PREA Audit: Subpart B
DHS Holding & Staging Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	5/3/2022	**To:**	5/4/2022
AUDITOR INFORMATION			
Name of auditor:	Keyala Crawford	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	347-713-[redacted]
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	772-579-[redacted]
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	El Paso Field Office
Field Office Director:	Kenneth Genalo
ERO PREA Compliance Manager:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1541 Montana Ave, El Paso, TX 79925
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:	El Paso Hold Room		
Physical address:	8915 Montana Ave, EL Paso, TX 79925		
Mailing address: (if different from above)	Click or tap here to enter text.		
Telephone number:	915-225-1900		
Facility type:	ICE Holding Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	915-225-[redacted]
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PREA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	915-225-[redacted]

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 U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act audit of the El Paso Hold Room (EPHR) was conducted from May 3-4, 2022. The audit was conducted by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Keyala Crawford, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager (PM) (b) (6), (b) (7)(C), and Assistant ICE Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The audit period is June 20, 2017 - May 4, 2022, which was extended because there were no allegations reported within the 12 months prior to the audit review; the EPHR did not have any allegations of sexual abuse for the extended audit period. This is the second PREA audit conducted for the EPHR.

The EPHR is in the downtown area of El Paso, Texas. The EPHR is operated by Immigration Customs Enforcement (ICE) and Global Precision Security (GPS), a private contractor. The EPHR also contracts with Asset for detainee transportation. The EPHR is a one-story building surrounded by security fencing and is on the property of the El Paso Service Processing Center (EPSPC). The Auditor included the adjacent facility medical building in the audit due to detainees being escorted to and from the medical building during the intake process.

The PREA Pre-Audit Questionnaire (PAQ), along with supporting documents and policies for the EPHR were uploaded to the secure ICE SharePoint approximately three weeks prior to the on-site phase of the audit by OPR ERAU Team Lead Tiffany Wright. The Auditor reviewed all information found in the FY22 Facility Document folder, including agency policies, memorandums of understanding (MOU), training records, curriculum, facility schematics, and multiple other related documents and materials to determine compliance with the DHS PREA Standards. The documentation is used to help support how the facility is establishing a baseline for compliance, practice and its zero tolerance for sexual abuse and sexual harassment. The main policy that provides facility direction for PREA is Agency policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, (SAAPI) and Agency policy 11087.1, Operations of ERO Holding Facilities. The EPHR also provided EPSPC's facility Policy 2.11, DHS Sexual Abuse and Assault Prevention and Protection and Intervention Program Policy (SAAPI) Policy 2.11, which is also applicable at the EPHR. It should be noted that these two policies apply to both EPHR and EPSPC and within these polices the acronym EPC is used for both facilities. Interviews with EPHR management staff confirmed these policies apply to both the Hold Room and the Service Processing Center.

On May 3, 2022, at approximately 8:00 a.m. the Auditor along with the PM and Team Lead met at the EPHR facility main entrance and proceeded to the administration trailer where the in-briefing was conducted by Team Lead (b) (6), (b) (7)(C) Those in attendance where:

(b) (6), (b) (7)(C) Assistant Officer in Charge (AOIC), ICE/ERO
(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO)/PREA Field Coordinator, ICE/ERO
(b) (6), (b) (7)(C) SDDO, ICE/ ERO
(b) (6), (b) (7)(C) Project Manager, GPS
(b) (6), (b) (7)(C) Assistant Project Manager (APM), GPS
(b) (6), (b) (7)(C) PREA Compliance Manager (PCM), GPS
(b) (6), (b) (7)(C), American Correctional Association (ACA) Supervisor, GPS
(b) (6), (b) (7)(C) Chief Of Security, GPS
(b) (6), (b) (7)(C) Facility Healthcare Program Manager (FHPM) ICE Health Service Corps (IHSC)
(b) (6), (b) (7)(C) Contract Detention Operations Supervisor (CDOS), GPS
(b) (6), (b) (7)(C) Contract Detention Operations Supervisor (CDOS), GPS
(b) (6), (b) (7)(C) Quality Assurance (QA), GPS
(b) (6), (b) (7)(C) American Correctional Association (ACA) Supervisor, GPS
(b) (6), (b) (7)(C) Assistant Safety Manager (ASM), GPS
(b) (6), (b) (7)(C) Detention Management Unit (DMU)Supervisor, GPS
(b) (6), (b) (7)(C) Deportation Officer (DO), ICE/ERO
(b) (6), (b) (7)(C) DO, ICE/ERO
(b) (6), (b) (7)(C) DO, ICE/ERO
(b) (6), (b) (7)(C) Inspection and Compliance Specialist (ICS), ICE/OPR/ERAU
(b) (6), (b) (7)(C) PM, Creative Corrections, LLC
Keyala Crawford, Auditor, Creative Corrections, LLC

The meeting was designed to create a positive working relationship between the Auditor and Hold Room staff. It also provided an opportunity to put faces to the names and prepare for the next two days of auditing. After all introductions were made, the Auditor explained compliance with the DHS PREA standards will be determined based on the review of policy and procedures, observations

made during the facility tour, provided documentation review, and conducting both staff and detainee interviews. The EPHR was notified that no correspondence was received from any detainee, outside individual, or staff member prior to the onsite visit. The facility provided the requested information to be used for the random selection of detainees and staff to be interviewed (random and specific categories), including lists of staff by duty position and shifts.

After the entry briefing, the Auditor and PM, accompanied by the SDDO, GPS and other ICE OPR staff began the facility tour. During the tour, the Auditor observed three hold rooms, eight officer workstations (on the male side), four officer workstations (on the female side), and the male and female shower areas for incoming detainees. Upon entry to EPHR, females are processed to the right and males are processed to the left. Male and female detainees are unable to view each other during processing into the EPHR. The Auditor viewed privacy issues such as configuration of the toilet and if detainees have adequate privacy to use the bathroom without being viewed by staff working in the hold room area. The Auditor was able to determine that detainees can use the bathroom without staff viewing them from the officers' station whether standing or sitting down. Each holding area (male and female) included a telephone, at least one toilet with a cement partition that are approximately four feet tall for privacy, and steel benches surrounding the perimeter of the area. All holding areas contained posters on the wall, in English and Spanish, informing detainees of how to report incidents of sexual abuse in writing, anonymously, and via third party to the DHS Office of the Inspector General (OIG). (b) (7)(E) (b) (7)(E) Staff of the opposite sex do not have access to view the cameras of detainees being processed on their respective sides of the hold room.

The Auditor observed PREA notices and DHS Zero-Tolerance PREA posters in both English and Spanish languages displayed in holding room cells and throughout the EPHR. PREA Audit notices were sent to the EPHR prior to the on-site visit and serve to provide information on how detainees, and/or staff, could contact the Auditor should they have any concerns prior to the on-site visit. The Auditor noted a total of five telephones in the area (three on the female side of the hold room and two on the male side) with the advocacy hotline number and outside reporting entity contact information posted on the wall. The Auditor conducted a test call to the outside entity on two phones, using one on the male side, and one on the female side, to ensure effectiveness of the facility's practice to prevent, detect, and respond to sexual misconduct. The first call that the Auditor made was on the male side of the hold room to the #811 which is the internal line, that would direct a detainee to the captain on duty at the time of their call to report an allegation. The Auditor was able to speak to the captain on duty; the Auditor identified who they were and explained to the captain that this was a test call of the internal reporting system as part of the DHS PREA audit. The second call was made on the female side of the hold room to the #9116 Detention Reporting and Information Line (DRIL). The Auditor left a recorded message identifying who they were and that the call was a test as part of the PREA audit that was taking place.

Immediately following the facility tour, the Auditor began interviews with staff; there were no detainees at the EPHR for interviews during the site visit. All staff interviews were conducted in a private setting. During the interview process there were a total of 30 interviews conducted by the Auditor; 10 (GPS), 3 (Medical), 8 (ICE Detention Officers), 3 (Asset Transportation Staff), 1 (Captain), 1 (Asset Lieutenant-), 1 (SDDO), 1 (OIC), 2 (SAFE/SANE External Interviews). The staff were randomly selected using the day of duty roster, which was provided daily by the SDDO. The Auditor chose staff from all three shifts morning (0600-1400), (0800-1600), evening (1400-2200), overnight (2200-0600) who worked 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 roster. In addition, the Auditor also contacted the Center Against Sexual & Family Violence (CASFV) and spoke to a representative who confirmed the availability for detainee emergency sexual assault medical services and advocacy referrals.

On Wednesday May 4, 2022, an exit briefing was held at approximately 1:30 p.m. in the conference room to discuss the audit findings. Team Lead (b) (6), (b) (7)(C) opened the meeting and then turned it over to the Auditor for an overview of findings. The following individuals were in attendance:

(b) (6), (b) (7)(C) CDOS-GPS
(b) (6), (b) (7)(C) QA,GPS
(b) (6), (b) (7)(C) APM,GPS
(b) (6), (b) (7)(C), CDOS,GPS
(b) (6), (b) (7)(C) PCM,GPS
(b) (6), (b) (7)(C) SDDO,ICE
(b) (6), (b) (7)(C) COS,GPS
(b) (6), (b) (7)(C) ACA Clerk,GPS
(b) (6), (b) (7)(C) ACA Clerk, GPS
(b) (6), (b) (7)(C) ACA Supervisor,GPS
(b) (6), (b) (7)(C) ACA Project Manager,GPS
(b) (6), (b) (7)(C) APM,GPS
(b) (6), (b) (7)(C) SDDO,ICE

(b) (6), (b) (7)(C) COR,ICE
(b) (6), (b) (7)(C), OIC,ICE
(b) (6), (b) (7)(C) AOIC,ICE
(b) (6), (b) (7)(C) FHPM,IHSC
(b) (6), (b) (7)(C) ACA,GPS
(b) (6), (b) (7)(C) Inspection and Compliance Specialist, ICE DHS
(b) (6), (b) (7)(C) Auditor, Creative Corrections, LLC
(b) (7)(C), (b) (6), Program Manager, Creative Corrections, LLC

The Auditor thanked everyone in attendance for their professionalism, cooperation, and hospitality during the audit. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit, and that she would need to review all submitted documentation and interview notes conducted with staff and detainees. The Team Lead explained the audit report process, timeframes, and thanked all present for their cooperation.

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

Standards of Standards Not Applicable: 2
§115.114 Juvenile and family detainees
§115.118 Upgrades to facilities and technologies

Number of Standards Met: 26
§115.111 Zero-Tolerance
§115.113 Detainee supervision and monitoring
§115.115 Limits to cross-gender viewing and searches
§115.121 Evidence protocol and forensic medical examinations
§115.122 Policies to ensure investigations 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
§115.141 Assessment for risk of victimization and abusiveness
§115.151 Detainee reporting
§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

Standards Not Met: 2
§115.116 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.117 Hiring and promotion decisions

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.

§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 EPHR provided a written directive, Policy 11062.2, which states, "ICE has a zero-tolerance policy for all forms of sexual abuse or assault." This policy outlines the agency's approach against sexual abuse and assault on all individuals in ICE custody, including with respect to screening, staff training, detainee education, response, and intervention, medical and mental health care, reporting, investigations, and monitoring and oversight as outlined in this directive.

During the interview with the SDDO, he discussed the policy and its importance to providing sexual safety for detainees. All staff interviewed were also aware of the facility's 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 EPHR submitted Policy 11087.1, which states in part, "The [Field Officer 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 sexual assault. In doing so 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 sexual abuse review reports; e) Any other relevant factors, including the length of time detainees spend in custody." The EPHR also provided Policy 2.11, SAAPI Policy 2.11, which states, "The [EPHR] shall ensure that it maintains sufficient supervision of detainees including through appropriate staffing levels and where applicable video monitoring to protect detainees against sexual abuse."

A review of the facility PAQ indicated EPHR has a total of 72 ICE staff, consisting of 55 males and 17 females, and 363 contract staff, consisting of 169 males and 194 females, who may have recurring contact with detainees at both the EPHR and the EPSPC. The provided roster showed adequate staffing to ensure proper supervision of detainees to ensure their safety and security. Staff members conduct regular and scheduled detainee hold room checks which are recorded in logbooks. During the tour, the Auditor observed logbooks that documented the holding rooms were checked every 15 minutes, when occupied, to ensure all areas are safe and secure. Holding room doors remain secured when not occupied by a detainee. The holding rooms are constantly monitored by video cameras as well as through direct supervision. This practice was confirmed during interviews with the SDDO, ICE DOs, and the GPS contract supervisory staff. Post orders are maintained in the central intake area of the holding room for easy review; the Auditor confirmed they were last reviewed on August 21, 2021, and during interview with the PSA Compliance Manager that they are reviewed annually. The Auditor observed staff signatures on post orders which indicated they have read and understood the documents.

The EPHR submitted the Hold Facility Self-Assessment Tool (HFSAT) document, which states in part, "Holding facilities are required to maintain sufficient supervision within their facility for the safety and concern of the detainee population, as well as the managing staff and personnel." The purpose of the HFSAT is to ensure the EPHR maintains sufficient supervision of detainees, including through appropriate staffing levels, and where applicable, video monitoring, to protect detainees against sexual abuse. EPHR provided the Auditor with a power point training for staff on detainee supervision and guidelines. The training had an example of the physical plant, detainee composition, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse (The EPHR did not have any allegations of sexual abuse for the extended audit period.) The Auditor's review of the supervision guidelines, and interview with the SDDO, confirmed that EPHR's last review of their HFSAT was March 9, 2022. The EPHR has met the guidelines for determining adequate staffing levels of detainee supervision.

The Auditor also observed staffing levels during the on-site audit and determined they were adequate. (b) (7)(E) [redacted] Video cameras operate 24-hours a day, 7 days a week. Cameras are continuously monitored in the EPSPC Control Room. The camera system allows for footage to be downloaded onto a thumb drive and can be saved for up to 30 days.

The Auditor interviewed the SDDO, who confirmed that the EPHR maintains sufficient supervision of detainees, through adequate staffing levels and video monitoring to protect detainees against sexual abuse.

§115.114 - Juvenile and family detainees.
Outcome: Not Applicable (provide explanation in notes)
Notes:

EPHR does not hold juveniles or family detainees. This was confirmed during interviews with the PSA Compliance Manager, GPS contract staff and ICE DOs. According to the PAQ, there have not been any juveniles booked into the EPHR for any purpose during the audit period. Per interview with PSA Compliance Manager, any juvenile that would falsely represent their identity as an adult would be moved to a facility which exclusively serves juveniles immediately upon learning of the false representation. Furthermore, a memorandum from the AOIC, dated February 7, 2022, states that the EPHR does not hold juveniles.

§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 EPHR provided Policy 11087.1, which states in part that, "the FOD shall ensure that when pat down searches indicate the need for a more thorough search, an 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 EPHR presented a memorandum dated February 7, 2022, from the AOIC, stating that the EPHR has not had any strip searches or visual body cavity searches of detainees in the audit period, and it was confirmed by the Auditor during interviews with staff that none have occurred during the audit period. The EPHR provided the Auditor with their Detainee Strip Search Logbook Record, which did not document any strip searches of detainees in the 12 months preceding the audit. Interviews with the SDDO and GPS processing staff confirmed that staff do not conduct visual body cavity searches of any detainee. In addition, interviews with both ICE and GPS staff confirmed their knowledge of the search policy and procedure, and that pat-down searches are not conducted of detainees for the sole purpose of determining their genital status. Staff interviews and detainee search log documents indicated that all searches would be documented. In addition, the Auditor reviewed staff training records and confirmed staff are trained in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. Interviews with both ICE and GPS contract staff indicated 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): Policy 11087.1 further states in part, "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."

It was confirmed through direct observation, and camera review, that a detainee can perform bodily functions without being observed by staff. The Auditor observed, during the tour, that the bathroom toilets were covered with half walls approximately four feet high to ensure privacy. (b) (7)(E) [redacted] While conducting the EPHR site visit, the Auditor observed staff making cross-gender announcements prior to entering the areas where detainees may be using the restroom or changing clothes. Interviews with both ICE and GPS staff confirmed their knowledge of cross-gender viewing policy and the requirements to make cross gender announcements.

§115.116 - Accommodating detainees with disabilities and detainees who are limited English proficient.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b): The EPHR provided Policy 11087.1 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." The EPHR also provided Policy 11062.2, which states 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.

The EPHR also provided the Auditor with the SAAPI Policy 2.11 which states, "The EPC shall provide communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). The EPC will provide detainees with disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aid, telecommunication devices for deaf persons (TTY's), interpreters, and note takers as needed. The [EPHR] will also provide detainees who are LEP with language assistance, including

bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities."

In 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. He also stated that if staff encounter a detainee who is LEP, staff can access the ERO Language Access Resource Center. ERO Language Services are provided 24/7 and provide access to a language line for translation, interpretation, or transcription. EPHR provided the Auditor with a copy of the ERO poster which provides information on how to access the ERO Language Resource Center. The SDDO also stated they would have a one-on-one conversation with the detainee or reach out to medical staff for assistance with detainees who may have disabilities or cognitive issues. Random staff were interviewed and asked about communicating with detainees that have disabilities or are LEP. Of the 30 staff members the Auditor interviewed, the Auditor found 15 were fluent in the Spanish language.

All staff interviewed identified the ICE Zero-Tolerance posters, available in English and Spanish, as a resource for LEP detainees in addition to, staff accessing and utilizing the ERO Language Services. All GPS and ICE staff, stated they had not encountered a detainee who was blind or deaf in their time working in the EPHR. Staff interviewed also stated that if they encountered a detainee who was deaf, they would use printed materials and reach out to a supervisor for assistance and if the detainee was blind, they could read the documents to them, and they would notify a supervisor to provide other options and immediate assistance.

The Auditor observed the ICE Zero-Tolerance posters in English and Spanish, and the Consulate contact information posted throughout the EPHR during the facility tour. The Auditor also observed the DHS-prescribed SAAPI pamphlets and ICE National Detainee Handbook in the Hold room area in English and Spanish. The Auditor did not observe the ICE National Detainee Handbook or pamphlets in any additional languages. Interviews with the SDDO and ICE DO's indicated that the EPHR does not provide the detainees with PREA information in languages other than English and Spanish. During the interview with the Captain, he stated the 24 hour telephone interpretation services are available for detainees who are LEP.

Does Not Meet (b): The facility is not compliant with subparts (b) of the standard for not having appropriate measures in place to allow equal participation in the Agency's PREA/SAAPI efforts. During the onsite audit, the Auditor observed that the DHS-prescribed Sexual Assault Awareness Information pamphlet and ICE Zero-Tolerance posters were posted in the holding areas in both English and Spanish. Interviews with the SDDO and ICE DOs indicated that the facility does not provide the detainee with the PREA information in other languages. To become compliant, the facility must institute a practice of providing the detainee who is LEP, to include for languages other than Spanish, the PREA information. The facility must train all staff on the new practice and provide documentation of this training for compliance review.

(c): Policy 11062.2 states, "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 Captain, he stated the 24 hour telephone interpretation services could be used in matters of allegations of sexual abuse; additionally, the facility would allow the use of another detainee to interpret if a detainee requests and so long as that detainee is not a minor, the alleged abuser, witnesses of the alleged abuse, or is in a significant relationship with the alleged abuser, and as long as the request is within the guidelines of the DHS policy.

§115.117 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(c)(d)(e)(f)(g): 5 CFR 731, Executive Order 10450, ICE Directive 6-7.0, ICE Personnel Program Security and Suitability, and ICE Directive 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel, require "Anyone entering 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." In addition, 5 CFR 731 requires investigations every five years. The policy documents the 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. The EPHR provided the Auditor with a memorandum/Addendum to the SAAPI policy, dated May 2, 2022, written by the Assistant Officer in Charge (AOIC). This memorandum stated effective immediately, the following will be applied into the SAAPI Policy 2.11 "1. The [EPHR] shall not hire or promote anyone who may have interaction with detainees, and shall not enlist the services of any contractor or volunteer who may have interaction with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution; who has

been convicted of engaging, or attempting to engage in sexual activity, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. 2. When the [EPHR] is considering hiring or promoting staff, it shall ask all applicants who may have contact with detainees directly about previous misconduct described in paragraph (a) of this section, in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The [EPHR] shall also enforce upon employees continuing affirmative duty to disclose any such misbehavior. 3. Before hiring new employees, who may have contact with detainees, the [EPHR] shall require a background investigation to regulate whether the candidate for hire is suitable for employment with the agency. The agency shall conduct updated background investigation for agency employees every five years. 4. The [EPHR] shall also perform a background investigation before soliciting the services of any contractor who may interact with detainees. 5. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment as appropriate. 6. Unless prohibited by law, the [EPHR] shall provide information on substantiated allegations of sexual abuse involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. 7. In the event the agency contracts with a facility for the confinement of detainees, the requirements of this section otherwise applicable to the agency also apply to the facility."

The Auditor reviewed ten random employee files and confirmed background verifications: (2) Health Services Administrators, (1) Project Manager (Mavagi Enterprises Inc.), (1) Building Manager Office of Assest and Facility Management(OAFM), (1) Maintenance worker ACEPEX Management Corporation (ACEPEX), (1) Captain (GPS), (1) Detention Officer (GPS), (1) FS Assistant Manager, (GPS), (2) PSAC (ICE, ERO). The 10 employee's background checks included the employee's date of entry of duty, date of most recent investigation, date next investigation due, and date next investigation completed.

(b): This standard subpart requires, "An agency or facility considering hiring or promoting staff shall ask all applicants directly about previous misconduct described in paragraph (a) of this section, in written applications for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees." GPS utilizes the "Department of Homeland Security 6 Code of Federal Regulations Part 115" form to ask employees about the subpart (a) misconduct questions required for annual reporting. The OIC stated the GPS had no promotions during the past 12 months but informed the Auditor that the "Department of Homeland Security 6 Code of Federal Regulations Part 115" form would be used for future promotions. The SDDO stated during his interview with the Auditor that a new SDDO was promoted during the audit period; however, he was unsure if the employee was asked about previous misconduct as described in provision (a) above. The SDDO stated documentation would be provided to the Auditor and would be obtained from Human Resources Central; however, the Auditor did not receive any evidence of compliance for this audit period promotion.

Does Not Meet (b): The Auditor was informed an ICE employee was promoted during the audit period, but not supplied with evidentiary documentation to support compliance with subpart (b). To become compliant, the EPHR must develop a process that requires that employees offered promotions are directly asked about previous misconduct related to sexual abuse, as outlined in subpart (a) of this standard, to be compliance with subpart (b). The EPHR must provide the Auditor with documentation that the procedure has been implemented and documentation where newly promoted ICE and GPS contract staff were directly asked about previous misconduct related to sexual abuse prior to their promotion, if applicable.

§115.118 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b): The EPHR provided a written directive, Policy 11087.1, which states in part that "when designing or developing any new ERO holding facility and in planning [any] 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 Auditor reviewed the facility PAQ and interviewed the SDDO who confirmed that the EPHR has not undergone any substantial expansion or modification during the audit period, or installed any new, or updated its current monitoring system during the audit period.

§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 EPHR provided Policy 11062.2, which states, "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." Policy 11062.2 further states, "When a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE 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 EPHR does not process juveniles." During an interview with the SDDO he confirmed that Investigations of allegations at the EPHR are conducted by ICE-OPR or DHS-OIG. According to a memorandum provided by the AOIC on February 8, 2022, if an allegation is referred for criminal investigation, it would be conducted in coordination with the OIG and OPR. The Auditor interviewed an Acting Section Chief of the OPR Directorate Oversight who confirmed if a sexual abuse crime was committed at the EPHR, that the FBI would be contacted to collect the physical evidence at the facility. As the EPHR had no allegations reported within the audit period, there were no instances during the audit review period where the FBI had to collect evidence or conduct an investigation at the facility.

(b)(c)(d): The EPHR also provided Policy 11087.1 which states, "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."

The EPHR also provided SAAPI Policy 2.11 which states, "Staff should take immediate action to separate a detainee who has alleged that they were sexually abused or assaulted from the alleged abuser and shall refer the detainee for a medical examination for potential negative symptoms."

The EPHR has an agreement through the EPSPC with the CASFV which states that the CASFV will provide support in crisis intervention, counseling to address victim's needs, and other support services to detainees who have experienced sexual abuse and assault while in custody. The Auditor reviewed a memorandum of understanding between CASFV and EPHR, which started in 2017 and stated the CASFV would provide legal advocacy and confidential emotional support services for immigrant victims of crimes. The HSA confirmed EPHR has a memorandum of understanding (MOU) with University Medical Center of El Paso (UMCEP), dated 2017 with no expiration date, confirming forensic examinations for sexual abuse allegations would be conducted under the hospital SANE program. The HSA also confirmed that all medical services are provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the allegation. She also stated that EPHR has had no sexual abuse victims requiring a forensic examination within the last 12 months. There were no detainees, who alleged sexual abuse, present at the time of the site visit to interview.

During the interview with the SDDO, he informed the Auditor that all allegations are taken seriously and that detainees would be taken to the UMCEP for services following an incident of sexual abuse. The Auditor contacted the UMCEP and spoke with two SAFE/SANE nurses who confirmed that they offer SAFE for detainees, and employ SANEs that are on call and available to provide this service to the EPHR. Both nurses stated that any detainee who is brought to the UMCEP would be assessed through the Emergency room and then an examination would be conducted by a SANE who is on duty.

(e): EPHR does not utilize local law enforcement. ICE policy 11062.2 requires its' investigators comply with subparts (a) through (d) of the standard; however, while there is no formal MOU with an external agency for conducting investigations of sexual abuse, the PSA Compliance Manager confirmed during his interview that the facility will request that the investigating agency follow the facility's evidence protocol. There were no criminal cases of sexual abuse reported at EPHR during 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 EPHR provided a written directive, Policy 11062.2, which states, "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" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)" and "the OPR shall coordinate with the FOD or [Special Agent in Charge (SAC)] and facility staff to ensure evidence is appropriately secured and preserved pending an investigation [by] federal, state, or local law enforcement, DHS OIG, or referral to OPR." The interview with the SDDO confirmed all allegations of detainee sexual abuse would reported in accordance with Policy 11062.2 and also reported to the PSA Coordinator. EPHR had no sexual abuse allegations during the audit period.

The EPHR presented two memorandums, dated February 8, 2022, authored by the AOIC stating that "EPHR evidence protocols and forensic medical examinations, local law enforcement does not enter the facility to conduct investigations related to sexual abuse and assault. Investigations are conducted by the OIG and OPR." The second memorandum was presented from the EPHR stating that, Policies to ensure investigations of allegations and appropriate agency oversight, a file that demonstrates an allegation was promptly reported to the agency and referred for investigation to the appropriate law enforcement agency with legal authority to conduct administrative investigation." The EPHR also presented the Auditor with the SAAPI Policy 2.11 which states, "The facility shall ensure a protocol to ensure allegations of sexual abuse are investigated by the facility or an outside investigative authority, and information about such investigations should be posted on the facility website or where the public can view the protocol." The agency protocols are published on the ICE public website at www.ice.gov/detain/prea.

Interviews with the OIC, SDDO, and PSAC, confirmed Policy 11062.2 would be followed should an allegation of sexual abuse arises that is criminal in nature.

(e) Policy 11062.2 states, "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." During the interview with the Acting Section Chief of the OPR Directorate Oversight, he confirmed that OPR Special Agents would provide the detainee victim of sexual abuse, that is criminal in nature, with timely access to U nonimmigrant status information. The OPR Acting Section Chief further stated that if an OPR investigation determined that a detainee was a victim of sexual abuse while in ICE custody, the assigned Special Agent would provide an affidavit documenting such in support of the detainees U nonimmigration visa application.

§115.131 – Employee, contractor, and volunteer training.

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

Notes:

(a)(b)(c): The EPHR provided a written directive, Policy 11062.2, which states that "All current employees required to take the training, as listed below, shall be trained as soon as practicable, but no later than May 1, 2015, and ICE shall provide each employee with biennial refresher training to ensure that all employees know ICE's current sexual abuse and assault 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 agency shall document that all ICE personnel who may have contact with individuals in ICE custody have completed the training." During the interview process with four ICE DOs, each stated they received PREA training and refresher training while at EPHR. EPHR provided the Auditor with their training syllabus, acknowledgement forms, and sign-in sheets for 18 staff members (8-ICE and 8-GPS and 2-IHSC medical staff). The Auditor also reviewed PALMS training certifications while on-site. The Auditor reviewed the PREA training power point for staff provided by the EPHR, which covered the facilities zero tolerance for all forms of sexual abuse, the right for detainees and employees to be safe from sexual and retaliation for reporting, the definitions and examples of sexual behavior, how to recognize signs of emotional abuse, physical behavior and prevention, procedures for reporting abuse or suspicion of abuse, how to effectively communicate with detainees; including lesbian, gay, bisexual, transgender, or non-conforming detainees, and lastly reporting limits of sexual abuse to staff on a need to know basis. The Auditor also reviewed the PREA training power point for volunteers and contractors which covered detainee-on-detainee, staff-on-detainee sexual abuse definitions with examples, first responder duties, causes of sexual abuse, where does sexual abuse typically happen in a facility, barriers to reporting, methods to prevent, and detect sexual abuse, effective communication, what happens if they fail to report an incident of sexual abuse, reporting requirements, and the definitions of LGBTI (lesbian, gay, bisexual, transgender, intersex) detainees. After a review of the documents and interviews with staff it is determined that the EPHR is in compliance with the employee, contractor and volunteer training.

§115.132 – Notification to detainees of the agency's zero-tolerance policy.

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

Notes:

The EPHR provided the Auditor with copies of the ICE National Detainee Handbook, DHS-prescribed SAAPI pamphlet and PREA posters in English and Spanish, which notify detainees of the Agency's policy toward zero tolerance for sexual abuse. These documents also provide detainees with information on how to report allegations of abuse via verbally, anonymously, or third-party methods.

During the interviews, two contracted GPS staff members stated that they had personally provided the PREA information and ways to report verbally in Spanish to detainees. During the facility on-site audit, 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, there were no detainees present at the time of the site visit; and 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): Policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse, and assault evidence collection in confinement settings, the criteria, and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process." The EPHR also provided the Auditor with SAAPI policy 2.11, which states, "all [EPHR] staff responsible for conducting sexual abuse investigations shall receive specialized training that covers at minimum sexual abuse evidence collection in confinement settings, interviewing sexual abuse and assault victims criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. Additionally, the [EPHR] must maintain written documentation verifying specialized training provided to investigators pursuant to the requirement." The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirement. The Auditor interviewed the SDDO who stated that the EPHR does not conduct sexual abuse investigations and that all investigations are referred to ICE OPR for investigation. In addition, the SDDO reported that upon conclusion of the criminal investigation, OPR investigators will be assigned to conduct an administrative investigation if necessary.

There were no allegations reported during the extended audit period for the Auditor to review.

§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)(c)(d): The EPHR has provided a written directive, Policy 11087.1, which states 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."

During interviews with the DOs, they all stated that facility staff do not receive any sexual information about detainees when they arrive at the facility aside from the basic information such as their name, age, criminal history and country of birth. When the Auditor interviewed staff who worked in the processing area, they stated that risk assessments for detainees are conducted by observation, asking direct questions, and using the Risk Classification Assessment Worksheet (RCA). The RCA worksheet is a two-page document that assess detainees for their vulnerabilities such as age, physical and mental disabilities, risk based on sexual orientation, gender identity, whether they are a victim of sex trafficking or have experienced past sexual abuse. Staff stated the information gathered from the detainee is used to classify and house detainees safely while at the facility. The DOs stated that if a detainee had concerns for their safety while in the EPHR, they would place them in a separate single cell for their safety. The EPHR provided the Auditor with a blank copy of the RCA worksheet prior to arriving on-site, which was reviewed by the Auditor.

There were no detainees being processed while the Auditor was on site, so the Auditor was provided a comprehensive step-by-step review of the detainee intake screening process simulated by ICE DOs and GPS staff. Staff interviews confirm that all detainees are assessed by ICE officers during the intake process. Prior to their arrival to EPHR, detainees arriving from other ICE facilities are screened for their risk of being sexually assaulted or having a history of sexual abusiveness and according to the interviewed ICE Intake DO interviewed this information is shared with applicable hold room staff. ICE DOs consider 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 LGBTI 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 to the extent of information available at the time of intake. GPS staff only provide detainee supervision during the intake screening process.

The SDDO, during his interview, also stated that the RCA is used to gather information about detainees in accordance with Policy 11087.1. During interviews with assigned GPS staff , ICE DOs, and a captain, they indicated that when they recognized that a detainee may be at risk for sexual abuse either by physical characteristics or through information received during the assessment, they would talk to the detainee concerning their perception of their safety while in custody, and if needed they would put the detainee in a single hold room before assigning them to a housing area within the detention facility. They also confirmed that staff on duty would provide direct supervision and use video monitoring to ensure the detainee was safe.

The EPHR also stated on their PAQ that there were 11 transgender detainees that were processed within the prior audit period. When asked what the steps were to process a transgender detainee, ICE DOs stated once a detainee self discloses as transgender, they would proceed with asking if they feel safe in the hold room. If their answer is yes, they would continue with the intake process, if the detainee said no, they would put them in a single cell and monitor them for safety.

(e): The 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 collected during the risk screening process of a detainee is placed in their file and is on a need-to-know basis to protect detainees while in custody in the hold room and facility. ICE DOs and the Captain also stated that sensitive information is only shared on a need-to-know basis to ensure confidentiality of the detainees.

§115.151 - Detainee reporting.

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

Notes:

(a)(b)(c): Policy 11087.1 states, "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," and "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, and that 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." SAAPI Policy 2.11 states, "Detainees shall have multiple way[s] to privately, and if desired, anonymously, report signs or incidents of sexual abuse and assault, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents and will not be punished for reporting." The policy further states, "staff shall take all statements from detainees claiming to be victims of sexual abuse or assault and shall respond supportively and non-judgmentally. Any detainee may report acts of sexual abuse or assault to any employee, contractor, or volunteer. If a detainee is not comfortable with making the report to immediate point of contact line staff, he/she shall be allowed to make the report to a staff person with whom he/she feels comfortable in speaking about the allegations. The EPC shall provide instructions on how detainees may contact their consular official or the DHS Office of the Inspector General, to confidentially and if desired, anonymously, report these incidents."

The Auditor observed PREA posters with reporting information in English and Spanish, with two prompt push tones for immediate access to the SDDO.

The Auditor observed posters in the holding cells, in both English and Spanish, with information detailing how detainees can report to the DHS OIG. The Auditor tested available phones from each side of the EPHR (male and female side). Additionally, interviews with ICE DOs confirmed they have access to the ERO Language Line Services to use with detainees who speak languages other than English and Spanish, and while onsite the Auditor observed documentation noting the use of this service. The first call was made using the #811 number, which is an internal line to the facility captain. The Auditor identified herself to the captain, notified them that there was a PREA audit, and this was a test call of the phone system. The second call was made to the #9116 DRIL, at which time the Auditor left a recorded message identifying themselves, stating this was a test call of the phone system in accordance with the PREA audit. A third test call to the DHS OIG reporting line confirmed that the detainee may report anonymously via telephone and the auditor spoke with a OIG representative. The Auditor also reviewed the ICE National Detainee Handbook which contained the same information regarding reporting.

The Auditor interviewed the SDDO who stated that all detainees receive an ICE National Detainee Handbook with the reporting and consulate information.

Interviews with GPS contract staff indicated ICE staff provides the detainee with Consulate contact information during processing. Interviews with ICE DOs and GPS Contract staff confirmed that they would accept reports of sexual abuse, retaliation for reporting sexual abuse, and staff neglect that may have contributed to the abuse in writing, verbally, anonymously, and from third parties. Interviews with these same staff members confirmed they would immediately report and document a detainee who verbally reported being threatened, sexually harassed and/or sexually abused.

§115.154 - Third-party reporting.

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

Notes:

Policy 11087.1 states, "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." Through direct observation of holding cell postings, ICE DOs and GPS contract staff interviews, and by directly visiting the ICE website www.ice.gov, it was confirmed that EPHR has established methods to receive third party reports of sexual abuse. Third parties may report via telephone, or email, using the information located on the website.

§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): Policy 11062.2 states, "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 Auditor interviewed 8 ICE DOs and 10 GPS contract staff, and each confirmed their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor. Staff were also aware of their ability to make a report to the JIC. Staff interviewed further indicated their knowledge regarding reporting obligations and maintaining confidentiality except when 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. There were no allegations reported during the extended audit period; therefore, no case files to review.

(d): Policy 11062.2 states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of the Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." The interviews with the SDDO and PSA Compliance Manager confirmed there were no vulnerable adults housed at EPHR within the last 12 months. The SDDO indicated she would notify the FOD in all incidents of sexual abuse alleged to involve a vulnerable adult.

The Auditor interviewed staff and the SDDO, who stated that the EPHR does not process detainees under the age of 18.

§115.162 – Agency protection duties.

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

Notes:

The EPHR provided a written directive, Policy 11062.2, which states 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 ICE DOs and GPS contract staff, 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.

In addition, the EPHR provided Policy 2.11 which states that, "if an EPC staff member 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." The Auditor interviewed the SDDO and a captain who both stated that if they are aware that a detainee is at risk for substantial risk of imminent sexual abuse, they will take immediate action to ensure the detainee is safe.

§115.163 - Reporting 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): Policy 11062.2 states, "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." The EPHR also provided Policy 2.11 which states, "Upon receiving an allegation that a detainee was sexually abused or assaulted while confined at another facility, the OIC or designee shall notify the FOD and the appropriate administrator of the facility where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. The OIC or designee shall notify the detainee in advance of such reporting."

The interview with the AOIC confirmed the facility is aware of the requirement to notify the appropriate office of the Agency, or the Administrator of the facility where the alleged abuse occurred, within 72-hours of receiving the allegation. The AOIC further confirmed during his interview that the facility that held the detainee where the abuse occurred, must make all mandatory notifications upon receiving the notice of the allegation, per the mandatory requirements of the standard. The AOIC confirmed that EPHR had no PREA related notifications from other facilities during this extended audit period.

The Auditor reviewed email correspondence related to one detainee on detainee sexual abuse allegation that reportedly occurred at another confinement facility and was reported to EPHR staff. According to the documentation provided to the Auditor, the detainee victim reported a PREA allegation to the SDDO on June 21, 2021, which allegedly occurred at the El Paso County Jail (EPCJ) on March 6, 2021. The email correspondence viewed by the Auditor confirmed PREA protocols were followed by EPHR staff and that the EPCJ was notified within 72 hours of receipt of the allegation.

§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 EPHR provided Policy 2.11 which states in part, "Staff shall take immediate action to separate any detainee who alleges that he/she has been sexually abused or assaulted from the alleged assailant." And, "The first staff member to respond to a report of

sexual abuse, or his or her supervisor, shall preserve and protect, to the greatest extent possible any crime scene until appropriate steps can be taken to collect any evidence." It further states that, "if the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder shall: 1. Request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 2. Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating." Policy 11087.1 states, "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 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."

The Auditor interviewed the SDDO and GPS contract staff who all stated they knew what their duties were as first responders. These duties were to separate the alleged victim and abuser, preserve the crime scene, notify a supervisor, and contact medical. There were no allegations of sexual abuse reported during the audit period.

(b): Policy 2.11 further states, "If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff." The only non-security staff that have contact with detainees at the EPHR is medical staff and they have all been trained in evidence protocol and as first responders.

§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 EPHR provided Facility Policy 2.11 which provides the written institutional plan of the multidisciplinary team approach to responding to sexual abuse. The coordinated response plan includes the responsibilities of First Responders, Medical and Mental Health, IHSC staff, Practitioners, Investigators, and Facility Leadership, and Community Support Services. The policy also states, "If a victim is transferred between detention facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services (unless the victim requests otherwise in the case of transfer to a non-ICE facility)."

Additionally, Policy 11087.1 states, "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."

It was confirmed through interviews with the SDDO, five ICE DOs, and six GPS contract staff that they are aware of their responsibilities to respond in conjunction with the facility coordinated response to sexual abuse toward a detainee. The Auditor interviewed three medical staff who stated that if they were a first responder, they would separate the alleged victim and abuser, and notify a supervisor.

The EPHR did not have any allegations of sexual abuse during the extended audit period.

(b)(c): The EPHR provided a written email dated April 15, 2021 between the GPS PREA Compliance Manager and the receiving facility for a detainee who was being transferred that was named in a PREA incident. The email included the detainee's name, identification number and that they were an alleged victim in an open PREA case from 2021. The email noted that the allegation was made at the EPHR but allegedly occurred at non-DHS facility. The email also stated that all PREA protocols were initiated prior to the detainee being transferred, included the SAAPI CM number, and that the detainee had no issues to report at the time of the transfer. The SDDO, during his interview, confirmed that he was knowledgeable regarding the requirements of subpart (c) of the standard indicating that if a detainee being transferred to another DHS facility was a victim of sexual abuse, EPHR staff would provide the receiving facility any information regarding the sexual abuse allegation, including the victim's need for any medical or social services follow-up regardless of the detainees request not to have his/her potential need for medical or social services shared with the receiving facility. In an interview with the OIC, she reported that if a victim of sexual abuse was being transferred to a non-DHS facility, the detainee victim sexual abuse information would only be shared with the detainee's consent.

§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:

Policy 11062.2 states, "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 confirmed both ICE and GPS contract staff, would be removed from any, and all, duties in which detainee contact was involved pending the outcome of an investigation in accordance with the standard.

There were no allegations of sexual abuse at the EPHR during the extended 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 EPHR provided Policy 2.11 which states, "Staff, contractors, and volunteers shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force". Additionally, Policy 11062.2 states, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or for participating in sexual activity as a result of force, coercion, threats, or fear of force."
The interview with the PREA Compliance Manager confirmed he is responsible to monitor against retaliation and that 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 would be protected from retaliation. The Auditor interviewed 8 ICE DO's and 10 GPS staff, who stated that they were aware that staff and detainees have the right to be protected against retaliation for reporting sexual abuse.

The EPHR provided a written memorandum dated March 24, 2022, from the AOIC that stated, "there were no instances within the last 12 months where a report of retaliation related to sexual abuse has occurred." There were no allegations reported during the audit period.

§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): Policy 11062.2 states, "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."

The EPHR is not responsible for investigating criminal allegations of sexual abuse. The Auditor interviewed the SDDO who stated that the EPHR does not conduct criminal sexual abuse investigations and that all investigations are referred to ICE OPR for criminal investigation. In addition, the SDDO reported that upon conclusion of the criminal investigation OPR investigators will be assigned to conduct an administrative investigation if necessary. An interview with the SDDO and PREA Compliance Manager confirmed that the assigned GPS facility Investigator only provides support to OPR Investigators for administrative investigations at EPHR. There were no allegations of sexual abuse reported at EPHR during the audit period.

The Auditor interviewed the SDDO who stated that per the policy and standards they would notify the OPR to conduct an administrative investigation on all allegations of sexual abuse and assault within the EPHR. The SDDO stated that the facility provides support to the OPR providing documentation as needed and if needed producing staff to be interviewed per the investigation.

(b)(c)(d): Policy 11062.2 states, "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 states, "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 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." PBNDS further states, "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," and "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."

In an interview with the SDDO/PREA Compliance Manager it was confirmed that if a sexual abuse allegation were reported it would immediately be reported to ICE OPR for investigation. The EPHR did not have any allegations of sexual abuse during the extended audit period.

(e): Policy 11062.2 dictates that "The facility fully cooperates with any outside agency investigators and endeavoring to remain informed about the progress of the investigation."

The interview with the SDDO confirmed that the facility would fully cooperate with any outside agency as required by this policy. The EPHR did not have any allegations of sexual abuse during the audit period.

§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:

Policy 11062.2 states, "The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse." However, compliance is determined based on agency policy. The interview with the SDDO confirmed that investigations of sexual abuse allegations at the EPHR are conducted by ICE-OPR or DHS-OIG. According to a memorandum provided by the AOIC on February 8, 2022, if an allegation is referred for criminal investigation, it would be conducted in coordination with the DHS OIG and ICE OPR. The SDDO and the PREA Compliance Manager confirmed that his role as GPS facility Investigator is only to provide support to OPR, which is the entity responsible for administrative investigations at EPHR. The Auditor further confirmed during her interview 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 EPHR during the extended 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 EPHR provided a written directive, Policy 11062.2 which states in part, "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."

The EPHR provided a memorandum, dated February 11, 2022, authored by the AOIC, indicating that there were no allegations of sexual abuse reported at EPHR during the extended audit period; therefore, EPHR 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 policies and making attempts to inform all licensing agencies as a result of substantiated allegations. .

§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 EPHR provided a written directive, Policy 11062.2, which addresses the requirements of the standard and states in part; "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 contact with detainees pending the outcome of an investigation."

Policy 11062.2 states, "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 contact with detainees pending the outcome of an investigation."

The EPHR also provided a written memorandum, dated February 11, 2022, from the AOIC that stated, "Concerning 115.177, Exhibit 23, Corrective Action for Contractors and Volunteers, a file demonstrating a licensing body was notified of a contractor/volunteer violating sexual abuse policies is currently not available. There have been no instances occurring within the extended audit period.

The interview with the SDDO confirmed there were no staff resignation, termination, or discipline for violating the Agency's policy on sexual abuse during the audit period. In addition, the SDDO stated staff would be removed from Federal service for substantiated allegations of sexual abuse or for violating agency sexual abuse policies and that the facility would report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies EPHR unless the allegation was clearly not criminal. In addition, the SDDO reported that, if known, the facility would report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse to any relevant licensing bodies.

§115.182 - Access to emergency medical services.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b): The EPHR provided a written directive, Policy 2.11 which states, "Detainee victims of sexual abuse and assault shall have a timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care." The policy also states, "the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The EPHR provided written directive IHSC 03-01, which states the facility shall, "Provide emergency medical and mental health services to detainees who are victims of sexual abuse. Services include 1. Initial evaluation**,** 2. Ongoing mental health care, 3. Examination and 4. Referrals." The policy also states, "crisis intervention services including emergency contraception, sexually transmitted infections testing and prophylaxis. (National Commission on Correctional Health Care 2018 Standards)."

The EPHR also provided the Auditor with a written memorandum, from the AOIC, dated March 16, 2022, which states, there has been no detainees that have been provided emergency medical services within the audit period.

The EPHR did not have any sexual abuse allegations during the extended audit period.

The Auditor interviewed the SDDO who stated that if there is an incident of sexual abuse the detainee will be taken to the UMCEP, to receive services provided by a SANE to include testing diseases and counseling services. The Auditor verified this information during the interview with the two SANE nurses from the UMCEP. The SANE nurses both stated that if a detainee is sexual abused, they are brought to the hospital through the emergency room for medical clearance. Then they will be examined by the SANE on duty. The SDDO clarified that emergency services are not provided on-site, all services are provided by the UMCEP. During the interviews, both the SDDO and the two representatives from UMCEP reported emergency medical would be provided at no cost to the detainee.

§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) The EPHR provided a written directive, Policy 11087.1 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 the EPHR during the extended 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 EPHR provided written directive, Policy 2.11 which states, "retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years." The policy also states, "The EPC shall maintain in a secure area all case records associated with claims of sexual abuse or assault, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post release treatment, if necessary."

Policy 11062.2 states, "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," and "investigative files would be retained at the OPR Headquarters in the Agency's online case management system (JICMS)."

In an interview with the SDDO it was confirmed that all investigative files are maintained by ICE OPR. He also stated that all records were to be kept for up to 10 years.

The EPHR had no allegations of sexual abuse during the extended audit period.

§115.193 – Audits of standards.
Outcome: Not Low Risk
Notes:

This is the second DHS PREA Audit at the EPHR. 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 and staff interviewed were knowledgeable about their duties and responsibilities. After a careful review, it was determined that the facility is not in compliance with two standards; and therefore, not in compliance with the DHS PREA Standards. Even though the EPHR only holds detainees up to 12 hours, and there have not been any allegations of sexual abuse during the extended audit period, the Auditor must take into consideration the areas of non-compliance which include both policy and procedural issues. Therefore, the Auditor has determined that the facility is not low risk.

§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)(i): The Auditor was given access to and observed all areas of the facility. The agency provided documents and copies of relevant materials. At the time of the onsite audit there were three detainees being processed out at EPHR and each was interviewed by the Auditor.

(e): The Auditor was provided with all relevant documents required to conduct a thorough PREA compliance audit of the EPHR.

(j): Audit notices were posted in each hold room cell, giving the detainees an opportunity to confidentiality correspond with the Auditor should they desire. The Auditor did not receive any correspondence from staff, contractors, or detainees at the EPHR.

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:	26
Number of standards not met:	2
Number of standards N/A:	2
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.

Keyala Crawford 6/27/2022

Auditor's Signature & Date

(b) (6), (b) (7)(C) 6/28/2022

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 6/30/2022

Assistant Program Manager's Signature & Date

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

Homeland Security

AUDITOR INFORMATION			
Name of auditor:	Keyala Crawford	**Organization:**	Creative Corrections, LLC.
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-[redacted]
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC.
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-[redacted]
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:	Kenneth Genalo		
PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	1541 Montana Ave, El Paso, TX 79925		
Mailing address: *(if different from above)*			
INFORMATION ABOUT FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	El Paso Hold Room		
Physical address:	8915 Montana Ave, El Paso, TX 79925		
Mailing address: *(if different from above)*			
Telephone number:	915-225-1900		
Facility type:	ICE Holding Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer in Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	915-225-[redacted]
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PREA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	915-225-[redacted]

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

During the audit, the Auditor found EPHR met 26 standards, had 2 standards (115.114 and 115.118) that were non-applicable, and 2 non-compliant standards (115.116 and 115.117). As a result of the facility being out of compliance with 2 standards, the facility entered into a 180-day corrective action period, which began on July 1, 2022, and ended on December 28, 2022. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring the two standards into compliance.

Number of Standards Met: 2
§115.116 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.117 Hiring and promotion decisions

The Auditor received notification that the CAP and responsive documents were available on August 8, 2022. The CAP was reviewed and approved. The facility initially demonstrated compliance with 115.116 and partially for 115.117. The Auditor received notification on November 3, 2022, that the final CAP documents provided by the facility were available for review. These documents were reviewed, and the Auditor determined that the facility now demonstrated compliance with 115.117. Furthermore, as EPHR is fully compliant with the DHS PREA Standards, the risk rating, pursuant to 115.193, is now Low Risk.

PROVISIONS

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

§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): The EPHR provided Policy 11087.1 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." The EPHR also provided Policy 11062.2, which states 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.

The EPHR also provided the Auditor with the SAAPI Policy 2.11 which states, "The EPC shall provide communication assistance to detainees with disabilities and detainees who are limited in their English proficiency (LEP). The EPC will provide detainees with disabilities with effective communication, which may include the provision of auxiliary aids, such as readers, materials in Braille, audio recordings, telephone handset amplifiers, telephones compatible with hearing aid, telecommunication devices for deaf persons (TTY's), interpreters, and note takers as needed. The [EPHR] will also provide detainees who are LEP with language assistance, including bilingual staff or professional interpretation and translation services, to provide them with meaningful access to its programs and activities."

In 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. He also stated that if staff encounter a detainee who is LEP, staff can access the ERO Language Access Resource Center. ERO Language Services are provided 24/7 and provide access to a language line for translation, interpretation, or transcription. EPHR provided the Auditor with a copy of the ERO poster which provides information on how to access the ERO Language Resource Center. The SDDO also stated they would have a one-on-one conversation with the detainee or reach out to medical staff for assistance with detainees who may have disabilities or cognitive issues. Random staff were interviewed and asked about communicating with detainees that have disabilities or are LEP. Of the 30 staff members the Auditor interviewed, the Auditor found 15 were fluent in the Spanish language. All staff interviewed identified the ICE Zero-Tolerance posters, available in English and Spanish, as a resource for LEP detainees in addition to, staff accessing and utilizing the ERO Language Services. All GPS and ICE staff interviewed, stated they had not encountered a detainee who was blind or deaf in their time working in the EPHR. Staff interviewed also stated that if they encountered a detainee who was deaf, they would use printed materials and reach out to a supervisor for assistance and if the detainee was blind, they could read the documents to them, and they would notify a supervisor to provide other options and immediate assistance.

The Auditor observed the ICE Zero-Tolerance posters in English and Spanish, and the Consulate contact information posted throughout the EPHR during the facility tour. The Auditor also observed the DHS-prescribed SAAPI pamphlets and ICE National Detainee Handbook in the Hold room area in English and Spanish. The Auditor did not observe the ICE National Detainee Handbook or pamphlets in any additional languages. Interviews with the SDDO and ICE DOs indicated that the EPHR does not provide the detainees with PREA information in languages other than English and Spanish. During the interview with the Captain, he stated the 24-hour telephone interpretation services are available for detainees who are LEP.

Does Not Meet (b): The facility is not compliant with subparts (b) of the standard for not having appropriate measures in place to allow equal participation in the Agency's PREA/SAAPI efforts. During the onsite audit, the Auditor observed that the DHS-prescribed Sexual Assault Awareness Information pamphlet and ICE Zero-Tolerance posters were posted in the holding areas in both English and Spanish. Interviews with the SDDO and ICE DOs indicated that the facility does not provide the detainee with the PREA information in other languages. To become compliant, the facility must institute a practice of providing the detainee who is LEP, to include for languages other than Spanish, the PREA information. The facility must train all staff on the new practice and provide documentation of this training for compliance review.

Corrective Action Taken (b): EPHR provided the auditor with SAA Awareness information pamphlets in the following languages: English, Spanish, Arabic, Chinese, Haitian Creole, French, Hindi, Portuguese, and Punjabi. The EPHR also provided a memorandum, dated January 25, 2022, from the AOIC notifying all processing staff to read the EPC-PBNDS-0207 Detainee Education for Intake Staff Script to all new arrivals using an interpreter for detainees that do not understand English or Spanish.

Additionally, the EPHR provided the lesson plan, the GPS PREA SAAPI Detainee Education training PowerPoint, and proof of training for 11 processing staff of the new procedures conducted in July 2022. The facility has demonstrated compliance with provision (b) of this standard and is now compliant with this standard in all material ways.

§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:

(b): This standard subpart requires, "An agency or facility considering hiring or promoting staff shall ask all applicants directly about previous misconduct described in paragraph (a) of this section, in written applications for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees." GPS utilizes the "Department of Homeland Security 6 Code of Federal Regulations Part 115" form to ask employees about the subpart (a) misconduct questions required for annual reporting. The OIC stated the GPS had no promotions during the past 12 months but informed the Auditor that the "Department of Homeland Security 6 Code of Federal Regulations Part 115" form would be used for future promotions. The SDDO stated during his interview with the Auditor that a new SDDO was promoted during the audit period; however, he was unsure if the employee was asked about previous misconduct as described in provision (a) above. The SDDO stated documentation would be provided to the Auditor and would be obtained from Human Resources Central; however, the Auditor did not receive any evidence of compliance for this audit period promotion.

Does Not Meet (b): The Auditor was informed an ICE employee was promoted during the audit period, but not supplied with evidentiary documentation to support compliance with subpart (b). To become compliant with subpart (b), the EPHR must develop a process that requires that employees offered promotions are directly asked about previous misconduct related to sexual abuse, as outlined in subpart (a) of this standard. The EPHR must provide the Auditor with documentation that the procedure has been implemented and documentation where newly promoted ICE and GPS contract staff were directly asked about previous misconduct related to sexual abuse prior to their promotion, if applicable.

Corrective Action Taken (b): EPHR provided the auditor with a memorandum dated May 2, 2022, from the AOIC that amends the facility's SAAPI policy and implements use of the DHS 6 Code of Federal Regulations Part 115 form that asks employees/prospective employees about prior misconduct as outlined in provision (a) of this standard, at hire and promotion. The facility provided the lesson plan and training roster for two HR staff who were trained on the new procedures. Additionally, the EPHR provided two completed and signed DHS 6 Code of Federal Regulations Part 115 forms for two currently employed HR staff with their initial response. The facility successfully demonstrated compliance with implementation of these procedures; however, the Auditor requested additional signed forms for recently promoted. With the second submission of responsive documentation, EPHR provided six additional (for a total of eight) samples of completed the DHS 6 Code of Federal Regulations Part 115 form demonstrating the practice of asking employees (at hire, at promotion, and during any interviews or written self-evaluations) directly the misconduct questions outlined in provision (a). The facility has demonstrated compliance with provision (b) and is now compliant with 115.117 in all material ways.

§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.

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§115. Choose an item.
Outcome: Choose an item.

Notes:

§115.193
Outcome: Low Risk
Notes:

This is the second DHS PREA Audit at the EPHR. 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 and staff interviewed were knowledgeable about their duties and responsibilities. After a careful review, it was determined that the facility is not in compliance with two standards; therefore, not in compliance with the DHS PREA Standards. Even though the EPHR only holds detainees up to 12 hours, and there have not been any allegations of sexual abuse during the extended audit period, the Auditor must take into consideration the areas of non-compliance which include both policy and procedural issues. After a careful review of corrective action, it is determined that the facility is now in compliance with the two deficient standards, and now in compliance with the DHS PREA Standards. Therefore, the Auditor has determined that the facility is now 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.

Sharon R. Shaver November 18, 2022
Auditor's Signature & Date

(b) (6), (b) (7)(C) November 18, 2022
Program Manager's Signature & Date

(b) (6), (b) (7)(C) November 21, 2022
Assistant Program Manager's Signature & Date