

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



**Homeland  
Security**

**AUDITOR INFORMATION**

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<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	715-896 (b) (6), (b) (7)(C)

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	Los Angeles
<b>ICE Field Office Director:</b>	David A. Marin
<b>PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	300 North Los Angeles Street, Suite (b) (6), (b) (7)(C) Los Angeles, CA 90012
<b>Mailing address:</b> <i>(if different from above)</i>	

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

<b>Basic Information About the Facility</b>			
<b>Name of facility:</b>	San Bernardino Hold Room		
<b>Physical address:</b>	655 W. Rialto Avenue, San Bernardino, CA 94210		
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	(909)386-3238		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Holding	<input type="checkbox"/> Staging	
<b>Facility Leadership</b>			
<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Assistant Field Office Director
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(213) 494 (b) (6), (b) (7)(C)
<b>Facility PSA Compliance Manager</b>			
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Assistant Field Office Director
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(714) 712 (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 San Bernardino Hold Room (SBD), San Bernardino, California, was conducted on June 13-14, 2017. The audit was completed by David R. Andraska, Nakamoto Group Inc. a certified auditor. This was the first PREA audit for this facility. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire to the auditor. The documentation consisted of ICE policies and procedures, as well as other supporting documents.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: Office of Detention Oversight (ODO) Section Chief (b) (6), (b) (7)(C), Acting Assistant Field Office Director (A) (AFOD) (b) (6), (b) (7)(C) Supervisory Detention & Deportation Officer (SDDO) (b) (6), (b) (7)(C) and Deportation Officer (DO) (b) (6), (b) (7)(C). The detainee population at SBD is always fluid, as detainees are arriving and departing throughout the work day.

Detainees are not housed at SBD, but are held for processing for less than 12 hours, and then transferred to another facility or transported out of the country. A comprehensive tour of the facility was completed. The tour included the intake processing area, holding cells (tanks), visiting and other facility support areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for detainees and staff. Detainees are able to use the toilet facilities without exposing themselves to employees of the opposite gender. There are no showers available for detainees at SBD. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all holding cells and throughout the facility. Audit notifications were also located in the same areas. There were no letters received by the auditor as a result of the audit notifications.

A total of 3,306 adult detainees were booked in the last twelve months. The San Bernardino Enforcement and Removal Operations (ERO) office is located at 655 West Rialto Avenue in San Bernardino, California 92410. The SBD ERO office falls under the Los Angeles Field Office (LAFO) Area of Responsibility (AOR). The detention area within the SBD ERO Office is located on the first floor and is comprised of seven hold rooms, with a maximum capacity of 88 detainees. The facility employs (b) (6), (b) (7)(C) sworn ICE law enforcement officers that have contact with detainees. The facility also contracts with G4S Secured Solutions and Paragon Solutions for (b) (6), (b) (7)(C) security personnel. There are no volunteers that provide services at the facility. SBD has (b) (6), (b) (7)(C) video cameras that are continuously monitored by security personnel.

A total of eighteen staff interviews were conducted during the audit. The interviews included ICE officers and supervisors, as well as contract security staff from all shifts. All were aware of the agency's zero tolerance policy and knew their responsibilities to protect detainees from sexual abuse/harassment and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed and included the (A) AFOD, the Prevention of Sexual Assault (PSA) Compliance Coordinator, Intake Staff, and Supervisory Staff. All interviewed staff demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status. The auditor confirmed that Arrow Head Regional Medical Center provides medical treatment, conducts forensic examinations and would help coordinate victim advocate services, when requested by the facility.

There were five male detainees present on the first day of the audit and all five were interviewed. The interviewed detainees were of various ages, nationalities and ethnic backgrounds. No detainees self-identified as being Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI). All five detainees were limited English proficient (LEP) and were interviewed utilizing Certified Languages International, a telephonic interpretation service. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms and stated they felt safe at the facility. No detainees refused to be interviewed.

As there were no allegations of sexual abuse/harassment, during the last twelve months, there were no investigative files to be reviewed and no incident reviews conducted.

**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 the ODO Section Chief (b) (6), (b) (7)(C) Assistant Field Office Director (AFOD) (b) (6), (b) (7)(C) Acting Assistant Field Office Director (A) (AFOD) (b) (6), (b) (7)(C) SDDO (b) (6), (b) (7)(C) DO (b) (6), (b) (7)(C) and DO (b) (6), (b) (7)(C) the facility staff were courteous, cooperative and professional. The interaction observed between staff/detainee was considered appropriate. Observations during the tour confirmed that the facility was clean and appropriately staffed with ICE personnel and security officers. There were no blind spots observed during the tour and video cameras were used to continuously monitor areas where detainees are located.

The standards used for this audit became effective in March 2014. There are 31 PREA standards for a Subpart B audit. 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." No standards were found as "Does Not Meet" and a corrective action plan is not required. The auditor was provided with extensive and lengthy documents and files prior to and during the audit to support the findings of the audit. Observations made during the tour and interviews support compliance. All areas of the facility were observed to be very clean and well maintained. At the conclusion of the audit, the auditor thanked the staff for their preparation, hard work and dedication to the PREA audit process.

<b>SUMMARY OF AUDIT FINDINGS</b>	
<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	28
<b>Number of standards not met:</b>	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 Directive (ICE Directive 11062.2) addresses the requirements of this standard. The policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. The LAFO Director appointed a PSA Coordinator. The PSA Coordinator is also the PSA Compliance Manager for SBD. The PSA Compliance Manager, when interviewed, confirmed he has sufficient time and authority to oversee compliance of the facility's PREA program. Zero tolerance posters, in English and Spanish are displayed throughout the facility. Interviews with employees and contract staff confirmed their awareness of the zero tolerance policy and agency's approach to preventing, detecting and responding to 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:

Operations of ERO Holding Facilities Directive (ICE Directive 11087.1) and the ICE Custody Programs Holding Facility Self-Assessment Tool (HFSAT) address the requirements of this standard. A review of ICE employee and contractor staffing plans and the extensive use of video monitoring ensure a safe and secure environment for staff and detainees. The review of policy and interviews with facility personnel confirmed that the facility's physical layout; composition of the detainee population; prevalence of sexual abuse/assault allegations and findings of incident reviews are used to determine staffing plans and placement of video monitoring equipment. The staffing plans are reviewed annually. Detainees are continuously monitored during their time at SBD. Security staff make rounds of detainee hold rooms every 15 minutes.

### §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:

Not Applicable. SBD does not house juvenile or family detainees.

### §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 addresses the requirements of this standard. Policy states that cross-gender strip searches or cross-gender visual body cavity searches are not to be conducted, except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. When conducted, the search is required to be documented. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the audit period. During the tour, it was observed detainees are able to perform bodily functions without being observed by staff of the opposite gender. 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 detainee's gender. (Continued on page 11)

### §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 addresses the requirements of this standard. SBD takes appropriate steps 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 and sexual harassment. PREA zero tolerance postings are printed in both English and Spanish. During in-processing procedures, staff use the I Speak Language Identification Guide to determine the detainee's primary language. The facility has a contract with ERO Language Service, a 24 hour telephonic interpretation service, or staff utilize Google Translate to provide interpretation and/or translation services for detainees who do not speak English or Spanish. (Continued on page 10)

**§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 Orders 10450 and 12968, and ICE Directives 6.7, ICE Personnel Security and Suitability Program Definitions and 6.8, ICE Suitability Screening Requirements for Contractor Personnel, address the requirements of this standard. Before hiring a new employee, the ICE Personnel Security Unit (PSU) conducts a background investigation to determine suitability for employment, including a criminal background check. The (A) AFOD stated he was aware of the background check procedures that all employee and contract personnel must undergo before being cleared to work in ICE facilities. A tracking system is in place to ensure that updated background checks are conducted 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:**

Not Applicable. SBD has an adequate video and monitoring system in place. Since May 2014, there have not been any significant upgrades to the facility, to include monitoring 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 11062.2 addresses the requirements of this standard. When appropriate, at no cost to the detainee, and only with the detainee's consent, alleged detainee victims of sexual assault are transported to Arrow Head Regional Medical Center to undergo a forensic examination and evidence gathering by a Sexual Assault Nurse Examiner (SANE). There were no allegations of sexual abuse/assault during the last twelve 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. Policies establish protocols and procedures to ensure that each allegation of sexual abuse is investigated by the agency or referred to an appropriate investigative authority. The Office of Professional Responsibility (OPR) Joint Intake Center (JIC) receives and assesses all sexual abuse allegations. Detainee-on-detainee criminal investigations would be referred to the San Bernardino Police Department. Sexual abuse/assault allegations involving ICE employees or contractors are referred to the DHS- Office of Inspector General (OIG) for acceptance and assignment. If DHS OIG declines, the allegation is returned to OPR for investigation. Administrative investigations would first be referred to OPR for acceptance. If declined, the allegation is referred to ERO Administrative Inquiry Unit (AIU). (Continued on Page 10)

**§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, PALMS training documents and staff interviews confirmed that all ICE employees and contractors received PREA training that includes each element of the standard. All staff receive initial PREA training and the annual refresher training. There are no volunteers at SBD.

**§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. As confirmed by observation and staff/detainee interviews, detainees are referred to the zero tolerance posters during intake. Zero tolerance posters and a copy of the Sexual Abuse and Assault Awareness Pamphlet are posted in all hold rooms and the intake processing area. The posters identify the key elements of the program and inform detainees of the zero tolerance policy regarding sexual abuse/assault and multiple ways to report any such incidents. The information is available in English and Spanish. Upon request, interpretation/translation is provided for LEP and disabled detainees.

**§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 requirement of this standard. OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as ERO AIU staff. The training covers, interviewing sexual abuse/assault victims, and evidence collection in a confinement setting. The criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. SBD does not have a staff investigator that received specialized training in investigations. In the event of an allegation of sexual abuse the facility would report the allegation to OPR JIC for assessment and investigation. The investigating entity would assign a specialized trained investigator.

**§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. Detainees are screened for the risk of being sexually assaulted or being sexually abusive, prior to arriving to SBD. SBD ICE personnel review the screening documents as part of the in-processing. In-processing screening occurs within 12 hours of the detainee's arrival. The review of medical intake screening documents, ICE Custody Classification Work Sheets and interviews with staff and detainees confirmed that all detainees are assessed by ICE officers and contract security staff during in-processing for their risk of being sexually abused or being sexually abusive towards other detainees. Detainees identified as high risk for sexual victimization or of sexually abusing other detainees are referred to a Classification Officer for additional assessment. (Continued on Page 10)

**§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 staff/detainee interviews indicated that there are multiple methods (verbally, in writing, anonymously, privately, from a third party, via a letter to ICE, the DHS OIG or consulate by telephone call to the OIG hot line, information line, consulate or crisis center) for detainees to report sexual abuse. The PSA Compliance Manager and AFOD document all allegations. There are posters and other informational documents on display throughout the facility (observed by auditor) which also explain reporting methods. The ICE Sexual Abuse and Assault Awareness Pamphlet provides detailed information on reporting methods via telephone and e-mail. Facility staff are trained to accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of sexual abuse allegations.

**§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. As confirmed by the observation of postings throughout the facility and by interviews with staff and detainees, the facility has established methods to receive third-party reports of sexual abuse at SBD via telephone or e-mail. The agency’s webpages (<https://www.ice.gov/contact> and <https://www.ice.gov/PREA>) list telephone numbers for third party reporting. Detainees are informed about the availability of third party reporting via the Sexual Abuse and Assault Awareness Pamphlet and postings throughout the facility. Information posters are also available in the visit area.



**§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. The review of policy and memorandums confirm that the agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred to any detainee, 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. Staff may report misconduct outside of their chain of command by calling or writing the JIC or calling or writing the DHS-OIG. Employees may also use the anonymous third-party methods of reporting available to detainees. Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case to be limited to staff with a need-to-know. Employee and contractor interviews confirmed their awareness of reporting methods.

**§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. Policy requires agency employees, who have a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, to take immediate action to protect the detainee. Interviews with ICE staff and contractors confirmed their awareness of the requirement. In the last twelve months, there were no instances in which the facility staff determined that a detainee was subject to substantial risk of imminent sexual abuse.

**§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. Policy 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 receipt of the allegation and the notification must be documented. An interview with the PSA Compliance Manager and (A) AFOD confirmed their awareness of the requirement. During the audit period, SBD did not receive any sexual abuse/assault allegations from detainees who had been confined at other facilities.

**§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 ICE staff and contractors interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse/assault. They also stated they would separate the potential victim from the alleged abuser, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their immediate supervisor and health care providers. The supervisor would continue to protect the detainee and notify the AFOD and PSA Compliance Manager. Interviews with staff and an examination of staff and contractor training records 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 Policy 11087.1 addresses the requirements of this standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of ICE personnel, the PSA Compliance Manager, the AFOD and, when required, community resources from the local hospital and victim advocacy groups. If a victim of sexual abuse is transferred between facilities, SBD would inform the receiving facility of the incident and the victim's potential need for medical or social services. There were no transfers of sexual abuse victims between facilities during the audit 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 staff and 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 (A) AFOD confirmed a process was in place for removing staff and contractors from their duties, including detainee contact, pending completion of an investigation involving sexual abuse/assault. There have been no allegations of sexual abuse/assault of detainees involving staff or contractors.

**§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. Policy states that 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. There were no allegations of retaliation during the last twelve 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. Detainee- on-detainee criminal investigations would be referred to the San Bernardino Police Department. Sexual abuse/assault allegations involving ICE employees or contractors are referred to the DHS- OIG for acceptance and assignment. DHS- OIG has first right of refusal and if it declines, the allegation is returned to OPR for investigation. Administrative investigations would first be referred to OPR for acceptance .If declined, the allegation is referred to ERO AIU. Interviews with the (A) AFOD and PSA Compliance Manager confirmed that the facility would fully cooperate with any outside agency who conducts an investigation. As there were no allegations of sexual abuse at SBD in the last twelve months, no investigations were conducted.

**§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 the standard. The review of policy and interview with the (A) AFOD confirmed that 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. As there have not been any allegations of sexual abuse at SBD in the last twelve months, no investigations were conducted.

**§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 ICE OPR Responsive Actions to Disciplinary Sanctions for Staff Requirements address the requirements of the standard. Staff are subject to disciplinary or adverse action up to and including removal from their position and federal service for substantiated allegations of sexual abuse or violations of agency sexual abuse policies. Policy 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, unless the activity was clearly not criminal. There were no substantiated allegations of sexual abuse, nor removals or resignations in lieu of removals of staff at SBD in the last twelve months.



**§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 and Sexual Harassment/Workplace Harassment (GS4 Policy #0520) address 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, as well as to the JIC or another appropriate DHS investigative office, in accordance with DHS policies and procedures. There were no allegations of sexual abuse reported at SBD in the last twelve months.

**§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. When required, detainees would be transported to the Arrow Head Regional Medical Center for crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Such services would be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There has been no instance within the last twelve months that required outside services for emergency medical evaluation and treatment or crisis intervention services.

**§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 Policy 11087.1 addresses the requirements of this standard. Policy requires the FOD to conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. The review shall ordinarily occur within 30 days of the agency receiving the results of the investigation from the investigative authority. The FOD is responsible for implementing the recommendations for improvement, or document the reasons in a written justification. Both the report and response shall be forwarded to the ICE PSA Coordinator. (Continued on page 10)

**§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 Policy 11062.2 addresses the requirements of this standard. The facility AFOD is responsible for maintaining all case records associated with claims of sexual abuse and assault in a secure area, in accordance with these standards and applicable agency policies, and in accordance with established schedules. An interview with the (A) AFOD confirmed the sexual assault records would be maintained in a locked filing cabinet in the AFOD's office. The records would be maintained for 10 years after the initial collection. As there have been no allegations of sexual abuse/assault in the last twelve months, there were no files available for review. (Continued on page 10)

**§115.193 – Audits of standards.**

- Low risk
- Not low risk

**Notes:**

As all of the standards were found to be compliant or non-applicable, SBD is considered low risk.

**§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 auditor was able to access and observe all areas of the facility. The auditor was provided with all relevant documents and conducted private interviews with detainees. Audit notices were posted in each holding cell, giving the detainees an opportunity to confidentially correspond with the auditor. The auditor did not receive any correspondence from the detainees at SBD.

### ADDITIONAL NOTES

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

115.115 - Staff of the opposite gender are required to knock and announce their presence before entering a detainee holding room. The review of training documents and interviews with ICE and contract security personnel confirmed that they were trained in the proper procedures to conduct 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.

115.116 - In matters relating to allegations of sexual abuse, unless the detainee expresses a preference for another detainee to provide interpretation, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, interpretation services for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the standard.

115.117 - Employees and contractors have a continuing affirmative duty to report such conduct. The facility makes a best effort to contact all prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse.

115.122 - The agency's protocol is posted on its Web Site. The facility has not had an allegation of sexual abuse or investigation in the last twelve months.

115.141- Detainees who are found to be at high risk of victimization would be placed in a single cell or an area where the detainee is under continuous direct sight and sound supervision.

115.186 - As there were no allegations of sexual abuse or assault or harassment during the last twelve months, there were no incident reviews or reports to review.

115.187 - The DHS-OIG would maintain the official investigative file related to claims of sexual abuse that were investigated by the DHS-OIG.

**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.

David Andraska

**Auditor's Signature**

10/20/2017

**Date**