

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	William Willingham	Organization:	The Nakamoto Group, Inc.
Email address:	(b) (6), (b) (7)(C)	Telephone number:	301-468-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	El Paso
ICE Field Office Director:	Alfredo Fierro
PREA Field Coordinator:	Jannie Armendariz
Field Office HQ physical address:	11541 Montana Ave., Suite E, El Paso, TX 79936
Mailing address: <i>(if different from above)</i>	

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: <i>(if different from above)</i>			
Telephone number:	915-225-0700		
Facility type:	<input checked="" type="checkbox"/> Holding	<input type="checkbox"/> Staging	
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director (AFOD)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	915-298-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Jannie Armendariz	Title:	Supervisory Deportation Detention Officer
Email address:	(b) (6), (b) (7)(C)	Telephone number:	915-487-(b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site PREA (Prison Rape Elimination Act) audit of the El Paso Hold Room (EPHR) in El Paso, TX was conducted June 19-20, 2017, by William Willingham, a Nakamoto Group Inc. certified auditor. This was the first PREA audit for this facility. Prior to the on-site audit, the facility provided the auditor with agency and local policy, supporting documents, a description of the facility layout and the completed pre-audit questionnaire.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility's tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C), Supervisory Deportation Detention Officer (SDDO) Jannie Armendariz and Detention Officer (DO) (b) (6), (b) (7)(C). After the briefing, a comprehensive tour of the Hold Room area and Medical Unit was completed. The tour included the intake processing area, isolation rooms and an examination of the hold rooms for males and females. During the tour, it was noted that there was sufficient staffing, operational procedures and monitoring technology to ensure a safe environment for detainees and staff. (b) (7)(E) contract security staff and ICE Health Service Corps (IHSC) and contract medical staff support the EPHR operation. Female detainees are housed separately from male detainees and are supervised by female security staff. Detainees are able to shower, dress and use the toilet facilities privately without exposing themselves to staff of the opposite gender. Informal and formal interviews with staff and detainees regarding the PREA standards were conducted. Zero tolerance posters regarding sexual abuse were prominently displayed throughout the facility. Auditor notifications allowing detainees to write to the auditor were also located in the same areas. The auditor received no letters from detainees in advance of the audit.

A total of fifteen ICE and contract staff interviews were conducted during the audit. The interviews included ERO and IHSC staff, contract medical and contract security staff (including supervisors) from all shifts. The EPHR is operated under contract with Global Precision Systems (GPS), a private detention management organization. Medical services are provided by IHSC and InGenesis, the medical services contractor. Interviews were conducted in private offices, private areas adjacent to the hold rooms, and in the Medical Unit. All staff were aware of the agency's zero tolerance policy, their responsibilities to protect detainees from sexual abuse and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed and included the SDDO, Clinical Director, Prevention of Sexual Assault (PSA) Compliance Manager, Health Services Administrator, Mental Health Services provider and the Human Resource Manager for GPS.. No staff refused to be interviewed. All interviewed ICE staff and contractors demonstrated an understanding of the PREA and their responsibilities under the PREA, relative to their position at the facility. A local victim advocate, who provides crisis intervention services to detainees at the facility, was also interviewed telephonically. Forensic examination services were confirmed through a telephonic interview with an Emergency Room nurse at a local hospital (Sierra Medical Center), where the examination would be performed. The facility does not utilize volunteers.

Nine detainees were interviewed by the auditor. This was the total number of detainees held for processing at the EPHR, for less than twelve hours, during the audit. Interviews were conducted in a private office inside the hold room's administrative section. The detainees interviewed were of various ages, nationalities and ethnic backgrounds. No interviewed detainees self-identified as being Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI), and none were disabled. Six of the nine detainees were limited English proficient (LEP) and were interviewed in a private conference room utilizing a language interpretation service (Certified Languages International). None reported any previous sexual abuse. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms, stated that they felt safe at the facility and would contact staff if necessary concerning a PREA issue. No detainee refused to be interviewed.

The El Paso Hold Room (EPHR) is located inside the El Paso Service Processing Center (SPC) in El Paso, Texas. The original buildings were constructed in 1968, and renovated with additional structures in 1996 and 1998. An AFOD is assigned to supervise the EPHR. The EPHR is a single building which contains secure holding rooms, isolation rooms, a large processing desk area and administrative offices. The hold rooms have benches for seating, toilet facilities and can hold between 3 and 32 detainees (the rooms have various operational capacities). Detainees are held in the EPHR for a maximum of 12 hours. If necessary, meals are brought to the EPHR from the dining hall which services the SPC. After processing, detainees are transported for deportation or to another facility. Holding areas for male and female detainees are completely separated. Contract security officers provide supervision of the detainees and conduct processing duties, with oversight by on-site ICE employees. The visual and physical supervision of all detainees is maintained constantly (the hold rooms have very large observation windows across from the intake area) by assigned staff. Contract transportation officers move detainees in and out of the facility. The Medical Unit, where detainees receive medical assessments, is located adjacent to the EPHR.

There were no allegations of sexual abuse within the last year.

SUMMARY OF OVERALL FINDINGS:

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

When the on-site audit was completed, a close-out meeting was held with ERAU Team Lead (b) (6), (b) (7)(C) SDDO Jannie Armendariz, SDDO (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) and DO (b) (6), (b) (7)(C) to discuss audit findings. The facility and ICE staff were found to be courteous, cooperative and professional. Staff morale appeared to be good and the observed staff/detainee interactions were observed to be appropriate. There were no "blind spots" observed during the tour and adequate video cameras supplement the staff monitoring of detainees.

The standards used for this audit became effective in March 2014. Twenty-eight standards were found to "Meet" the standards, one standard was found to be at "Low Risk" and two standards were determined to be "Not-Applicable." The auditor was provided with extensive and lengthy files prior to and during the audit for review, to support the findings of the audit. Observations made during the tour and all interviews also supported compliance. All areas of the facility were observed to be clean and reasonably well-maintained. At the conclusion of the audit, the auditor thanked the facility and ICE staff for their hard work and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	28
Number of standards not met:	0

PROVISIONS

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

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

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

Notes:

ICE Sexual Abuse and Assault Prevention and Intervention (ICE Directive 11062.2) addresses the requirements of this standard. Written policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting and responding to such conduct. The PSA Compliance Manager, when interviewed, confirmed she has sufficient time and authority to oversee compliance with the facility's PREA program. Staff receive initial PREA training and annual training, as well as updates throughout the year when needed. Interviews with staff, contractors and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse.

§115.113 – Detainee supervision and monitoring.

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

Notes:

Operation of ERO Holding Facilities (ICE Directive 11087.1) addresses the requirements of this standard. This directive requires that a comprehensive staffing analysis be completed annually, which was completed by GPS staff. A review of the staffing plan, organizational chart, post orders and an interview with the SDDO and the Human Resource Manager for the GPS contract, confirmed that the facility has a staffing plan which provides adequate staff to ensure a safe and secure environment for staff and detainees and confirms compliance to this standard. Supervision is supplemented by video cameras, and ICE staff visit the EPHR routinely. The audit included an examination of video monitoring systems, unannounced rounds reports, staff deployment and staff/ detainee interviews. The supervision and monitoring of detainees was found to be compliant with this standard.

§115.114 – Juvenile and family detainees.

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

Notes:

The facility does not house juveniles or family units.

§115.115 – Limits to cross-gender viewing and searches.

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

Notes:

ICE Directive 11087.1 outlines the requirements of this standard. The EPHR does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, the search is required to be documented. Additionally, detainees have privacy to shower, change clothes and perform bodily functions without being seen by staff of the opposite gender. (Continued on page 10)

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

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

Notes:

ICE Directive 11087.1 outlines the requirement of this standard. The EPHR takes appropriate steps to ensure detainees with disabilities and LEP detainees have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse. PREA handouts, bulletin board postings, orientation video, and detainee handbooks are in both English and Spanish. Additionally, the facility has bi-lingual staff and a contract with an interpretation service to provide services to detainees who are LEP. The facility also provides communication assistance to detainees with disabilities. This is achieved in the form of auxiliary aids (staff to read information, TTY access, braille). Staff interviews confirmed compliance to this standard.

§115.117 – Hiring and promotion decisions.

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

Notes:

Executive Order 13764, Suitability regulation 5 C.F.R. 731, ICE Personnel Security and Suitability Program (ICE Directive 6-7.0) and ICE Suitability Screening Require (ICE Directive 6-8.0) address the requirements of this standard. The EPHR requires all staff to pass a background investigation to ensure compliance with this requirement. The Acting AFOD and contract Human Resource Manager were interviewed and stated that all components of this standard have been met. All ICE employees and contractors have had background checks completed. The auditor reviewed the tracking system that is in place to ensure that updated background checks are conducted when staff are promoted and every five years. Policy clearly states the submission of false information by any applicant is grounds for termination. (Continued on page 10)

§115.118 – Upgrades to facilities and technologies.

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

Notes:

Since May 6, 2014, there have been no significant upgrades to the facility or technologies

§115.121 – Evidence protocols and forensic medical examinations.

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. ICE and contract staff, including medical and mental health services staff, were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. All forensic medical examinations are conducted by a Sexual Assault Nurse Examiner (SANE) at an outside hospital (Sierra Medical Center). Interviews with staff, a SANE at a local hospital (Sierra Medical Center), a victim advocate, observations, and an examination of documentation confirmed compliance to this standard. There have been no allegations of sexual abuse at EPHR during the last 12 months.

§115.122 – Policies to ensure investigation of allegations and appropriate agency oversight.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. The protocol is posted on the agency's website, which was confirmed by the Auditor. Administrative and/or criminal investigations are completed for all allegations of sexual abuse. All allegations involving ICE staff and contractors are first reported to the Joint Intake Center, where it is then referred to the OIG for first right of refusal; if OIG declines, ICE OPR will handle the investigation. The facility investigator (handles detainee-on-detainee allegations) or OPR conduct investigations at the facility. The facility investigator was interviewed and found to be very knowledgeable concerning her responsibilities in the investigative process. All allegations are reported immediately to the on-site ICE staff.

§115.131 – Employee, contractor and volunteer training.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. The review of training documents, training logs, training curriculum and staff interviews confirmed that all ICE employees and contract staff received PREA training that includes each element required of the standard. Medical and mental health staff receive specialized training that includes detecting and assessing signs of sexual abuse, preservation of physical evidence, responding effectively and professionally to victims, and how to report sexual abuse. Staff receive an initial and an annual PREA refresher training.

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

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. When interviewed, detainees indicated, at the time of arrival, they received verbal and written information about the PREA, their right to be free from sexual abuse, harassment, retaliation for reporting and multiple ways of how to report sexual abuse. The tour of the facility confirmed that PREA education posters were prominently displayed in all hold rooms and common areas. Interviews with staff and detainees, as well as an examination of intake screening documentation confirmed compliance with this standard.

§115.134 – Specialized training: Investigations.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. The facility and criminal investigators (OPR) completed a specialized investigator training program that meets the requirements of this standard. The training addresses procedures for obtaining, preserving and securing physical evidence, managing victim trauma, conducting investigations in a confined setting and other relevant topics. The auditor interviewed the facility investigator and inspected the training curriculum which confirmed compliance with this standard.

§115.141 – Assessment for risk of victimization and abusiveness.

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. All detainees are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or being sexually abusive towards other detainees. The review of medical intake screening documents, as well as interviews with IHSC staff and detainees, confirmed compliance. All new arrivals are assessed within 12 hours. Detainees identified as being at risk for sexual victimization or at risk of sexually abusing other detainees are referred to the IHSC mental health staff for additional assessment to offer treatment. Those at risk would be provided additional supervision. Information received during the screening is only available to staff with a need-to-know and no others. Interviews with intake staff confirmed compliance with this standard.

§115.151 – Detainee reporting.

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. A review of documentation and interviews with staff and detainee indicated that there are multiple ways (verbally to staff, in writing via a letter to ICE or to the DHS Office of the Inspector General (OIG), anonymously, privately and from a third party) for detainees to report sexual abuse. Policy requires staff to document all allegations. There are posters and other documents on display throughout the facility, observed by the auditor, which also explain the reporting methods. Facility staff accept reports made verbally, in writing, anonymously and from third parties and would promptly document any form of sexual abuse allegation. The PSA Compliance Manager and facility investigator were interviewed concerning this standard, and confirmed compliance to the standard.

§115.154 – Third-party reporting.

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. The EPHR has established procedures for accepting and documenting third-party reports of sexual abuse. The ICE website (<https://www.ice.gov/contact>) also lists procedures and telephone numbers (to contact DHS OIG) for third party reporting. Staff and detainees interviewed were aware of the procedures for third-party reporting. The facility also has posters in the holding room area which address the procedures for reporting allegations.

§115.161 – Staff reporting duties.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. Staff confirmed during interviews that they were aware of their responsibility to immediately report any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participate in an investigation about such an incident. Staff may report misconduct outside of their chain of command by calling or writing the Joint Intake Center (JIC) or the DHS OIG. Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case to be limited to staff only on a need-to-know basis. A review of documentation and staff interviews confirmed compliance to this standard.

§115.162 – Agency protection duties.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. Staff confirmed during interviews that they were aware of their responsibility to protect detainees prior to an incident and to take further immediate action to protect a detainee, when they have a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse. In the past 12 months, there were no instances in which facility staff determined that a detainee was subject to substantial risk of imminent sexual abuse. Interviews with staff confirm compliance to this standard.

§115.163 – Report to other confinement facilities.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. This directive requires that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility must contact the administrator of the facility where the alleged abuse occurred. The notification must be completed as soon as possible, but no later than 72 hours after becoming aware of the allegation and the notification must be documented. An interview with the PSA Compliance Manager confirmed her awareness of this requirement. During the last 12 months, EPHR did not receive allegations that a detainee was sexually abused while detained at the EPHR or another facility.

§115.164 – Responder duties.

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. All staff interviewed were knowledgeable concerning their required first responder responsibilities, when learning of an allegation of sexual abuse. They stated they would separate the victim from the perpetrator, secure the scene to protect possible evidence, not allow the detainees to destroy possible evidence and contact their supervisor. The supervisor would continue to protect the detainee and immediately notify the PSA Compliance Manager, AFOD and upper-level staff. Interviews with staff and an examination of documentation confirmed compliance with this standard.

§115.165 – Coordinated response.

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. This directive establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of EPHR management officials, medical and mental health providers, the PSA Compliance Manager, community resources from the local hospital and victim advocate services. Further, the facility has established a PREA checklist to aid in the team's response to allegations of sexual abuse. Staff and community service provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. There were no sexual abuse victims transferred to or from the EPHR within the rating period.

§115.166 – Protection of detainees from contact with alleged abusers.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. ICE and GPS staff, as well as contractors, suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact, pending the outcome of an investigation. An Interview with the PSA Compliance Manager confirmed compliance with this standard.

§115.167 – Agency protection against retaliation.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. This directive prohibits retaliation 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 PSA Compliance Manager is the designated Retaliation Monitor. She stated she would follow up on all potential sexual abuse cases to ensure that this protection is being enforced. There have been no allegations of retaliation in the last 12 months. Staff interviews confirmed they were aware of the prohibition regarding retaliation.

§115.171 – Criminal and administrative investigations.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. Administrative and/or criminal investigations are completed for all allegations of sexual abuse. All allegations involving ICE staff and contractors are first reported to the Joint Intake Center, where it is then referred to the OIG for first right of refusal; if OIG declines, ICE OPR will handle the investigation. The facility investigator (handles detainee-on-detainee allegations) or OPR conduct investigations at the facility. The facility investigator serves as the liaison that provides requested information to the outside agency and provides access to the detainees. There were no allegations of sexual abuse reported at EPHR during the audit period. A review of documentation and staff interviews confirmed compliance to this standard.

§115.172 – Evidentiary standard for administrative investigations.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. When an administrative investigation is conducted, the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. Interviews with the PSA Compliance Manager and a review of the directive confirmed compliance with this standard. There were no allegations of sexual abuse reported at EPHR during the audit period.

§115.176 – Disciplinary sanctions for staff.

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

Notes:

ICE Directive 11062.2 and the ICE OPR Responsive Actions to Disciplinary Sanctions for Staff Requirements document address the requirements of this standard. ICE staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violations of agency sexual abuse policies. This directive requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies and licensing bodies, unless the activity was clearly not criminal. There have been no allegations of sexual abuse at EPHR in the last 12 months. There have not been any removals or resignations in lieu of removals of staff at EPHR in the last 12 months. (Continued on page 10)

§115.177 – Corrective action for contractors and volunteers.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. Any contractor or volunteer suspected of perpetrating sexual abuse is prohibited from contact with detainees. The agency also considers whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards. The agency is responsible for promptly reporting sexual abuse allegations and incidents involving alleged contractor or volunteer perpetrators to an appropriate law enforcement agency and relevant licensing bodies as well as to the JIC or another appropriate DHS investigative office. (Continued on page 10)

§115.182 – Access to emergency medical services.

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. EPHR provides detainee victims of sexual abuse timely, unimpeded access to emergency medical treatment. Detainees are transported to a health care facility in the community (Sierra Medical Center) and a community provider (STARS Rape Crisis Center) for crisis intervention services. A review of documentation and staff interviews confirmed compliance to this standard. These services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation. (Continued on page 10)

§115.186 – Sexual abuse incident reviews.

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

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. Per this directive, EPHR staff conduct a sexual abuse incident review within 30 days at the conclusion of every investigation of sexual abuse. Based on interviews with ICE and GPS incident review team members, consideration is given as to whether the incident was motivated by race, ethnicity, and gender identity or status and/or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. An annual review of these incidents would be conducted. There were no sexual abuse incident reviews or reports prepared, as there were no allegations of sexual abuse. An Interview with the PSA Compliance Manager confirmed compliance with this standard.

§115.187 – Data collection.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. All sexual abuse data collected pursuant to this directive shall be maintained for at least 10 years after the date of initial collection. An interview with the PSA Compliance Manager support compliance with this standard. The DHS OIG maintains the official investigative file related to claims of sexual abuse investigated by the DHS OIG. There have not been any investigations into allegations of sexual abuse at EPHR in the last 12 months.

§115.193 – Audits of standards.

- Low risk
- Not low risk

Notes:

The facility is considered low risk due to a substantial staffing level, observed excellent visual and verbal supervision of detainees and a favorable physical layout of the hold room area that enhances operational effectiveness. Also, all interviewed detainees stated they felt safe at the facility and indicated staff were very professional, respectful and met their needs.

§115.201 – Scope of audits.

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

Notes:

The entire facility was visually inspected, including the Medical Unit. ICE staff, contractors and detainees were interviewed with no refusals. Directives and supporting documentation was provided to the auditor before and during the on-site visit. ICE and contractor staff were very cooperative, helpful, professional and answered questions and concerns of the auditor quickly and effectively.

ADDITIONAL NOTES

Directions: Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

- 115.111 - A review of documentation, observation of zero tolerance posters during the tour and interviews with staff and detainees confirms the EPHR is compliant with this standard.
- 115.115 - Staff of the opposite gender are required to announce their presence when entering the EPHR. Announcements were observed by the auditor. All security and ERO staff received training on the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. Staff interviews confirmed their knowledge of cross-gender viewing and search policies and procedures, and that pat-down searches are not performed for the sole purpose of determining the genital characteristics of a detainee. A review of training documents and interviews with security personnel confirmed that they were educated in the proper procedures for conducting pat-down searches, cross-gender pat-down searches and searches of transgender and intersex detainees. As confirmed by observation, all pat-down searches were conducted in a professional and respectful manner, and in the least intrusive manner possible.
- 115.117 - According to an interview with HRM staff, information on sexual abuse substantiated allegations would be provided to institutions considering the hiring of a former employee.
- 115.121 - Interviews with staff, a SANE at a local hospital (Sierra Medical Center), a victim advocate, observations and an examination of documentation confirmed compliance to this standard. There have been no allegations of sexual abuse at EPHR during the last 12 months.
- 115.122 - There have been no allegations of sexual abuse at EPHR during the last 12 months. A review of documentation and staff interviews confirmed compliance to this standard.
- 115.176 - Compliance with this standard was determined by a review of this directive, documentation, and interviews with the staff.
- 115.177 - During the past year, there were no incidents where a contractor was accused or found guilty of sexual abuse at either facility. Compliance with this standard was determined by a review of policy, documentation and an interview with the facility investigator.
- 115.182 - Detainee victims of sexual abuse, while detained, would be offered information about sexually transmitted infection prophylaxis and emergency contraception, in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided at the facility. Compliance with this standard was determined by a review of policy and medical staff interviews.

ADDITIONAL NOTES

[Empty box for additional notes]

AUDITOR CERTIFICATION:

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

William Willingham

Auditor's Signature

October 31, 2017

Date