

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



**Homeland
Security**

AUDIT DATES			
From:	12/14/2021	To:	12/15/2021
AUDITOR INFORMATION			
Name of auditor:	Marlean Ames	Organization:	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	330-327-(b) (6), (b) (7)(C)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	772-579-(b) (6), (b) (7)(C)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Los Angeles Field Office		
Field Office Director:	Thomas Giles		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	300 North Los Angeles Street Suite B, Los Angeles, CA 90012		
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:	Los Angeles Staging Facility		
Physical address:	300 North Los Angeles Street, Suite B, Los Angeles, CA 90012		
Mailing address: (if different from above)	Same as above		
Telephone number:	213-830-4925		
Facility type:	IGSA		
PREA Incorporation Date:	Click or tap to enter a date.		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	AFOD
Email address:	(b) (6), (b) (7)(C)	Telephone number:	661-816-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	SDDO
Email address:	(b) (6), (b) (7)(C)	Telephone number:	714-448-(b) (6), (b) (7)(C)
ICE HQ USE ONLY			
Form Key:	29		
Revision Date:	12/14/2021		
Notes:	Click or tap here to enter text.		

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) Audit of the Los Angeles Staging Facility (LASF) was conducted December 15-16, 2021. The audit was conducted by U.S. Department of Justice (DOJ) and U.S. DHS certified PREA Auditor Marlean Ames for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM), (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) Assistant Program Manager (APM), both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is the previous 12 months, December 13, 2020, through December 12, 2021; however, the audit period was extended to capture closed investigations that occurred since the facility's last audit and there were none. LASF is a staging facility that processes detainees within 12 hours and is operated by Immigration and Custom Enforcement (ICE) of the Department of Homeland Security (DHS). The LASF is located in downtown Los Angeles, California in the basement of the Federal Building located at the same address.

This is the second PREA audit conducted for LASF to determine compliance with the DHS PREA Standards. The first audit was conducted March 14-15, 2017. Team Lead (b) (6), (b) (7)(C) from OPR ERAU provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documents and policies for the LASF on the secure ERAU SharePoint website approximately three weeks prior to the on-site phase of the audit. The provided information included agency policies, memorandums of understandings (MOUs), training records and curricula, facility schematics, and a multitude of other related documentation and materials to determine compliance with the DHS PREA standards.

The Auditor completed the review of all the documentation that was provided by the Team Lead, and LASF, in the FY22 Facility Document folder found on the SharePoint platform. The documentation is supposed to help support how a facility is establishing a baseline for its actual practice for zero-tolerance for sexual abuse and sexual harassment. The Auditor did not identify any gaps or issues that needed to be followed up during the initial review.

On December 15, 2021, at approximately 8:00 am, the Auditor, along with the PM, met at the facility and proceeded to the conference room, where the in-briefing was conducted by Acting Assistant Field Office Director (A)(AFOD) (b) (6), (b) (7)(C) to discuss the audit process and finalize the facility tour and interview schedules. Those in attendance were:

(b) (6), (b) (7)(C) ICE ERO (A) AFOD
(b) (6), (b) (7)(C) ICE/OPR/ERAU Inspections and Compliance Specialist (ICS)
(b) (6), (b) (7)(C) ICE Deportation Officer (DO)
(b) (6), (b) (7)(C) ICE Deportation Officer (DO)
(b) (6), (b) (7)(C) ICE Supervisory Detention and Deportation Officer (SDDO)
Marlean Ames, Certified DOJ/DHS Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C) PM, Creative Corrections, LLC

The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next two days. Soon after the conclusion of the meeting, the Auditor, accompanied by the SDDO, PM, and the ICE staff, toured the entire staging facility over the next two hours. The Auditor observed six large holding rooms, one specifically for females, one isolation padded room, a booking intake area, property room, storage room, control room, interview rooms, secure sallyport, and offices. During the tour, the Auditor looked at camera placements for possible blind spots and the detainee-to-officer ratio in accordance with the holding room capacity for occupancy. The Auditor looked at privacy issues, how the toilet areas were configured, and if detainees have adequate privacy to perform bodily functions. The Auditor observed that PREA posters and PREA notices were displayed in the holding rooms and in the public areas as well. PREA audit notices, sent to the LASF prior to the on-site visit, were observed posted in all holding rooms as well as throughout the facility. The notices provide information as to how detainees, and/or staff, could contact the Auditor should they have any concerns prior to the on-site visit. The PREA notice communicates to staff and detainees that the facility will be undergoing an audit for compliance with DHS/ICE standards to prevent, detect, and respond to sexual abuse in a confinement setting. The notice also spells out how confidential information is to be handled and where that confidential information can be reported. No correspondence was received from detainees, staff, or other individuals during this audit phase. The Auditor noted the number of phones in each holding room and that the advocacy hotline number along with the outside reporting entity contact information was readily available in the holding rooms. The Auditor also conducted an anonymous test call to the outside entity to prove the effectiveness of the facility's practice. The call was received by a live person and it was explained that a PREA audit was being conducted to ensure the effectiveness of the use of the hotline. The individual receiving the call explained the process of reporting back to the facility when a call is made for their follow-up on site. The phone call confirmed that the holding room telephones used for detainee reporting of sexual abuse allegations were in working order.

The detainee population at LASF is always fluid, as detainees are arriving and departing throughout various times of the day. Due to the limited 12 hours holding, there are no housing units, education, library, on-site medical clinic, food service or recreation areas. During the tour it should be noted that there was sufficient staff to ensure a safe environment for detainees and staff. There are 7 officers and 2 supervisors assigned in the detainee holding area 24 hours a day, 7 days a week. Informal conversations with staff

regarding duties, responsibilities and PREA standards were conducted during the tour. One detainee who was brought in to be transferred to the airport was held long enough for the Auditor to interview. During the last 12 months there were 1,297 detainees, 1,128 males and 169 females, processed through the LASF. The (A)AFOD reported no juvenile admissions into the facility during this audit review period.

A total of 21 staff interviews were conducted during the audit including six specialized staff, 12 random ICE staff and three random contract staff. Specialized staff included the Prevention of Sexual Assault (PSA) Compliance Manager, Facility Investigator, Supervisor Referring Sexual Abuse Allegations for Investigation, and the Acting Field Office Director. All staff interviewed were aware of the agency's zero-tolerance policy and their responsibilities to protect detainees from sexual abuse, and their first responder duties as part of the coordinated response. The staff were randomly selected by the Auditor, using the daily duty roster, provided by the SDDO. The Auditor chose staff from all shifts, working different assignments, and with different levels of experience. The Auditor also made sure interviews were conducted with the appropriate number of female staff that corresponded with the daily duty roster. The ICE staff and Spectrum contractor detention officers interviewed demonstrated an understanding of PREA and their responsibilities under their specialized duties. The Auditor confirmed that the Los Angeles County University or Southern California Medical Center (LAC+USC) will conduct forensic medical examinations and assist with coordinating victim advocate services upon request from a local rape crisis center. The Los Angeles Police Department's Sex Crimes Unit (LAPDSCU) confirmed with the SDDO that they would conduct criminal investigations involving allegations of sexual assault. One English speaking female detainee of Korean descent was interviewed. The detainee indicated that she was able to understand the PREA safeguards and understood the reporting process. She further indicated that she felt safe while at the LASF. During the interview process, the DOs and SDDO indicated that detainees are usually brought to the LASF by two means. They can be brought to LASF as a result of an initial apprehension by a DO, or, during a transport to or from other detention facilities. The LASF typical hours of operation is 7:30 am to 3:30 pm. no detainee is ever kept longer than 12 hours. The detainees are separated by gender, and if necessary, gender identity.

On Wednesday, December 16, 2021, an exit briefing was held at approximately 12:30 pm in the Conference Room to discuss the audit findings. ERAU ICS (b) (6), (b) (7)(C) opened the meeting and then turned it over to the Auditor for an overview of findings. In attendance at the exit meeting were:

(b) (6), (b) (7)(C) (A)AFOD

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

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

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

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

Marlean Ames, Certified DOJ/DHS Auditor, Creative Corrections, LLC

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

The Auditor thanked everyone and extended appreciation to the entire staff at the LASF for their cooperation, professionalism, and hospitality during the audit. The auditor reported that during the initial review, there was 1 standard which exceeded (115.113), 1 standard which was not applicable (115.114), and the remaining 29 standards were in compliance. The Auditor advised that these were the preliminary findings that could be subject to change once the post audit triangulation (policy, interviews, observations) was completed. The auditor consequently reviewed additional guidance related to standard 115.113 and determined the facility met compliance, rather than exceeded.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 30

§115.111 Zero-tolerance of sexual abuse
§115.113 Detainee supervision and monitoring
§115.115 Limits to cross-gender viewing and searches
§115.116 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.117 Hiring and promotion decisions
§115.118 Upgrades to facilities and technologies
§115.121 Evidence protocol and forensic medical examinations
§115.122 Policies to ensure investigation of allegations and appropriate agency oversight
§115.131 Employee, contractor, and volunteer training
§115.132 Notification to detainees of the agency's zero-tolerance policy
§115.134 Specialized training: Investigations
§115.141 Assessment for risk of victimization and abusiveness
§115.151 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
§115.193 Audits of standards
§115.201 Scope of audits

Number of Standards Not Met: 0

Number of Standards Not Applicable: 1

§115.114 Juveniles and family detainees

PROVISIONS

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

§115.111 - 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 LASF provided a written directive, Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, (SAAPI), section 2, which addresses the requirements of the standard. Policy 11062.2 mandates "ICE has a zero tolerance policy for all forms of sexual abuse or assault. It is ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody, including with respect to screening, staff training, detainee education, response and intervention, medical and mental health care, reporting, investigation, and monitoring and oversight." The AFOD appointed a PSA Compliance Manager, who reports to the AFOD with any PREA related issues. The interview with the PSA Compliance Manager confirmed he has sufficient time and authority to oversee compliance of the facility's PREA program. The zero tolerance posters were observed in both English and Spanish throughout the facility. Interviews with ICE and contract staff confirmed their awareness of the zero-tolerance policy and approach to preventing, detecting, and responding to sexual abuse. During the interview with the SDDO, he discussed Policy 11062.2 and stressed the importance of sexual safety for detainees. The auditor interviewed 12 ICE line staff, and three contract staff with Spectrum and each reported they were aware of the zero-tolerance policy and confirmed the requirements are discussed on a regular basis during team meetings.

§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 LASF provided a written directive, Policy 11087.1 Operations of ERO Holding Facilities, section 4.1, which addresses the requirements of the standard. Policy 11087.1 states, "The Field Office Director (FOD) shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels, and where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing the FOD shall take into consideration a) The physical layout of each holding facility; b) The composition of the detainee population; c) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; d) The findings and recommendations of the sexual abuse review reports; e) Any other relevant factors, including the length of time detainees spend in custody." During an interview with AFOD, he confirmed each of these listed factors are considered and reviewed annually to ensure adequate supervision and monitoring.

The SDDO provided a duty roster of all ICE staff and Spectrum contract detention officers for each shift. The 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 noted that the holding rooms are checked every 15 minutes, even when empty, to ensure all areas are safe and secure. Holding room doors always remain open when not occupied by a detainee to maintain better visibility. The holding rooms are constantly monitored by video cameras as well as through direct supervision. This practice was confirmed during interviews with SDDO, Spectrum contract detention officers, ICE DOs and the Spectrum contract supervisory staff. Post orders are in the DO staff desk area of the holding rooms for easy review and are reviewed annually. The auditor observed staff signatures on post orders which indicated they have read and understood the documents. The LASF provided an email confirming the final assessment results from the SDDO of the ERO Los Angeles Field Office dated March 16, 2021, showing compliance with their self-assessment. This process is completed annually and is identified as the "Hold Room Facility Self-Assessment Tool (HFSAT)" and is used to review the supervision guidelines.

The LASF has reported that there have been no reported sexual abuse or sexual harassment allegations within the past 12 months. As there were zero allegations of sexual abuse reported at AHR for the prior 12 months, the audit period was extended to capture closed investigations that occurred since the facility's last audit and there were none.

§115.114 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

LASF does not hold juveniles and family detainees. ICE Policy 11087.1 "prohibits the detention of juveniles in Adult Staging Areas." This was confirmed during interviews with the (A)AFOD, DOs and PSA Compliance Manager. According to the PAQ, there have not been any juveniles booked into the LASF for any purpose during the audit period. 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.

§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 LASF provided a written directive, Policy 11087.1, sections 4.5, 4.6.1 and 4.6.2, that governs limits to cross gender viewing and searches. Section 4.5 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 FOD shall ensure that ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, it may be determined during conversation, reviewing medical records, or learning that information as part of a broader medical examination conducted in private by a medical practitioner."

The (A)AFOD reported that there had not been any cross-gender visual body cavity searches, or strip searches conducted during the audit period. Staff interviews confirmed their knowledge of cross-gender viewing, search policy and procedure, and that pat-down searches are not conducted for the sole purpose of determining the genital status of a transgender or intersex detainee. Staff interviews and detainee search logs indicated that all searches are documented. The female detainee interviewed confirmed that her pat-down search was conducted by a female staff member.

Agency Policy 11087.1 section 4.6, addresses the requirements of the provision and states in part that; "the FOD shall ensure that detainees are permitted to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks, a medical exam, or monitored bowel movement under medical supervision. The FOD will also ensure that ERO personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing."

It was confirmed through direct observation and camera review that detainees 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 4 feet high to ensure privacy. Due to the facility being a 12-hour holding facility, there are not any showers installed in any holding rooms. Detainees are not held long enough for showing or changing clothes prior to their departure. The use of cross-gender announcements prior to entry into holding areas was confirmed through interviews with DO staff and the auditor observed the practice while onsite.

"Cross-gender strip and body cavity searches are limited only to those performed in exigent circumstances or by a licensed medical practitioner." It was confirmed through interviews with SDDO, DOs, and contract officers that there have not been any cross-gender strip searches conducted during the audit period. All staff interviewed understood the prohibition from performing strip searches to determine a detainee's gender. It was confirmed through interviews that any strip search or body cavity search would be the result of an exigent circumstance and would involve the notification of a SDDO and the generation of an incident report. Staff training records were reviewed, and staff understanding of policy and procedure was confirmed during interviews.

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

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

Notes:

(a)(b)(c): The LASF provided a written directive, Policy 11087.1, section 4.4.1-2, which addresses the requirements of the standard and states in part that; "The FOD shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in, and benefit from, processes and procedures in connection with placement in an ERO holding facility, consistent with established statutory, regulatory, DHS and ICE policy requirements. The FOD shall take reasonable steps to ensure meaningful access to detainees who are limited English proficient, consistent with established regulatory and DHS/ICE policy requirements." In addition, the LASF provided Policy 11062.2, section 5.6, 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, and benefit from, all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse. In matters related to allegations of sexual abuse or assault, ensure the provision of in-person or telephonic interpretation that enable effective, accurate, and impartial interpretation by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS Policy."

LASF takes appropriate measures to ensure detainees with disabilities and detainees with limited English proficiency (LEP) have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse. PREA handouts, bulletin board postings, facility posters, and Consulate contact information posters were observed in both English and Spanish. During the intake process, staff use the Indigenous Language Flow Chart to determine the detainee's primary language. The facility has access to an ICE-wide language services contract to provide 24-hour telephonic interpretation services for detainees that do not speak English or Spanish. Interviews with a SDDO and DOs confirm the use of the language services to communicate with detainees. Staff also stated they may read the information to detainees with limited reading abilities.

Detainees with other disabilities such as "limited hearing and sight will be provided reasonable accommodations which provide an equal opportunity to participate in, or benefit from the facilities programs, activities and services," as stated in part in the ICE National Detainee Handbook and ICE Directive 11062, section 5.6.3. An interview with the (A)AFOD and review of the PAQ determined reports can be made to the DHS OIG or through confidential community advocacy service available through the White Memorial Medical Center. Additionally, any detainee in acute psychological or physical crisis shall be transported to White Memorial Medical Center.

§115.117 - Hiring and promotion decisions.

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

Notes:

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

(c): 5 CFR 731, and ICE Directive 6-8.0 requires the agency to conduct a background investigation on everyone to determine access into government employment or into a facility. 5 CFR 731 requires investigations every five years. The Auditor created a list of 2 ICE and 2 Spectrum random employees working at the LASF and submitted them to the ICE PSO. The Auditor received a response regarding up-to-date background checks on all four employees on December 15, 2021.

(d): The auditor reviewed up-to-date background checks for two Spectrum contract detention officers who may have contact with detainees and each included agency approval.

§115.118 - Upgrades to facilities and technologies.

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

Notes:

(a)(b): The LASF provided a written directive, Policy 11087.1, section 4.12, which states in part that "When considering or planning a substantial expansion or modification or an existing facility, the FOD, in coordination with the Office of Facilities Administrations (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, electronic surveillance system, or other monitoring technology, consideration will be given how such technology may enhance the agency's ability to protect detainees from sexual abuse."

The LASF presented memorandum dated October 26, 2021, authored by the AFOD stating that the LASF has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems to the detainee areas since May 6, 2014. The AFOD confirmed through interview, when considering any such updates, consideration will be given as to how the upgrade to the facility or technology may enhance their ability to protect detainees from sexual abuse.

§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 LASF provided written directive, Policy 11062.2, section 5.9, which states in part that; "When feasible, secure and preserve the crime scene and safeguard information and evidence, consistent with ICE uniform evidence protocols and local evidence protocols in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." Per policy 11062.2, "when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE Enforcement and Removal Operations ERO FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted." The Hold Room had no sexual abuse allegations reported within the audit period.

(b)(c)(d): The LASF provided Policy 11087.1, section 4.10, which states in part that; "The FOD shall coordinate with the ERO HQ, and the Agency 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 Auditor confirmed through the PSA Compliance Manager interview that an alleged victim of sexual assault would be transported to the Los Angeles County University or Southern California Medical Center (LAC+USC) to undergo a forensic medical examination by a qualified SANE or SAFE. In a memorandum, dated December 1, 2021, from the (A)(AFOD), Michael Rajos, the auditor confirmed that the facility attempted to enter into a MOU with LAC+USC but this medical center declined.

(e): Interviews with the SDDO, and PSA Compliance Manager, confirmed that the LAPDSCU is trained to follow the Uniform Evidence Collection protocols in compliance with PREA mandates and ICE evidence protocols for conducting criminal investigations. The LAPDSCU has declined to enter a MOU as outlined in a memorandum dated December 7, 2021, from (A)(AFOD) Michael Rajas.

§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 LASF provided written directive, Policy 11062.2, section 5.7, which states in part that; "When an alleged sexual abuse incident occurs in ERO custody, the FOD shall a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from [REDACTED], 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." Policy 11062.2 further dictates, that "The JIC shall notify the DHS Office of Inspector General (OIG)." Furthermore, the LASF provided written directive, Policy 11062.2, section 5.9 that states in part that " The OPR shall coordinate with the FOD or SOC 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 AFOD provided a memorandum dated December 7, 2021, which outlined LAPDSCU declining to enter into a MOU with LASF. The AFOD also provided a memorandum dated October 26, 2021, that detailed how allegations are reported to the Joint Intake Center and the appropriate law enforcement agency. There were no allegations of sexual abuse reported at LASF during the audit period.

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

Interviews with the SDDO, and PSA Compliance Manager, confirmed Policy 11062.2 would be followed should an allegation of sexual abuse be reported by a detainee.

§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 LASF provided written directive, Policy 11062.2, section 5.2.1 which states in part that; "All current employees required to take the training, as listed below, shall provide each employee with biennial refresher training to ensure that all employees know ICE's current sexual abuse policies and procedures. All newly hired employees who may have contact with individuals in ICE custody shall also take the training within one year of their entrance on duty."

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

A review of the provided training curriculum, including PowerPoint slides though PALMS e-learning, training documents, and training logs, and random staff interviews, confirmed all ICE employees and contractors have received both their initial and refresher PREA training as required by the standard. The (A)AFOD provided a class roster of all ICE and contract staff as evidence of course completion of ICE PREA Employee Training, dated October 26, 2021. The auditor randomly selected three employees and reviewed their Palms e-learning certificates. The certificates confirmed completion of the PREA initial, and refresher training, as required by the

standard. A review of the PAQ and interview with the (A)AFOD confirmed that LASF does not have volunteers that come into the facility.

§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:

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

The LASF ensures key information regarding ICE's zero-tolerance policy for sexual abuse is visible or continuously and readily available to detainees. As confirmed during the facility tour through direct observation, and staff interviews, detainees receive PREA information along with the ways to report an incident of sexual abuse during intake. Further, zero-tolerance and reporting posters are affixed to the walls in each of the holding rooms.

During a detainee interview, it was indicated to the Auditor that the ICE National Detainee Handbook was offered along with the DHS-prescribed Sexual Assault Awareness pamphlet. The detainee was able to speak and understand the English language.

§115.134 - Specialized training: Investigations.

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

Notes:

(a)(b): The LASF provided written directive, Policy 11062.2, section 5.2 which establishes that "OPR will provide specialized training to those staff assigned to conduct administrative investigations within the LASF. The training shall cover at a minimum: interviewing sexual abuse victims, sexual abuse evidence collections in a confinement setting, the criteria and evidence required for administrative action or prosecutorial referral, and information regarding effective cross-agency coordination in the investigative process." The facility provided the Specialized Training in a Confinement Setting Curriculum that was established and created by the Moss Group and included sexual abuse and cross-agency coordination. In addition, the agency provided a list of all OPR trained agents that may investigate allegations of sexual abuse of detainees in the custody of ICE, while being held at the LASF. The PSA Compliance Manager is currently the only investigator trained on-site. A copy of his specialized investigative training certificate was observed on-site. There were no allegations of sexual abuse reported during the audit period. Compliance is based on policy review, review of required training curriculum, and completed training records.

§115.141 – Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b): The LASF provided written directive, Policy 11062.2, section 5.2 and Policy 11087.1, section 4.10 which address the requirements of the standard and state in part that; "the FOD should ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused and when appropriate, shall take necessary steps to mitigate any such danger to the detainee. The FOD shall ensure that detainees who may be held overnight with other detainees are assessed to determine their risk of being either sexually abused or sexually abusive, to include being asked about their concerns for their physical safety."

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

The LASF provided a blank copy of an ICE Custody Classification Worksheet identifying that the criteria listed above are present on the form and are assessed during the risk screening process.

During the facility tour, the Auditor was provided a comprehensive review of the intake screening process including documents, and ICE Custody Classification Work Sheets by the DO intake officers. Staff interviews confirm that all detainees are assessed by ICE officers during the intake process. Prior to their arrival to LASF, detainees are screened for their risk of being sexually assaulted or having a history of sexual abusiveness. Intake Screening DOs consider whether the detainee has a mental, physical, or developmental disability and 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 Lesbian, Gay, Bisexual, Transgender or Intersex (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.

Due to most of the detainees arriving at the LASF from other facilities, the ICE Custody Classification Work Sheet is completed prior to arrival. The accompanying screening work sheet is reviewed by the processing DO and updated or expanded upon during the admission process from information obtained directly from the detainee. Per interviews with DOs, detainees that are brought into the

facility from the street for processing shall be fully screened using the ICE Custody Classification Worksheet upon admission. Holding at LASF is less than 12 hours thus allowing for detainee's intake and out processing to be completed in a timely fashion to maintain the detainee's safety. Interviews with DOs confirmed the use of the required criteria for screening.

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

Interviews with DOs confirmed LASF staff ask new detainees about any prior sexual abuse victimization, violent offense histories and detainee histories of institutional violence or abuse per the policy. If there are any affirmative identification of a detainee being a sexual abuse victim or abuser, they are placed in a holding room by themselves. Due to the short term stay of detainees, holding rooms at the LASF are generally only occupied by one detainee at a time. If a single holding room would not be available, the information obtained from the ICE Custody Classification Worksheet would determine which occupied holding room the detainee would be placed to ensure the safest environment for the detainee.

(e): ICE Policy 11087.1, section 4.10, requires "all holding facilities to place strict controls on the dissemination of sensitive information detainees provided during the screening procedures." Interviews with DOs, and an SDDO, confirmed the policy and the facility's practice of strict confidentiality on a "need to know basis" which is in alignment with the standard provisions.

§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): The LASF provided a written directive, Policy 11087.1, section 4.10, which addresses the requirements of the standard and states in part that; "The FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse, retaliation for reporting sexual abuse, or violations of responsibilities that may have contributed to such incidents to ERO personnel." The FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports, 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."

The policy review and random staff interviews confirmed that there are multiple methods in which detainees can report an allegation of sexual abuse. Holding rooms contain posters with information in which detainees can report to any LASF staff member either verbally, or in writing, the DHS OIG or Consulate via telephone; or by telephone to a crisis hotline (The Rape, Abuse & Incest National Network (RAINN)). Third party reporting for detainees is also available through the websites <https://www.ice.gov/contact> and <http://www.ice.gov/PREA>, in which detainee's family or friends may report on behalf of the detainee. The RAINN, written disclosure and website reporting methods allow for anonymity if desired, should they choose not to report verbally to staff.

§115.154 - Third-party reporting.

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

Notes:

The LASF provided a written directive, Policy 11087.1, section 4.10, which addresses the requirements of the standard and states in part that; "The FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports."

Through direct observation of holding room postings, DO staff interviews, and by directly visiting the provided websites, it was confirmed that LASF has established methods to received third party reports of sexual abuse. Third parties may report via telephone, or email, using the information located on the website at <https://www.ice.gov/contact> and <http://www.ice.gov/PREA>. Detainees are also made aware of the availability of third party reporting via the information in the ICE National Detainee Handbook provided to them upon intake, along with the posted information in the holding rooms.

§115.161 - Staff reporting duties.

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

Notes:

(a)(b)(c): The LASF provided a written directive, Policy 11062.2, section 5.3, which addresses the requirements of the standard and states in part that; "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." "The supervisor, or designated official, shall report the allegation to the FOD or [Special Agent in Charge] SAC, as appropriate. Apart from such reporting, ICE employees shall not reveal any information related to a sexual abuse allegation to anyone other than the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff, or to make medical treatment, investigation, law enforcement, or other security and management decisions." The agency has also provided a memorandum titled "Directing Complaints Appropriately" dated November 10, 2010, authored by then former Deputy Director. This memo reiterates the types of misconduct allegations that employees must report to the JIC, OPR, or the DHS OIG and those types of allegations that should be referred to local management. "Employees should report allegations of substantive misconduct or serious mismanagement to the JIC, OPR, or DHS OIG. Listed in this memo as a substantive misconduct is "Physical or sexual abuse of a detainee or anyone else." The auditors review of the "ICE Prison Rape Elimination Act Training for Contractors and Volunteers" training lesson plan confirmed this same duty to report for contracted staff employed at LASF. A review of policy, training curriculums, and staff interviews with the SDDO, DOs, and contract officers confirm that the agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that may have occurred to a detainee. Further, the interviews confirmed that staff are aware they may report any misconduct outside of their chain of command by calling or writing the JIC, the DHS OIG, or the third-party methods for reporting located on the ICE website."

(d): Policy 11062.2, section 5.7 states in part; "if alleged victim under the age of 18 or determined, after consultation with the relevant OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, 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 LASF does not hold juvenile detainees. During interviews with ICE DOs, and contract officers, they confirmed their knowledge and understanding of this provision regarding juveniles and vulnerable adults and reporting allegations of sexual abuse.

§115.162 - Protection duties.

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

Notes:

The LASF provided a written directive, Policy 11062.2, section 5.4 that addresses the requirements of the standard and states in part that; "If an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." Interviews with DOs, and contract officers, confirmed their knowledge and understanding of the requirement to report, separate the detainee from the threat and place them under direct supervision.

§115.163 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d): The LASF provided a written directive, Policy 11062.2, section 5.7, which addresses the requirements of the standard and states in part that; "if the alleged assault occurred at a different facility from the one where it was reported, ensure that the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation and document such notification." Interviews with the SDDO, and PSA Compliance Manager, confirmed the awareness of the requirement to notify the appropriate office of the agency or the administrator of the facility where the alleged abuse occurred.

The PSA Compliance Manager confirmed during his interview that all notifications regarding an allegation of sexual abuse are noted in the case record of the detainee. The interview with the SDDO confirmed 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. A review of a memorandum dated 10/27/21, from the (A)(AFOD), and an interview with the SDDO, confirmed there have been no notifications to the LASF from other facilities, or made from LASF to another facility, during the audit period. There were no allegations of sexual abuse reported during the audit period.

§115.164 – Responder duties.

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

Notes:

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

It was confirmed through interviews with both ICE employees, and contract staff that they are aware of, and knowledgeable, regarding their responsibilities to respond when learning of an allegation of sexual abuse toward a detainee. DOs, and contract staff were able to explain the steps necessary as a first responder to ensure the safety of a detainee after an allegation of sexual abuse. Review of training records confirmed all staff have received the required training informing them of their first responder duties and their responsibility to ensure detainees do not destroy any physical evidence.

(b): Agency Policy 11087.1, page 12, and PBNDS 2011, 2.11 page 160 states in part that; “if the first responder is not a security staff member, the responder shall request the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff.”

§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 LASF provided a written directive, Policy 11087.1, section 4.11, which addresses the requirements of the standard and states in part that; “The FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse occurring in holding facilities or in the course of transit to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse that occurred elsewhere in ICE custody.”

It was confirmed through interviews with SDDO, PSA Compliance Manager, DOs, and contract staff that they are aware of their responsibilities to respond in conjunction with the facility coordinated response to sexual abuse toward a detainee. When conducting the interviews with DOs, they indicated that they would separate the victim from the abuser, preserve the scene, contact medical personnel, secure the area, and notify a supervisor. The SDDO stated that he would separate the alleged victim and abuser, preserve, and protect the crime scene, and preserve and protect physical evidence. There were zero allegations of sexual abuse reported at LASF during the audit period.

(b)(c): Policy 11087.1 requires “notification to a receiving ICE, or non-ICE facility, where a detainee may be transferred, of the incident and the detainee’s need for any on-going medical and/or mental health treatment services.” The PSA Compliance Manager indicated during interviews that if a detainee being transferred was a victim of sexual abuse, LASF 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. The LASF provided a memorandum dated October 27, 2021, authored by the (A)AFOD, stating that there were no allegations of sexual abuse reported at LASF during the audit period.

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

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

Notes:

The LASF provided a written directive, Policy 11062.02, section 5.7, which addresses the requirements of the standard and states in part that; “ICE employees and contractor employees suspected of sexual abuse toward a detainee shall be removed from their duties pending the outcome of an investigation.” The interview with the SDDO confirmed staff would be removed from any duties in which detainee contact was involved pending the outcome of an investigation. There were no allegations of sexual abuse reported during the audit period.

§115.167 - Agency protection against retaliation.

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

Notes:

The LASF provided a written directive, Policy 11062.2, section 5.3, which addresses the requirements of the standard and states in part that; “ICE employees shall not retaliate against any person, including a detainee who reports, complains about, or participates in an investigation into an allegation of sexual abuse or for participating in sexual activity as a result of force, coercion, threats, or fear of force.” This policy also “prohibits deliberately making false sexual abuse allegations and deliberately providing false information.”

The interview with the PSA Compliance Manager confirmed that any person, including a detainee would be protected from retaliation when a party to an allegation of sexual abuse of a detainee as outlined in the policy. The LASF provided a memorandum dated October 18, 2021, authored by the (A)AFOD, stating that there were no allegations of sexual abuse reported at LASF during the audit period. The SDDO and PSA Compliance Manager confirmed during interviews that there have not been any allegations of retaliation 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): The LASF provided written directive, Policy 11062.2, section 5.9, which addresses the requirements of the standard. The policy states in part that; "The FOD shall ensure that the facility complies with the investigation mandates established by PBNDS 2011 Standard 2.11, as well as other relevant detention standards and contractual requirements including by conducting a prompt, thorough, and objective investigation by qualified investigators."

The interview with the (A)AFOD confirmed that all administrative investigations are referred to ICE/ERO and ICE OPR. All detainee-on-detainee sexual assault allegations and ICE employee or contractor employee allegations of detainee sexual abuse are referred to the LAPDSCU when criminal in nature. An interview with the SDDO confirmed that the procedures in policy 11062.2 would be adhered to should they need to conduct any investigation or make any referral for investigations.

(b)(c)(d): In accordance with policy 11062.2, section 5.9, "the FOD shall ensure that the facility complies with the investigation mandates established by the Performance-Based National Detention Standards (PBNDS) 2011 2.11, as well as other relevant detention standards." PBNDS 2011 2.1, pages 143-144, states in part that; "upon conclusion of a criminal investigation where the allegation was substantiated, or in instances where no criminal investigation has been completed, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Substantiated allegation means an allegation that was investigated and determined to have occurred. Unsubstantiated allegation means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. The ICE Office of Professional Responsibility will typically be the appropriate investigative office within DHS, as well as the DHS OIG in cases where the DHS OIG is investigating." "The facility shall develop written procedures for administrative investigations, including provisions requiring; preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator, assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph, an effort to determine whether actions or failures to act at the facility contributed to the abuse, documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years."

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

(e) Policy 11062.2 dictates that "The facility fully cooperate with any outside agency investigating and endeavor to remain informed about the progress of the investigation"

The interviews with the PSA Compliance Manager and SDDO confirmed that the facility would fully cooperate with any outside agency as required by this policy. There were no allegations of sexual abuse reported at LASF 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:

The LASF provided a written directive, Policy 11062.2, section 5.9, which states in part that; "the OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse and may not be terminated solely due to the departure of the alleged abuser or victim from employment or control of ICE." The interview with the SDDO and PSA Compliance Manager confirmed that the PSA Compliance Manager is responsible for administrative investigations at LASF and 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 LASF during the audit period.

§115.176 - Disciplinary sanctions for staff.

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

Notes:

(a)(c)(d): The LASF provided a written directive, Policy 11062.2, section 5.9, issued May 22, 2014, which addresses the requirements of the standard and states in part; "Upon receiving a notification from a FOD, or Special Agent in Charge (SAC), of the removal or resignation in lieu of removal of staff violating agency or facility sexual abuse and assault policies, the OPR will report that information to the 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 interview with the SDDO confirmed the disciplinary outcome of removal from service for violations of the sexual abuse policies and making attempts to inform all licensing agencies as a result of substantiated allegations. There were no allegations of sexual abuse reported at LASF during the audit period.

§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 LASF provided a written directive, Policy 11062.2, section 5.8, 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."

The SDDO confirmed during his interview, that the facility is responsible for promptly reporting sexual abuse allegations and incidents involving a volunteer or contractor against a detainee to the LAPDSCU the JIC, and/or all other appropriate DHS investigative offices in accordance with all policies and procedures. He further confirmed that there have been no volunteers in the facility nor any allegations of sexual abuse reported during the audit period.

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

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

Notes:

(a)(b): The LASF provided a written directive, Policy 11087.1, section 4.11, which addresses the requirements of the standard and states in part; "The FOD shall ensure that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The FOD shall coordinate with ERO HQ, and the Agency PSA Coordinator, in utilizing, to the extent available, any community resources and services that provide expertise and support in the areas of crisis intervention and counseling to address the victims' needs." Further, this policy provides that "victims of sexual abuse shall be provided emergency medical and mental health services and any ongoing care necessary. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident."

The interview with the SDDO confirmed that a detainee alleging sexual abuse and in need of emergency care would be taken to the White Memorial Medical Center, which provides a full range of inpatient, outpatient, and diagnostic service to the downtown Los Angeles area at no cost to the detainee victim. The SDDO further confirmed that the White Memorial Medical Center would provide Victim Advocacy Services from the Peace Over Violence (POV) center to the detainee victim. Per a memorandum dated December 1, 2021, signed by the (A)(AFOD), POV has not entered into an MOU at this time. There were no allegations of sexual abuse reported at LASF during the audit period.

§115.186 – Sexual abuse incident reviews.

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

Notes:

(a)(b): The LASF has provided a written directive, Policy 11087.1, section 4.11, which addresses the requirements of the standard and states in part; "A sexual abuse and assault incident review shall be conducted 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, 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 EROs 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 Agency PSA Coordinator."

During the interview with the PSA Compliance Manager, it was confirmed that the incident review report and recommendations, if any, would be conducted and documented. The report and/or recommendations would subsequently be sent to the FOD for implementation, improvement, or written justification for not implementing the recommendations. In addition, the PSA Compliance Manager confirmed both the report and response is forwarded to the Agency PSA Coordinator." LASF also presented a memorandum dated October 26, 2021, authored by the (A)AFOD, stating the facility is required to report an allegation of sexual abuse to the FOD and the FOD is responsible to report to the JIC. There were no allegations of sexual abuse reported at LASF during the audit period.

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

§115.193 – Audits of standards.

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

Notes:

Based upon the Auditor's interview with the SDDO and DOs, the LASF only holds detainees up to 12 hours. The Auditor considers the LASF "low risk." The physical layout of the facility provides clear direct sight of detainees during intake processing and while in the holding rooms. Detainee supervision consists of direct contact and observation of detainees enhanced by video monitoring. Contract officers also conduct security rounds, at a minimum of every 15 minutes, and document each round. All interviews with staff confirmed they were knowledgeable regarding their duties and responsibilities to ensure the safety of all detainees. There were no allegations of sexual abuse reported at LASF during the audit period.

§115.201 - Scope of audits.

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

Notes:

(d)(g)(i): The facility meets the standard provisions. The Auditor was given access to and observed all areas of the facility. The Auditor received all requested documents of copies of relevant materials. The Auditor was permitted to conduct all interviews with staff and a detainee in a private setting.

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

(j): Audit notices were posted in each holding room giving the detainees an opportunity to confidentiality correspond with the Auditor should they desire. The auditor did not receive any correspondence from a detainee at the LASF.

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:	30
Number of standards not met:	0
Number of standards N/A:	1
Number of standard outcomes not selected (out of 31):	0
Facility Risk Level:	Low

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.

Marlean Ames

2/19/2022

Auditor's Signature & Date

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

2/19/2022

PREA Assistant Program Manager's Signature & Date

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

2/23/2022

PREA Program Manager's Signature & Date