, and one DO mentioned by a 3rd Party. They were also asked how they would accept an allegation of sexual abuse, and they all stated verbally, written, or by a third party. During the interview with the SDDO, he identified the multiple ways available to detainees to report a sexual abuse allegation by contacting the ICE ERO Detention Reporting and Information Line (DRIL), calling the consulate, and through the OIG.

While conducting the facility tour, the Auditor along with the APM attempted to make several phone calls on the phones located in the holding cells using the instructions provided on the posters affixed to the walls. The recorded message on the phones indicated they were disabled, and no calls could go through. The Auditor made the ERAU Section Chief and the SDDO aware of the issue. On November 23, 2021, the Auditor received an email from the OPR ERAU Team Lead stating the phones at the AHR were now operational. On December 3, 2021, the Auditor contacted the SDDO via phone to confirm the status of the detainee phones and whether the phones had been tested. The SDDO affirmed that they were operational and that he had personally tested the hotline option to include contacting the OIG. The Auditor requested that the SDDO document that information in an email and send the explanation and test results to the Auditor.

On December 17, 2021, the Auditor received correspondence from the Team Lead and SDDO regarding the operational functionality of the Hold Room phone system and the effectiveness of contacting DRIL or OIG to report a sexual abuse allegation. The correspondence indicated that the phones were operational, and the prompts were available in different languages, which was not the case during the on-site visit. However, when the SDDO was prompted to leave a PREA allegation, messages were left to no avail. To date, no contact has been made to verify the outside reporting entity received the message and "immediately forwarded" that information to agency officials. Therefore, the AHR has not provided proof that the Hold Room phone system is capable of reporting a sexual abuse allegation by a detainee to either the DRIL or OIG as stated in the ICE policy. Consequently, the AHR does not meet this standard.

Does not meet (b): The facility has not demonstrated that detainees are provided at least one way to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. The telephones located in the holding cells were not working at the time of the on-site visit. It was determined that they have not been turned on since February 2019. The telephones have been restored, but the Auditor has not received sufficient information as evidence that a call can be placed anonymously to the DRIL and/or OIG from these phones. The facility shall provide to the Auditor for compliance review documented evidence that test calls have been completed successfully to the DRIL and OIG reporting lines and that the reports are able to be immediately forwarded to agency officials, and that the detainees may remain anonymous upon request.

§115.154 - Third-party reporting.

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

Notes:

(a) The AHR provided a written directive, Policy 11087.1, section 4.10, page 11, which states in part that; "the FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports." The agency provided both the OIG Poster with contact information along with the DRIL contact information and website address. All of this information can be found on the Agency website at www.ice.gov/prea for making third party reports by the public.

§115.161 - Staff reporting duties.

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

Notes:

(a)(b)(c) The AHR provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.3, page 9, which states in part that; "all ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse 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." The supervisor or designated official shall report the allegation to the FOD or SAC, as appropriate. Apart from such reporting, ICE employees shall not reveal any information related to a sexual abuse allegation to anyone other than the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff, or to make medical treatment, investigation, law enforcement, or other security and management decisions. The agency also provided a memorandum titled "Directing Complaints Appropriately" dated November 10, 2010, authored by then former Deputy Director. This memo reiterates the types of misconduct allegations that employees must report to the JIC, OPR, or the OIG and those types of allegations that should be referred to local management. Employees should report allegations of substantive misconduct or serious mismanagement to the JIC, OPR, or OIG. Listed in this memo as a substantive misconduct is "Physical or sexual abuse of a detainee or anyone else."

When interviewing the SDDO, he was asked if a staff member learns about a sexual abuse allegation when and to whom would they report the allegation. The SDDO responded that staff would report the allegation immediately and to their immediate supervisor. The SDDO stated that staff can also contact the JIC and make a report outside of their chain of command. When asked how the AHR would ensure only staff with a need-to-know is informed about the allegation, the SDDO stated that this practice is policy driven and staff are aware of the policy that they must keep information regarding the allegation to themselves and only divulge the information to those who have a need-to-know. When interviewing random staff, the Auditor asked the DOs if detainees had multiple ways to report sexual abuse allegations or other concerns such as retaliation for reporting sexual abuse allegations and the DOs indicated that there were multiple ways to report and provided examples such as verbally, in writing, and through the hotline. The auditor also asked the DOs how and when they would report if a detainee came to them with a sexual abuse allegation and they informed the Auditor they would immediately report the allegation to their supervisor and generate a written statement about the incident. When asked what steps would be taken, the DOs indicated they would immediately protect the safety of the detainee and arrange for medical personnel to respond if necessary. All five DOs indicated that they are aware that information regarding a sexual abuse allegation must be limited to those individuals with a need to know to maintain the integrity of the case and safety of the detainee.

(d) Policy 11062.2 section 5.7, page 11, states in part that; "if the alleged victim is under the age of 18 or determined, after consultation with the relevant OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, report the allegation to the designated state or local services agency as necessary under applicable mandatory reporting laws; and document his or her efforts taken under this section."

§115.162 - Protection duties.

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

Notes:

(a) The AHR provided a written directive, Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, section 5.4, page 10, which states in part that; "if an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee". When interviewing the DOs, they all indicated that, if confronted by the possibility of a detainee being subject to substantial risk of being sexually abused, they would immediately separate the detainee from the threat and place the detainee under direct supervision.

§115.163 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d) The AHR provided a written directive, Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, section 5.7, page 11, which states in part that; "if the alleged assault occurred at a different facility from the one where it was reported, ensure that the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation and document such notification."

When interviewing the SDDO, he indicated that if a detainee reported being sexually abused at another facility, he would report that allegation to the FOD as soon as he found out about the alleged incident. The SDDO also stated that if he received a report from another facility administrator stating that sexual abuse allegedly occurred at the AHR, he would have all those staff members that were involved with the detainee write statements and refer the allegation for investigation.

The AHR provided a memorandum dated October 18, 2021, authored by the FOD stating that the AHR has not had to give the agency or any facility a notification within 72 hours of any sexual abuse allegation that might have occurred at another confinement facility during the current audit period. There have been no allegations of sexual abuse reported at the facility within the audit period.

§115.164 - Responder duties.

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

Notes:

(a) The AHR provided a written directive, Policy 11087.1 Operations of ERO Holding Facilities, sections 4.11, page 12, which states in part that; "the FOD shall ensure that upon learning of an allegation that a detainee was sexually abused, the first responder, or his or her supervisor shall; separate the alleged victim and abuser, preserve and protect to the greatest extent possible any crime scene until appropriate steps can be taken to collect any evidence, and If the sexual abuse occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence." These actions would include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the sexual abuse occurred within a time period that still allows for the collection of physical evidence, ERO staff would ensure that the alleged abuser does not to take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

When conducting the interviews with DOs they indicated that they would separate the victim from the abuser, preserve the scene, contact medical personnel, secure the area, and notify a supervisor. The SDDO stated that he would separate the alleged victim and abuser, preserve, and protect the crime scene, and preserve and protect physical evidence. There were zero allegations of sexual abuse reported at AHR during the audit period.

(b) Agency Policy 11087.1, page 12, and PBNDS 2011, 2.11 page 160 states in part that; "if the first responder is not a security staff member, the responder shall request the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff." As AHR does not have any contractors or volunteers that have contact with any detainees this subsection of the standard is not applicable.

§115.165 - Coordinated response.

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

Notes:

(a) The AHR provided a written directive, Policy 11087.1 Operations of ERO Holding Facilities, section 4.11, pages 11-13, which states in part that; "the FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse occurring in holding facilities or in the course of transit to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse that occurred elsewhere in ICE custody."

The interview with the SDDO indicated that when any allegation of sexual abuse occurs his response would be to report the incident via policy following the SIR and Significant Event Notification (SEN) procedures which would include notifications to the OIG, JIC, Assistant Director of Field Operations, and PSA Coordinator. He would also ensure a coordinated response by the APD, University of New Mexico Hospital Forensics Unit, and the La Pinon Rape Crisis Center. The Auditor sent correspondence to the Team Lead to confirm this information. The facility uses Policy 11087.1 as its Coordinated Response Plan.

(b)(c) Policy 11087.1 section 4.11 page 13 states in part that; "If a victim is transferred from a holding facility to a detention facility or to a non-ICE facility, the FOD shall inform the receiving facility of the incident and the victim's potential need for medical or mental health care or victim services."

The AHR provided a memorandum dated October 18, 2021, authored by the FOD stating that there were no allegations of sexual abuse reported at AHR during the audit period. Based on interview with the SDDO, if an instance were to occur, the AFOD would notify the FOD, through proper channels, and if the AHR could not meet the immediate needs of the victim, a transfer of the alleged victim to a facility where the victim's needs for additional medical, mental health care, or victim services could be met would be initiated.

§115.166 - 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:

The AHR provided a written directive, Policy 11062.02, Sexual Abuse and Assault Prevention and Intervention, section 5.7, page 11, which states in part that; "the FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation." During the interview, the SDDO verified the policy and confirmed that the policy and standard would be followed in every case. As noted, there are no contractors who have contact with detainees or volunteers at the Hold Room. There were no allegations of sexual abuse reported at AHR during the audit period.

§115.167 - Agency protection against retaliation.

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

Notes:

The AHR provided a written directive, Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, section 5.3, pages 9-10, which states in part that; "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 for participating in sexual activity as a result of force, coercion, threats, or fear of force." However, ICE prohibits deliberately making false sexual abuse allegations as well as deliberately providing false information.

The SDDO was interviewed and indicated that the AHR ensures that staff do not retaliate against other staff or detainees. The SDDO stated that the agency policy dictates retaliation is prohibited. Therefore, employees that engage in such activity are held accountable. The SDDO also reported that the AHR has not had any incidents regarding retaliation in the last 12 months.

The agency provided a memorandum dated October 18, 2021, authored by the FOD stating that; the AHR does not have any documentation demonstrating a report of retaliation related to sexual abuse because the AHR has not had any sexual abuse incidents in the preceding 12 months.

§115.171 - Criminal and administrative investigations.

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

Notes:

(a) The AHR provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.9, pages 15-18, which states in part that; "the FOD shall ensure that the facility complies with the investigation mandates established by PBNDS 2011 Standard 2.11, as well as other relevant detention standards and contractual requirements including by conducting a prompt, thorough, and objective investigation by qualified investigators."

(b)(c)(d) In accordance with policy 11062.2, section 5.9, page 17, "the FOD shall ensure that the facility complies with the investigation mandates established by the Performance-Based National Detention Standards (PBNDS) 2011 2.11, as well as other relevant detention standards." PBNDS 2011 2.1 pages 143-144, states in part that; "upon conclusion of a criminal investigation where the allegation was substantiated, or in instances where no criminal investigation has been completed, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Substantiated allegation means an allegation that was investigated and determined to have occurred. Unsubstantiated allegation means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. The ICE Office of Professional Responsibility will typically be the appropriate investigative office within DHS, as well as the DHS OIG in cases where the DHS OIG is investigating." "The facility shall develop written procedures for administrative investigations, including provisions requiring; preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, reviewing prior complaints and reports of sexual abuse 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 alleges sexual abuse 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, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years."

"Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation."

(e) PBNDS 2011 states in part that; "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

There were no allegations of sexual abuse reported at AHR during the audit period. When conducting the interview with the SDDO, he stated that he and his staff would cooperate with investigators in both criminal and administrative PREA investigations.

§115.172 - Evidentiary standard for administrative investigations.

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

Notes:

The AHR provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.9, page 16, which states in part that; "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 and may not be terminated solely due to the departure of the alleged abuser or victim from employment or control of ICE." The interview with the SDDO confirmed that a preponderance of the evidence is the standard utilized when substantiating allegations of sexual abuse. There were no allegations of sexual abuse reported at AHR during the audit period.

§115.176 - Disciplinary sanctions for staff.

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

Notes:

(a)(c)(d) The AHR has provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.9, page 17, which states in part that; "upon receiving notification from a FOD or Special Agent in Charge (SAC) of the removal or resignation in lieu of removal of staff for violating agency or facility sexual abuse and assault policies. The OPR will report that information to appropriate law enforcement agencies, unless the activity was clearly not criminal, and make reasonable efforts to report that information to any relevant licensing bodies, to the extent known."

There were no allegations of sexual abuse reported at AHR during the audit period, therefore AHR did not have any documentation demonstrating a termination, resignation, or other sanctions of an ICE staff member for violating sexual abuse policies.

The interview with the SDDO confirmed the disciplinary outcome of removal from service for violating the sexual abuse policy.

§115.177 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b) The AHR has provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.8, page 13, which states in part that; "the FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation."

When interviewing the SDDO it was determined that the AHR does not have contractors or volunteers that have access to either the Hold Room or detainees. As previously stated, only law enforcement staff have access to the detainees and the AHR.

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

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

Notes:

(a)(b) The AHR has provided a written directive, Policy 11087.1 Operations of ERO Holding Facilities, section 4.11, pages 12-13, which states in part that; "the FOD shall ensure that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Also, the FOD shall coordinate with ERO HQ and the ICE PSA Coordinator in utilizing, to the extent available, community resources and services that provide expertise and support in the areas of crisis intervention and counseling to address the victims' needs." In accordance with policy 11062.2, section 5.9, page 17, "the FOD shall ensure that the facility complies with the investigation mandates established by the Performance-Based National Detention Standards (PBNDS) 2011 2.11, as well as other relevant detention standards." PBNDS 2011 2.1 page 145

states in part that; "detainee victims of sexual abuse shall be provided emergency medical and mental health services and ongoing care. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." When conducting the interview with the SDDO, he stated that if there is a sexual abuse allegation and the need of emergency care, the AHR is obligated to provide those services. The SDDO stated that the detainee would be taken to the University of New Mexico Hospital to be evaluated by medical professionals at no cost to the detainee. The SDDO also indicated that if sexual assault advocacy services were warranted, and requested by the detainee, the AHR would utilize the services of the La Pinon Rape Crisis Center. The Auditor confirmed this practice by interviewing the PREA Coordinator for La Pinon. She stated that she receives all calls from correction facilities throughout New Mexico and coordinates the request for services to the closest rape crisis center to the facility which for AHR is the Rape Crisis Center of New Mexico. The Auditor also contacted the University of New Mexico Hospital and confirmed that if a medical forensic examination were needed by the AHR, the hospital would provide the appropriate services needed.

There were no allegations of sexual abuse reported at AHR during the audit period, therefore, AHR did not have any documentation demonstrating that emergency medical services were provided to a sexual abuse victim in a timely manner and without cost, and this was confirmed during the interview with the SDDO.

§115.186 – 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) The Agency has provided a written directive, Policy 11087.1 Operations of ERO Holding Facilities, section 4.11, page 13, which states in part that; "the FOD shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault occurring at a holding facility and unless the allegation was determined to be unfounded, prepare a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. Such review shall ordinarily occur within 30 days of the ERO's receipt of the investigation results from the investigating authority. The FOD shall implement the recommendations for improvement, or shall document its reasons for not doing so, in written justification. Both the report and justification shall be forwarded to the ICE PSA Coordinator."

There were no allegations of sexual abuse reported at AHR during the audit period, therefore there has been no sexual abuse incident review or annual review of investigations. The SDDO stated during the interview that he is aware of the review requirement in the event there is an incident and subsequent investigation.

§115.187 – Data collection.

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

Notes:

(a) The AHR has provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.12, page 21, which states in part that; "data collected pursuant to this Directive shall be securely retained in accordance with agency record retention policies and the agency protocol regarding investigation of allegations, (see PBNDS 2011, section 2.11 page 142). All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise." Investigative files are not retained at the AHR, but at the OPR Headquarters in the Agency's online case management system (JICMS).

§115.193 – Audits of standards.

Outcome: Not Low Risk

Notes:

Based on the Auditor's interview with the SDDO and interviews with DOs, the AHR does not house detainees overnight. The physical layout of the facility provides clear direct sight of detainee's while being processed and while in the holding rooms. Detainee supervision consists of direct contact and observation of detainees enhanced by video monitoring. The facility had no allegations of sexual abuse during the audit period. Staff was knowledgeable about their duties and responsibilities. The Auditor considers the Albuquerque Hold Room "not low risk" as a deficiency was identified during the audit (115.151).

§115.201 - Scope of audits.

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

Notes:

(d)(g)(i) The Auditor was provided full access to and observed all areas of the AHR without restriction. The Auditor received all requested documents or copies of relevant materials. The Auditor was also permitted to conduct all interviews in a private setting with AHR staff. The AHR received 12 detainees during the on-site visit. However, all detainees were immediately processed and released, and therefore, not available for interview.

(e) The Auditor was provided relevant documentation to complete a thorough audit of the facility prior to the on-site visit, during the visit, and upon request during the post audit period.

(j) Audit notices were posted in the Holding Room which explained that detainees, staff, or any other interested party were permitted to send the Auditor confidential correspondence through the Creative Corrections, LLC mailing address. No correspondence was received pertaining to the AHR audit.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	0
Number of standards met:	29
Number of standards not met:	1
Number of standards N/A:	1
Number of standard outcomes not selected (out of 31):	0
Facility Risk Level:	Not Low Risk

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.

Ron L Kidwell

1/18/2022

Auditor's Signature & Date

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

1/18/2022

PREA Assistant Program Manager's Signature & Date

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

1/18/2022

PREA Program Manager's Signature & Date

**PREA Audit: Subpart B
DHS Holding Facilities
Corrective Action Plan Final Determination**



**Homeland
Security**

AUDITOR INFORMATION			
Name of auditor:	Ron Kidwell		Organization:
Email address:	(b)(6), (b)(7)(C)		Telephone number:
571-606-(b)(6), (b)(7)(C)			
PROGRAM MANAGER INFORMATION			
Name of PM:	(b)(6), (b)(7)(C)		Organization:
Email address:	(b)(6), (b)(7)(C)		Telephone number:
772-579-(b)(6), (b)(7)(C)			
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	El Paso Field Office		
ICE Field Office Director:	Juan L. Acosta		
PREA Field Coordinator:	(b)(6), (b)(7)(C)		
Field Office HQ physical address:	11541 Montana Ave. Ste. E. El Paso, TX 79936		
Mailing address: (if different from above)			
INFORMATION ABOUT FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Albuquerque Hold Room		
Physical address:	5441 Watson Dr. S.E. Albuquerque, NM 87106		
Mailing address: (if different from above)			
Telephone number:	505-452-4701		
Facility type:	ICE Holding Facility		
Facility Leadership			
Name of Officer in Charge:	(b)(6), (b)(7)(C)	Title:	AFOD
Email address:	(b)(6), (b)(7)(C)	Telephone number:	505-452-(b)(6), (b)(7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b)(6), (b)(7)(C)	Title:	PSA Coordinator
Email address:	(b)(6), (b)(7)(C)	Telephone number:	610-587-(b)(6), (b)(7)(C)

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.

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Albuquerque Hold Room (AHR) was conducted November 16-17, 2021, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Ron Kidwell, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period was the previous 12 months, October 2020 through October 2021; however, the audit period was extended to capture closed investigations that occurred since the facility's last audit but there were none. AHR is a Hold Room operated by DHS Immigration and Custom Enforcement (ICE). This is the second PREA audit conducted for AHR to determine compliance with the DHS PREA standards.

During the audit, the Auditor found AHR met 29 standards, had one standard, (115.118) that was non-applicable, and one non-compliant standard (115.151). As a result, the facility was placed under a Corrective Action Plan (CAP) period that began February 25, 2022, and ended July 17, 2022, to address the non-compliant standard. The Auditor reviewed the CAP responses on 03/10/2022, 05/02/2022, and 06/23/22. The Auditor recognizes that AHR attempted to meet this standard and did so in some measure. However, the AHR could not provide proof showing that the outside reporting entity calls are able to be immediately forwarded to AHR facility officials and detainees can remain anonymous if they so desire. Therefore, this standard remains non-compliant. No further information has been provided by the AHR and the CAP Period has expired.

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 relied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit.

§115. 151 - Detainee reporting

Outcome: Does not Meet Standard

Notes:

(a)(b)(c) The AHR provided a written directive, Policy 11087.1, section 4.10, page 11, which states in part that, "the FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse, retaliation for reporting sexual abuse, or violations of responsibilities that may have contributed to such incidents to ERO personnel. The FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports." Finally, "the FOD shall ensure that detainees are provided with instructions on how they can contact the DHS/Office of the Inspector General (OIG) or as appropriate, another public or private entity which is able to receive and immediately forward detainee reports of sexual abuse to agency officials. Also, to confidentially and if desired, anonymously, report these incidents."

The AHR provided a copy of the Consulate List with instructions on how to contact 150 consulates located in the United States along with the Rape Crisis Center, American Bar Association, Immigration Court, DHS/OIG, and many other professional organizations associated with Immigration Detention. The Agency also provided a copy of the DHS/OIG Poster containing a mailing address and toll-free phone number to contact the office. During the facility tour, the Auditor observed these posters affixed to the walls of the hold rooms.

When interviewing DOs, they were asked if detainees have multiple ways to privately report a sexual abuse allegation. From that question, five DOs identified verbally, three acknowledged the Hotline, two said in writing, and one DO mentioned by a 3rd Party. They were also asked how they would accept an allegation of sexual abuse, and they all stated verbally, written, or by a third party. During the interview with the SDDO, he identified the multiple ways available to detainees to report a sexual abuse allegation by contacting the ICE ERO Detention Reporting and Information Line (DRIL), calling the consulate, and through the OIG.

While conducting the facility tour, the Auditor along with the APM attempted to make several phone calls on the phones located in the holding cells using the instructions provided on the posters affixed to the walls. The recorded message on the phones indicated they were disabled, and no calls could go through. The Auditor made the ERAU Section Chief and the SDDO aware of the issue. On November 23, 2021, the Auditor received an email from the OPR ERAU Team Lead stating the phones at the AHR were now operational. On December 3, 2021, the Auditor contacted the SDDO via phone to confirm the status of the detainee phones and whether the phones had been tested. The SDDO affirmed that they were operational and that he had personally tested the hotline option to include contacting the OIG. The Auditor requested that the SDDO document that information in an email and send the explanation and test results to the Auditor.

On December 17, 2021, the Auditor received correspondence from the Team Lead and SDDO regarding the operational functionality of the Hold Room phone system and the effectiveness of contacting DRIL or OIG to report a sexual abuse allegation. The correspondence indicated that the phones were operational, and the prompts were available in different languages, which was not the case during the on-site visit. However, when the SDDO was prompted to leave a PREA allegation, messages were left to no avail. To date, no contact has been made to verify the outside reporting entity received the message and "immediately forwarded" that information to agency officials. Therefore, the AHR has not provided proof that the Hold Room phone system is capable of reporting a sexual abuse allegation by a detainee to either the DRIL or OIG as stated in the ICE policy. Consequently, the AHR does not meet this standard.

Does Not Meet (b): The facility has not demonstrated that detainees are provided at least one way to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. The telephones located in the holding cells were not working at the time of the on-site visit. It was determined that they have not been turned on since February 2019. The telephones have been restored, but the Auditor has not received sufficient information as evidence that a call can be placed anonymously to the DRIL and/or OIG from these phones. The facility shall provide to the Auditor for compliance review documented evidence that test calls have been completed successfully to the DRIL and OIG reporting lines and that the reports are able to be immediately forwarded to agency officials, and that the detainees may remain anonymous upon request.

Corrective Action Taken (b): The AHR proposed CAP dated 3/3/2022, addressed the issue concerning any occurrences where AHR malfunctioning phones would go unnoticed for an extended period of time by instituting a "Telephone Check Log."

However, the plan did not provide evidence that the phone calls can be successfully sent out from the AHR to the OIG and DRIL reporting lines. The Auditor requested that test calls be conducted as proof to show the calls are able to be immediately forwarded to AHR facility officials and detainees can remain anonymous if they so desire.

The Auditor recommended that the AHR ERO conduct several test calls to both the OIG and DRIL reporting lines and record who is making the call and the date and time of each call. Then the caller (ERO staff) should request that the call taker from both the OIG and DRIL respond to the caller via email, confirming receipt of the call and verifying immediate response back to the AHR facility. Then provide this documentation as sufficient evidence that the outside reporting entity can receive the allegation of sexual abuse and immediately notifying the facility or agency officials.

The AHR CAP response, dated 04/28/2022, stated that on 02/17/2022 the AHR implemented a telephone check log to show that test calls are made from the AHR to OIG and DRIL lines. The document was attached, and evidence showed that calls had been successfully made to both the OIG and DRIL. The facility also stated that with regards to calls being immediately forwarded to AHR officials for awareness, the issue is being addressed by Headquarters officials.

The Auditor responded on 05/02/2022, stating that the facility had provided the Auditor a telephone check log that shows test calls were made from the AHR to OIG and DRIL lines at least weekly. However, that did not resolve the issue of the documentation requested showing that the test calls are able to be immediately forwarded to AHR facility officials or whether detainees can remain anonymous if they so desire.

On 06/23/2022, an ERO PSAC provided the Auditor an explanation that there is no issue with the telephone provider at the AHR and that there is a "possible issue with DHS OIG training, and they are not in [ERO's] chain of command so further action is not possible." However, this does not resolve the issue of the Agency providing an outside entity that is capable of receiving a report of sexual abuse and immediately reporting back to the facility or agency officials. Therefore, this standard remains non-compliant, and the CAP period has expired.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115.193

Outcome: Not Low Risk

Notes:

Based on the Auditor's interview with the SDDO and interviews with DOs, the AHR does not house detainees overnight. The physical layout of the facility provides clear, direct sight of detainees while being processed and while in the holding rooms. Detainee supervision consists of direct contact and observation of detainees enhanced by video monitoring. After a careful review, it was determined that the facility remains non-compliant with one standard; and therefore, not in compliance with the DHS PREA Standards. Even though the AHR only holds detainees up to 12 hours, and there have not been any

allegations of sexual abuse between November 28, 2018, and November 17, 2021, the Auditor must take into consideration the areas that remain non-compliant. Therefore, the Auditor has determined that the facility is "not low risk."

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.

Ron Kidwell August 16, 2022
Auditor's Signature & Date

(b) (6), (b) (7)(C) August 16, 2022
Program Manager's Signature & Date

(b) (6), (b) (7)(C) August 16, 2022
Assistant Program Manager's Signature & Date