

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



**Homeland  
Security**

**AUDITOR INFORMATION**

<b>Name of Auditor:</b>	Patrick J. Zirpoli	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	[REDACTED]	<b>Telephone number:</b>	570-729-[REDACTED]

**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>	San Francisco Field Office
<b>ICE Field Office Director:</b>	Erik Bonnar
<b>PREA Field Coordinator:</b>	[REDACTED]
<b>Field Office HQ physical address:</b>	630 Sansome Street, [REDACTED] San Francisco, CA 94111
<b>Mailing address: (if different from above)</b>	

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

<b>Basic Information About the Facility</b>			
<b>Name of facility:</b>	San Francisco Hold Room		
<b>Physical address:</b>	630 Sansome Street, [REDACTED] San Francisco, CA 94111		
<b>Mailing address: (if different from above)</b>			
<b>Telephone number:</b>	415-844-5549		
<b>Facility type:</b>	ICE Holding Facility		
<b>Facility Leadership</b>			
<b>Name of Officer in Charge:</b>	[REDACTED]	<b>Title:</b>	Assistant Field Office Director (AFOD)
<b>Email address:</b>	[REDACTED]	<b>Telephone number:</b>	415-844-[REDACTED]
<b>Facility PSA Compliance Manager</b>			
<b>Name of PSA Compliance Manager:</b>	[REDACTED]	<b>Title:</b>	Supervisory Detention and Deportation (SDDO)
<b>Email address:</b>	[REDACTED]	<b>Telephone number:</b>	415-844-[REDACTED]

## 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.

#### Pre-Onsite Audit Phase

##### Audit Planning and Logistics:

The Prison Rape Elimination Act (PREA) on-site audit of the San Francisco Hold Room in San Francisco, California was conducted on November 27-28, 2018. The audit was conducted by Patrick J. Zirpoli a Certified PREA Auditor, and Barbara King, Creative Corrections Program Manager (PM), also a Certified PREA Auditor, assisted on-site. Both are contracted through Creative Corrections LLC to conduct the PREA Audits. The PREA audit was the first for the San Francisco Hold Room. The San Francisco Hold Room is an Immigration and Customs Enforcement (ICE) hold facility, with a designed capacity of 150 Detainees. The facility is not equipped to house detainees overnight and does not have the accommodations to do so. The facility functions as a booking facility, detainees are also brought to the facility from other detention facilities for various reasons to include court proceedings, mental health evaluations, to make phone calls, and meet with consulates. The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA standards.

##### Posting Notice of the Audit:

The External Reviews and Analysis Unit (ERAU) Team Lead [REDACTED] forwarded the audit notification poster to the facility. The poster included the dates of the audit, the purpose of the audit, the Auditor contact information through Creative Corrections LLC, and a statement regarding the confidentiality of any communication received. The facility staff placed posters throughout the facility, including all hold rooms, and all common areas. The Auditor verified the placement of the audit notification poster during the facility tour, and the detainee and staff interviews. The Auditor did not receive any letters from any detainees, nor staff.

##### Review of Agency and Facility Policies, Procedures and Supporting Documentation:

The point of contact established for the audit was through [REDACTED]. Before the onsite audit, [REDACTED] facilitated the upload of the completed Pre-Audit Questionnaire along with supporting documents to the ERAU SharePoint. The Auditor reviewed all facility supporting documentation, as well as the agency's policies and procedures. These documents included agency and facility documentation and demonstrated the agency's and facility's compliance with the PREA standards. The Auditor listed the documentation utilized during the analysis of each standard within the standard narrative.

##### Outreach to Community Advocacy Organizations:

The Auditor contacted the Rape, Abuse & Incest National Network (RAINN) who provides victim services at the facility; they knew of no issues.

#### Onsite Audit Phase:

##### Site Review:

The onsite audit began on November 27, 2018. [REDACTED] led a short in-briefing. Attending the briefing were Supervisory Deportation and Detention Officer (SDDO)/PREA Field Coordinator [REDACTED], PM Barbara King, and PREA Auditor Patrick Zirpoli. We briefly discussed the audit process and the schedule for the two days. It should be noted that PM Barbara King assisted in conducting interviews with both staff and detainees during the audit process. Upon completion of the in-briefing a facility tour was conducted, SDDO/PREA Field Coordinator [REDACTED] led the tour. The tour included all areas of the facility. The facility is contained within a single "L" shaped hallway. The hallway contains offices, a small visiting area, and ten hold rooms of various sizes. The hold rooms toilets are located behind a half wall; it was found that the walls in some of the hold rooms do not provide adequate privacy, and cause a cross-gender viewing issue. The facility has cameras throughout the [REDACTED], and the [REDACTED]. The staff attempted to black out the toilet view from the surveillance monitor by utilizing a marker to shade out the camera view. During the review of the surveillance system monitor, the Auditor found you can still see the toilet areas. The facility has a single shower that is only utilized in emergencies when a detainee may need to shower. SDDO/PREA Field Coordinator [REDACTED] explained that in the past they had detainees brought into the facility who were homeless and had not bathed in months, under these emergency circumstances they would shower the detainee. This shower is located in a separate room that is not utilized to house detainees. At the end of the hallway is a large open area utilized by the Detention Staff; the control room is located in this area. In the main hallway, near the hold rooms, is the window for visitors who come to the facility. Overall the facility is secured, all doors are locked, and access needs to be granted by a staff member.

The average detainee population for the last 12 months was seven, with the length of time in custody at the facility being 12 hours. The facility has detained 2,008 adults over the past 12 months, with 1,713 being male and 295 being female.

The facility has not had any PREA related allegations over the past 36 months; interviews confirmed that the facility has never had an incident.

The detainee interviews began immediately following the facility tour. All of the interviews were conducted in an office; this provided privacy for the interviews. The detainees were randomly selected from detainees at the hold room for the day. During this process detainees in the following categories were interviewed.

Interview Type	Number
Random Detainee Interviews	3
Detainees who are limited English proficient	3
Detainees with a Cognitive Disability	3
Total Detainee Interviews	9

During the interview process, several targeted categories of detainees were not being housed at the facility, these included detainees who filed a grievance related to sexual abuse, detainees who reported sexual abuse history, detainees who reported sexual abuse, and transgender and intersex detainees.

The Auditors conducted the interviews with all detainees, in the same manner, a preamble to the interview was related to the detainee explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with the Auditors if they choose not to. No detainees refused to speak with the Auditors. All detainees were asked questions utilizing the Detainee Interview Guide for Holding Facility. During the interviews the Auditors utilized a copy of the initial PREA information provided to every detainee upon arrival at the facility, this includes the ICE National Detainee Handbook, and the Sexual Abuse and Assault Awareness pamphlet. The Auditors further utilized a blank copy of the acknowledgment form they would sign. These materials were used to visually stimulate the detainee's recollection of their initial intake process. The Auditor utilized Language Services Associates for three interviews with Spanish detainees. Two of the overall interviewed detainees were female; both were English speaking.

Staff interviews were conducted over the two-day audit; all interviews were conducted in offices which allowed privacy for the interview. The staff interviews were conducted by both Auditors. Staff was randomly selected from those working. Staff from the following categories were interviewed:

Interview Type	Number
Contracted G4S Detention Officers	6
Contracted G4S Site Supervisor	1
ICE Deportation Officer	4
Facility Designee	1
Total Staff Interviews	12

The Auditor conducted the interviews with all staff in the same manner, a preamble to the interview was related to the staff member explaining the purpose of the interview, and how they were selected and explaining to them that they did not have to speak with the Auditor if they choose not to. No staff refused to speak with the Auditors. The Auditor asked all interviewed staff questions utilizing the Staff, Contractor, & Volunteer Interview Guide for Holding Facility. The SDDO/PREA Field Coordinator represented the facility as the Facility Designee and was interviewed utilizing the Designee Interview Guides for Holding Facility. During the interviews, the Auditor utilized a copy of the training they received, and any documentation related to the initial intake of the detainees. These items were used to visually stimulate the staff's recollection on the daily practices at the facility.

After the onsite audit, an exit briefing was held, [REDACTED] led the briefing, attending the briefing were SDDO/PREA Field Coordinator [REDACTED] and Auditor Patrick Zirpoli. At this time, the Auditor provided an overview of the audit findings. The Auditor explained that overall it was found the staff at the facility are extremely knowledgeable in the PREA Standards, sexual safety, and overall security. During the interviews, the staff took ownership of the facility and their daily duties. We further discussed the PREA Standards that the facility achieved a determination of Does Not Meet Standard. The issues causing these ratings are physical, rather than procedural. The changes that are needed to become compliant in these areas are as follows. Mirrors need to be placed on the wall opposite of the doorways in hold rooms [REDACTED]. The doors to these hold rooms have a small vertical window that does not allow a view of almost half of the cell. Although the Detention Officers are [REDACTED] [REDACTED]. The walls blocking the toilet in hold rooms [REDACTED] need to be extended approximately 12 inches to block the detainee from being viewed while toileting completely. [REDACTED], the staff utilized a marker to black out the view of the toilet, but when the Auditor viewed the monitors, the Auditor found that this does not completely block out the view of the toilet.

## 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.

### Post Audit:

Upon completion of the Pre-Audit and Onsite Audit phases, the Auditor conducted a systematic evidence review of all the information obtained during the audit process. The Auditor utilized the PREA Audit: Auditor Assessment Tool for DHS Holding Facilities as a guide to ensure that all aspects of each standard were met. This assurance is made by a triangulation of the policies and documentation reviewed, the personal observations during the onsite audit, and through the information received during the interviews. After taking all of these factors into account, the Auditor found that the facility has not met all of the standards and at this time are in a Corrective Action Period.

Number of Standards Exceeded: 2

- § 115.111 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- § 115.117 Hiring and promotion decisions

Number of Standards Met: 27

- § 115.114 Juvenile and family detainees
- § 115.116 Accommodating detainees with disabilities and detainees who are limited English proficient
- § 115.118 Upgrades to facilities and technologies
- § 115.121 Evidence protocols 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 Agency 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: 2

- § 115.113 Detainee supervision and monitoring.
- § 115.115 Limits to cross-gender viewing and searches.

### Summary of Corrective Action

Mirrors need to be placed on the wall opposite of the doorways in hold rooms [REDACTED]. The doors to these hold rooms have a small vertical window that [REDACTED]. Although the Detention Officers are making [REDACTED], they are not opening the doors to look in but just looking in through this window. The mirrors will bring the facility into compliance with § 115.113 Detainee supervision and monitoring.

The walls which block the toilet in hold rooms [REDACTED] need to be extended approximately 12 inches horizontally to block the detainee from being viewed while toileting completely. [REDACTED] the staff utilized a marker to black out the view of the toilet, but when the Auditor viewed the monitors it was found that this does not completely block out the view of the toilet or the detainee when they are in this area. The facility needs to have a blocked-out area in the [REDACTED] itself. These changes will bring the facility into compliance with § 115.115 Limits to Cross-Gender Viewing and Searches.

## SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:	2
Number of standards met:	27
Number of standards not met:	2
Number of standards N/A:	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.

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

Documentation Reviewed:

- U.S. Immigration and Customs Enforcement Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention
- U.S. Immigration and Customs Enforcement Office of Enforcement and Removal Operations Policy: 11087.1: Operations of ERO Holding Facilities
- Training materials from ICE PREA Training on September 25, 2018
- San Francisco Field Office Organizational Chart

(a) On May 22, 2014, ICE issued ICE Policy No. 11062.2: Sexual Assault and Abuse Prevention and Intervention (SAAPI Directive). The SAAPI Directive incorporates DHS PREA requirements applicable to ICE at the agency level and extends SAAPI protections to all individuals in ICE custody, regardless of whether they are in a confinement facility at the time.

On September 22, 2014, ICE Enforcement and Removal Operations (ERO) issued ICE Policy No. 11087.1: Operations of ERO Holding Facilities ("ICE Hold Room Directive"). This directive incorporates DHS PREA requirements and protections for all individuals at ERO holding facilities. The policies mandate zero tolerance toward all forms of sexual abuse and outline the agency's approach to preventing, detecting, and responding to such conduct. They furthermore define all sexual abuse and sexual harassment.

The Auditor reviewed the policies in their entirety, as well as questioned staff members on the content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily operation of the facility.

Before the onsite audit, the Auditor reviewed all documentation, during the onsite portion the Auditor observed the policies in daily practice, and further confirmed the daily practices during the interviews with both staff and detainees.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency has substantially exceeded the requirements of this standard, and all provisions. This decision is based on the agency's overall commitment to sexual safety in their facilities; this commitment was shared by all staff who interacted with the Auditor.

### §115.113 – Detainee supervision and monitoring.

**Outcome:** Does not Meet Standard (requires corrective action)

**Notes:**

Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- U.S. Immigration and Customs Enforcement Custody Programs (CP) Holding Facility Self-Assessment Tool (HFSAT): HQ Compliance Analysis FY17-18 completed November 13, 2018
- Log from Holding Facility documenting 15-minute hold room checks
- Contractor and ICE Staff Rosters

(a) The agency has developed facility staffing guidelines that provide for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility has taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the policies above. The Auditor further questioned staff on the policies and the ability to fully staff the facility at all times. The facility operations are overseen by the Contracted G4S Detention Officers, who deal with the transportation, and custody of the detainees when at the facility. During the interview with the Contracted G4S Site Supervisor, the Auditor confirmed that they work two overlapping shifts, Monday through Friday. They are at the facility before the arrival of any detainees; the [REDACTED]. Through interviews, the Auditor established that the G4S Detention Officers have scheduled shifts between [REDACTED]. They employ [REDACTED] female officers and [REDACTED] male officers, to avoid cross-gender supervision when needed. The ICE Deportation Officers are also at the facility during the operational hours and are on-call during the non-operational hours. The Auditor confirmed through the interviews that the detainees are not held at the facility for more than 12 hours. These staffing guidelines provide direct supervision at all times while detainees are present at the facility. The staffing guidelines were further confirmed during the onsite audit where the Auditor observed staff supervising the detainee movement, [REDACTED] taking place. During detainee interviews, they confirmed that they are always in the presence of staff when not in a cell, and the interviewed female detainee stated a female staff member has always been present when she has been at the facility.

(b) The agency has developed the Holding Facility Self-Assessment Tool (HFSAT), which is completed by the facility and used to meet the facility's detainee supervision needs. The HFSAT was completed on June 18, 2018, by SDDO/PREA Field Coordinator [REDACTED], at that time the facility was not in compliance due to failure to make [REDACTED]. The HFSAT was also utilized to confirm that the facility complied with staffing levels. On October 16, 2018 SDDO/PREA Field Coordinator [REDACTED] found that they complied with the [REDACTED]. On November 9, 2018, the facility received confirmation from the ERO Holding Facility Assessments that the facility complied with policy 11087.1.

(c) The facility has established adequate supervision and the need for video monitoring, while taking into consideration the physical layout of the holding facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the

findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in agency custody. It was determined during the onsite audit that the facility has adequate video monitoring throughout the facility, but the camera views allow for cross-gender viewing, these camera views are addressed under the summary of corrective action in this report. During the staff interviews, the Auditor confirmed that all of the aspects of this subsection were taken into consideration when determining supervision levels.

The staff at the facility conducts [REDACTED]; which are documented on a log the Auditor viewed the log during the onsite portion of the audit.

Policy: 11087.1: Operations of ERO Holding Facilities further dictates the overall supervision of the detainees in the holding facilities. The policy states that the FODs shall ensure that detainees placed into holding facilities are:

- a) Accounted for and continuously monitored and that holding facilities are emptied upon the conclusion of daily operations in those field office locations operating on a daily schedule. Absent exceptional circumstances, no detainee should be
  - b) Housed in a holding facility for longer than 12 hours.
  - c) Monitored for any apparent indications of a mental or physical condition or signs of hostility that may require closer supervision or emergency medical care.
  - d) Subject to direct supervision, which shall include regular visual monitoring via a video camera placed inside the hold room, as well as physical hold room checks at least every 15 minutes.
  - e) All physical hold room checks shall be logged, including the time of each check and any important observations.
- 3) When detainees in a holding facility are placed in rooms not originally designed for holding detainees (e.g., interview rooms or offices), the FOD shall ensure that the detainees remain under constant direct supervision.

The Auditor reviewed the policies in their entirety, as well as questioned staff members on the content and applicable sections to their specific duties within the facility. The staff understood the policies and the practical application to the daily operation of the facility.

Corrective Action:

(c) Mirrors need to be placed on the wall opposite of the doorways in hold rooms [REDACTED]. The doors to these hold rooms have a small vertical window that does not allow a view of almost half of the hold room. Although the Detention Officers are [REDACTED], [REDACTED]. The mirrors will bring the facility into compliance with § 115.113 - Detainee supervision and monitoring. The facility also utilizes a video surveillance system to monitor detainee activity in the hold rooms, although this system is not monitored continuously.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the facility is not in compliance with the standard. A corrective action plan will be put into place upon approval of the audit report.

### **§115.114 – Juvenile and family detainees.**

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

#### **Notes:**

Documentation Reviewed:

- Policy: 11062.2
- HFSAT: HQ Compliance Analysis FY17-18 completed November 13, 2018
- Policy: 11087.1

(a) & (b) During the onsite audit, the Auditor found that the staff will hold a juvenile for a short period at the facility while the juvenile is being deported. The juvenile would be held in hold room #10, under direct supervision while awaiting departure for the airport. The juveniles are held in the least restrictive setting which is appropriate to the juvenile's age and any special needs, and always separated from adult detainees. The Auditor confirmed that this practice had taken place over the last 12 months.

During the exit briefing, the Auditor confirmed with the SDDO/PREA Field Coordinator that the procedure has changed to the juveniles being held outside the facility before departure.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

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

**Outcome:** Does not Meet Standard (requires corrective action)

#### **Notes:**

Documentation Reviewed:

- Policy: 11062.2
- HFSAT: HQ Compliance Analysis FY17-18 completed November 13, 2018
- Policy: 11087.1
- Log from Holding Facility documenting [REDACTED]
- Contractor and Volunteers training PowerPoint and training rosters
- ICE Employees training PowerPoint and training rosters Training PowerPoints for Cross-gender, Transgender, and Intersex Searches.
- Facility Schematic

(b) & (c) The staff at the facility will conduct pat-down searches of detainees to ensure the safety of officers, civilians, and detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interests at the San Francisco Holding Facility. The pat searches are done on all detainees entering the facility. The staff at the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches nor do they conduct same-gender strip searches as a general practice. During the G4S Detention Officers, ICE Deportation Officers, and detainee interviews at the facility the Auditor confirmed that searches of this nature had not been conducted even under exigent circumstances. The staff understood their obligation to document a search of this nature if conducted under any circumstances, and they would follow ICE policies and procedures. There was no documentation to review, due to a search of this nature not taking place.

(d) Policy: 11087.1: Operations of ERO Holding Facilities states in part that "the Field Officer Director (FOD) shall ensure that detainees are permitted to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks. The agency shall implement policies and procedures that enable detainees to shower (where showers are available), 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 cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement under medical supervision." The policy further states that personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. The Auditor observed the opposite gender announcements taking place, and further confirmed the practice during the detainee interviews where they confirmed staff of the opposite gender announce before coming into a cell.

The walls blocking the toilet in Cells ██████████ need to be extended approximately 12 inches to completely block the detainee from being viewed while performing bodily functions. Every cell has a camera in it, the staff utilized a marker to black out the view of the toilet, but when the Auditor viewed the monitors it was found that this does not completely block out the view of the toilet.

(e) Personnel does 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 will be determined during conversations with the detainee, by reviewing available medical records, or, if necessary, learning that information as part of a broader medical examination conducted in private, by a medical practitioner. During staff interviews, the Auditor confirmed that this practice would take place if a detainee were coming into the facility from the public. They further stated that the majority of the detainees are coming from another correctional setting and they would have this information before transporting the detainee to the facility. This is further outlined in Policy: 11087.1: Operations of ERO Holding Facilities.

(f) The agency has trained all contractors and employees in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. The Auditor reviewed training files for both the G4S Detention Officers and the ICE Deportation Officers about searches of detainees; everyone has received this training except for one G4S Detention Officer on medical leave. All interviewed G4S Detention Officers and ICE Deportation Officers stated during their interviews that they had received the training. The Auditor further confirmed that the pat-down searches are being conducted professionally and respectfully, and in the least intrusive manner possible during the detainee interviews. The Auditor further confirmed the daily practices during the facility tour, where the Auditor personally observed them in practice, and during the detainee interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is not in compliance with the requirements of this standard.

### **§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:**

##### Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- Training materials from ICE PREA Training on September 25, 2018
- Disability Accommodations PowerPoint
- Language Access & LGBTI Care PowerPoint
- ICE National Detainee Handbook
- Sexual Abuse and Assault Awareness pamphlet
- Acknowledgment forms in multiple languages

(a) & (b) The FOD has taken the 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 the facility, consistent with established statutory, regulatory, DHS and ICE policy requirements. The FOD has also taken reasonable steps to ensure meaningful access to detainees who are limited English proficient, consistent with established regulatory and DHS and ICE policy requirements. The agency has established an ERO Language Access Coordinator to oversee the agencies resources which include the Remote Sign Language Interpretation-Video Relay Service, Video Remote Interpreting Services, Communication Boards, and the telephonic interpretation. The agency utilizes telephonic interpretation as well as in-person interpretation; during the staff interviews, the Auditor confirmed that they utilize these methods. The facility further provides the ICE National Detainee Handbook and the Sexual Abuse and Assault Awareness pamphlet in a language the detainees can understand. The staff has the capabilities of providing these materials in several printed languages or can access other languages on the computer; they will then print them for the detainees. The facility would utilize the Lyon Bridge Interpretation Services, who they hold a contract with, for languages not spoken in the facility. The Auditor had the opportunity to watch these interactions during the onsite audit, several detainees spoke only Spanish, and the staff was interacting with them. This is outlined in Policy: 11087.1: Operations of ERO Holding Facilities.

During the staff interviews, the Auditor confirmed that all of the detainees receive a Sexual Abuse and Assault Awareness handout and an ICE National Detainee Handbook. These are available in multiple languages and can be printed in other languages if needed. Several of the staff are fluent in Spanish and will interpret if needed. During the interview with the SDDO/PREA Field Coordinator, he stated that the information would be read to detainees who have visual problems, are illiterate, or who have any other disability. They also utilize the Remote Sign Language Interpretation-Video Relay Service, Video Remote Interpreting Services for detainees who are determined to be deaf. On the second day of the onsite audit, the SDDO/PREA Field Coordinator was receiving training on the application. The Auditor further confirmed these practices with the staff and the detainees whom they used these interpretation avenues with. The Auditor utilized a copy of the Sexual Abuse and Assault Awareness

handout and the ICE National Detainee Handbook during the detainee interviews. All interviewed detainees confirmed that they received the information in a language they understood; one of the detainees was just booked in and had the information in his possession.

Department of Homeland Security free phone call list for the San Francisco Hold Room, Department of Homeland Security Office of the Inspector General poster, ICE Detainee Helpline poster, and DHS PREA Poster are posted throughout the facility; these were in were in both English and Spanish.

(c) In matters relating to allegations of sexual abuse or assault, the facility ensures the provision of in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee. Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention would allow, if the detainee expresses a preference, for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS policy. The Auditor further verified this during the interview with the SDDO/PREA Field Coordinator; he would be designated as the initial responder to an incident. He confirmed that during an incident no detainee interpreter would be utilized due to the confidentiality of the incident. The Auditor further confirmed this procedure with the ICE Deportation Officers who related that they use telephonic interpretation for all Judicial and Civil matters, and never a detainee or staff interpreter.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### §115.117 – Hiring and promotion decisions.

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

#### Notes:

Documentation Reviewed:

- Policy: 11062.2
- Training materials from ICE PREA Training on September 25, 2018
- Background Check Process Presentation
- Completed DHS Background Clearance Form for ICE Employees
- Completed DHS Background Clearance Form for Contractors
- Office of Personnel Management Part 731-Suitability
- Executive Order 10450- Security requirements for Government employment
- U.S. Immigration and Customs Enforcement Directive No.: 6-7.0
- U.S. Immigration and Customs Enforcement Directive No.: 6-8.0

(a), (b), (c), (d) The agency utilizes the Personnel Security Unit (PSU) to conduct the background investigations on any applicant, employee or contractor with the agency. This unit promotes the integrity and efficiency of ICE by making risk-based decisions in evaluating whether applicants, employees, and contractors meet suitability, security, and National Security Information access requirements. They conduct Personnel Security reviews on everyone that works for ICE by ensuring they are suitable for the position selected and they maintain a high level of character. During the background process the applicant, employee or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard, these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews. During the staff interviews at the facility the Auditor confirmed that all contractors and employees were asked these questions, the Auditor further confirmed this during my hiring process. The Agency imposes a continuing affirmative duty to disclose any misconduct, whether it is related to sexual misconduct or not. The standard addresses the utilization of this process in the promotional system, after reviewing the above policies, and during the SDDO/PREA Field Coordinator interview and the G4S Site Supervisor interview, if any employee or contractor were involved in any misconduct of this nature, they would not be employed by DHS or G4S. The Auditor completed two separate PREA Audit: Background and Investigation for Employees and Contractors. DHS Facilities forms. The Auditor confirmed the background investigations and five-year reinvestigation for seven ICE employees and seven contractors at the facility. All of the backgrounds were in the specified time limit of five years.

During this hiring process, and subsequent background investigation, the investigator asks questions related to character, integrity, and overall suitability for employment. The Auditor confirmed during the staff interviews at the facility that all interviewed staff had been asked the same questions as the Auditor had during the background investigation process.

(e) & (f) The Auditor attended training in Arlington, Virginia where PSU Unit Chief ██████████ presented information on the background investigation process. During this training, he confirmed that any material omissions, intentional false statement, or deception is a factor that would make an applicant, employee, or contractor unsuitable for employment. He further confirmed that the agency would, unless prohibited by law, provide information on a substantiated allegation of sexual abuse involving a former employee or contractor, to any requesting confinement facility.

The prevention of sexual abuse in any agency begins with the hiring process and initial background investigation. ICE utilizes a system where not only current misconduct is identified, which will make the applicant, employee, or contractor unsuitable for employment, but continually monitors their employees and contractors for any misconduct or behavior that will make them unsuitable in the future. Due to the nature of the work DHS performs this process is necessary to create a safe environment for detainees who are held in their custody or detained at a contracted facility. The process exceeds the language in the standards, they not only are considering sexual misconduct, but any misconduct, dishonesty, alcohol abuse, or any other behavior or activity that is considered unsuitable.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency has substantially exceeded the requirements of this standard, and all provisions. This decision was based on the agency's overall commitment to safety in their facilities; this commitment was shared by all staff who interacted with the Auditor.

### §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:

Documentation Reviewed:

- Policy: 11062.2
- HFSAT: HQ Compliance Analysis FY17-18 completed November 13, 2018
- Facility Schematic



(a) The facility has not undergone any substantial expansion or modification nor are any planned.

(b) The facility has [REDACTED] total cameras, [REDACTED], and [REDACTED]. The SDDO/PREA Field Coordinator stated that the facility was approved for an [REDACTED]. During the facility interviews, the Auditor verified that the placement of the [REDACTED]. [REDACTED] Currently, the staff utilized a marker to black out the view of the toilet, but when the Auditor viewed the monitors it was found that this does not completely block out the view of the toilet. Upon placement of the [REDACTED] toilet areas are still blacked out. [REDACTED]. The current coverage includes all [REDACTED].

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### §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:

##### Documentation Reviewed:

- Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention
- HFSAT: HQ Compliance Analysis FY17-18 completed November 13, 2018
- Policy: 11087.1: Operations of ERO Holding Facilities
- Rape Treatment Center information for Zuckerberg San Francisco General Hospital
- Memo verifying agreement with RAINN for victim services

(a) & (b) Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention outline the investigative process for the agency. This process was developed by DHS and included uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The Office of Professional Responsibility (OPR) would coordinate with the FOD or Special Agent in Charge (SAC) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation by federal, state, or local law enforcement, including the DHS Office of Inspector General. The Auditor confirmed with the SDDO/PREA Field Coordinator that he would be the initial responder and make contact with the DHS Federal Protective Services who would assume jurisdiction. Depending on the severity of the incident they may conduct the investigation or refer it to the Federal Bureau of Investigations. This was confirmed through a review of communications between the SDDO/PREA Field Coordinator and the DHS Federal Protective Services. The policy further outlines the availability of community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address victims' needs. The FOD has provided a memorandum that the agency has entered into an agreement with RAINN to provide the community resources during the sexual assault examination, and during follow up mental health care. Juvenile detainees are not held at the facility. Therefore, the portions of subsection (a) about juveniles are not applicable from the facility.

(c) & (d) The facility would utilize Zuckerberg San Francisco General Hospital, where a Sexual Assault Nurse Examiner (SANE) would conduct a forensic medical evaluation at the hospital. This evaluation would be at no cost to the detainee. In conjunction with the examination a victim advocate would be provided through RAINN, these services would also be provided at no cost to the detainee. The Auditor confirmed with the SDDO/PREA Field Coordinator that they would utilize both of these services, and these services are offered at no cost. The Auditor further researched the Zuckerberg San Francisco General Hospital and found that they provide 24/7 SANE examinations and immediate mental health referrals. This was confirmed through the information provided by the facility and navigating to the website.

(e) The Auditor confirmed with the SDDO/PREA Field Coordinator that he would be the initial responder and make contact with the DHS Federal Protective Services who would assume jurisdiction. Depending on the severity of the incident they may conduct the investigation or refer it to the Federal Bureau of Investigations. He further confirmed that the investigating agencies would adhere to all sections of this standard. The Auditor would further recommend that the SDDO/PREA Field Coordinator confirm through email communication with the outside investigating agency that they would adhere to all sections of this standard.

It should be noted that the audited facility has not had any allegations within the past 36 months.

The Auditor confirmed the above protocol with the SDDO/PREA Field Coordinator during his interview. He understood the process if an allegation was reported and a detainee needed a forensic examination.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### §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:

##### Documentation reviewed:

- Policy: 11062.2
- Policy: 11087.1
- U.S. Citizenship and Immigration Services, Immigration Options for Victims of Crimes pamphlet
- Memo from the facility of non-occurrence
- U.S. Immigration and Customs Enforcement website (<https://www.ice.gov/prea>)

(a) & (b) Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention outline the investigative process for the agency. The policy further outlines the responsibilities of the DHS investigative entities, OPR, and the facility. The policy includes the documentation and maintenance for at least five years, of all reports and referrals of allegations of sexual abuse. The agency's protocol is posted on its website. This process for the facility was developed by DHS and included uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. OPR would coordinate with the FOD or SAC and facility staff to ensure evidence is appropriately secured and

preserved pending an investigation by federal, state, or local law enforcement, including the DHS Office of Inspector General. The Auditor confirmed with the SDDO/PREA Field Coordinator that he would be the initial responder and make contact with the DHS Federal Protective Services who would assume jurisdiction. Depending on the severity of the incident they may conduct the investigation or refer it to the Federal Bureau of Investigations. This was confirmed through a review of email communications between the SDDO/PREA Field Coordinator and the DHS Federal Protective Services.

(c) Policy: 11062.2 dictate that the Joint Intake Center (JIC) is notified telephonically within two hours, and in writing within 24 hours via the Significant Event Notification (SEN) Database. The Auditor confirmed during the SDDO/PREA Field Coordinator interview that this is the procedure that would be followed if an incident does occur. He stated that the facility had not had any incident related to sexual abuse or assault in the last 36 months.

(d) Policy: 11062.2 states that on a daily basis the Joint Intelligence Operations Center (JIOC) compiles from the SEN Database a report that includes all new allegations of sexual abuse or assault; and disseminates the daily report to the Prevention of Sexual Assault (PSA) Coordinator; the ERO Assistant Director for Field Operations; the ERO Assistant Director for Custody Management Division (CMD); the Homeland Security Investigations (HSI) Assistant Director for Domestic Operations; the Assistant Director for OPR; the Assistant Director for ICE Health Service Corps (IHSC); the Office of the Principal Legal Advisor (OPLA) Director of Enforcement and Litigation; and DHS Office for Civil Rights and Civil Liberties (CRCL).

(e) The agency provides an alleged detainee victim of sexual abuse that is criminal the U.S. Citizenship and Immigration Services, Immigration Options for Victims of Crimes pamphlet. This was confirmed during the policy review and the SDDO/PREA Field Coordinator interview. This facility has not had any incidents where a U.S. Citizenship and Immigration Services, Immigration Options for Victims of Crimes pamphlet had to be issued to a detainee.

The Auditor confirmed the above protocol during the documentation review and with the SDDO/PREA Field Coordinator during his interview. He understood the process if an allegation was reported.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### **§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:**

Documentation Reviewed:

- Policy: 11062.2
- Contractor and Volunteers training PowerPoint and training rosters
- ICE Employees training PowerPoint and training rosters
- Training PowerPoints for Cross-gender, Transgender, and Intersex Searches.

(a) The agency has trained all employees, contractors, and volunteers who may have contact with holding facility detainees, on how to fulfill their responsibilities under these standards, this training included:

- ICE's zero-tolerance policy for all forms of sexual abuse and assault;
- The right of detainees and staff to be free from sexual abuse or assault;
- 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 or assault;
- Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including:
  - Common reactions of sexual abuse and assault victims;
  - How to detect and respond to signs of threatened and actual sexual abuse or assault;
  - Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and
  - How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault;
- How to avoid inappropriate relationships with detainees;
- Accommodating limited English proficient individuals and individuals with mental or physical disabilities;
- Communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender non-conforming individuals, and members of other vulnerable populations;
- Procedures for fulfilling notification and reporting requirements under this Directive;
- The investigation process; and
- The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

(b) All training was completed by May 1, 2015. The facility staff has received refresher training; this training has taken place within the past 12 months. The training was verified through interviews and reviewing signed training certification forms.

(c) The agency documents the training on a roster, they further provide biennial refresher training to ensure that all employees know ICE's current sexual abuse and assault policies and procedures. The Auditor reviewed the training materials utilized to train both staff and contractors at the facility, and reviewed training records for all of the staff and contractors at the facility; these were provided to the Auditor before the onsite audit. The Auditor further reviewed the Office of Training and Development Records Inventory which indicates that records for in-house courses provided by ICE have a retention of five years. This was further confirmed during the review of the electronic training records that dated back five years.

During the staff interviews, the Auditor verified they had received the training; this was accomplished by showing the interviewee a copy of the training PowerPoints. They verified that they had viewed the training and were able to explain their responsibility under the standards.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### §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:

Documentation Reviewed:

- Policy: 11062.2
- ICE National Detainee Handbook
- Sexual Abuse and Assault Awareness pamphlet
- Acknowledgment forms in multiple languages
- U.S. Immigration and Customs Enforcement website
- Department of Homeland Security Pro Bono list for the San Francisco Hold Room
- Department of Homeland Security Office of the Inspector General poster
- ICE Detainee Helpline poster (directing the detainee to dial 9116#)
- DHS PREA Poster

Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention have been made public through the agency’s website. The PREA information is provided to all detainees at the facility and is continuously posted in every hold room and areas throughout the facility. During the staff interviews, the Auditor confirmed that all of the detainees receive a Sexual Abuse and Assault Awareness handout and an ICE National Detainee Handbook. The Auditor utilized a copy of the Sexual Abuse and Assault Awareness handout and the ICE National Detainee Handbook during the detainee interviews. All interviewed detainees confirmed that they received the information in a language they understood; one of the detainees was just booked in and had the information in his possession.

Compliance was determined during the facility tour, when the Auditor entered every hold room to ensure the information was posted, during staff and detainee interviews, documentation review, and review of the ICE website. The Auditor showed the detainees copies of the PREA information, and they all verbally confirmed that they had received a copy when they were first booked into the facility. The Auditor interviewed several detainees who were booked in during the audit; they had the PREA information in their possession.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### §115.134 – Specialized training: Investigations.

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

#### Notes:

Documentation Reviewed:

- Policy: 11062.2
- Training materials for Fact Finders Training and OPR Investigators Training
- Excel worksheet documenting employees who received investigators training

(a) The agency has provided training to agency investigators on sexual abuse and effective cross-agency coordination. These investigators are responsible for the investigation of allegations within the agencies holding facilities. The Auditor reviewed the materials utilized by the agency to train their investigators on Investigating Incidents of Sexual Abuse and Assault. The agency offers two levels of training, one being a Fact Finders Training which provides the attendee with the information needed to conduct the initial investigation at the facility to determine if an incident has taken place. This training includes topics related to interacting with traumatized victims, best practices for interacting with LEP, Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees. The course also offers training on the overall investigative process. SDDO/PREA Field Coordinator [REDACTED] had attended the Fact Finders Training in April of 2018, during his interview he stated that the training had provided him with the skillset to investigate an incident at the facility level. He further stated that he would be the initial responder and do an initial investigation to determine the severity of the incident. The agency further offers an OPR Investigators Training that covers in-depth investigative techniques, evidence collections, and covers all aspects to investigate sexual abuse in a confinement setting. The Auditor verified the two training courses by reviewing the courses in their entirety, and by reviewing the training rosters. The SDDO/PREA Field Coordinator [REDACTED] has only attended the Fact Finders Training.

(b) The agency maintains written documentation, through an Excel worksheet verifying specialized training provided to agency investigators under this section.

Compliance was determined through a review of the training materials, excel worksheet, and during the interview with the SDDO/PREA Field Coordinator who had attended Fact Finder Training.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### §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:

Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- ENFORCE Application Suite Risk Classification Assessment (RCA) Special Vulnerabilities

(a), (b) & (c) The facility ensures that before placing detainees together in a hold room they consider whether a detainee may be at high risk of being sexually abused or assaulted, and, when appropriate, shall take necessary steps to mitigate any such danger to the detainee. The detainees are assessed utilizing the [REDACTED] Suite RCA Special Vulnerabilities, which asks questions related to, mental, physical, or developmental disability, age, physical build, criminal history, past incarcerations, convictions of sex offenses, sexual orientation, previous sexual victimization and the detainee's concerns over safety. The Auditor reviewed four of the completed assessment tools in the ENFORCE Application Suite, which is a digital database. The Special Vulnerabilities section is completed by an ICE Deportation Officer and scored by that officer utilizing their observations and the answers to the questions provided by the detainee.

(d) If a detainee is considered at high risk for victimization or abusiveness, they will be placed in a single cell while they are at the facility. This was confirmed during the staff interviews; the staff informed me that they separate individuals in this manner for many different reasons including criminal history, gang affiliation, and high risk of vulnerability.

(e) The [REDACTED] Suite RCA Special Vulnerabilities is a computerized system that cannot be accessed by the general staff to control the dissemination of sensitive information. This was confirmed during the interviews with the ICE Deportation Officers who create the entries into the computer.

Compliance was determined through review of the [REDACTED] Suite RCA Special Vulnerabilities, during the staff and detainee interviews, and documentation review. The ICE staff conducts the assessment with the detainees; the Auditor verified the process during their interviews. They all related that they ask the questions of the detainees, and if need be would utilize telephonic interpretation during the assessment process. All detainees interviewed confirmed they were asked the questions by the staff.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### §115.151 – Detainee reporting.

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

#### Notes:

Documentation Reviewed:

- Policy: 11062.2
- Acknowledgment forms in multiple languages
- U.S. Immigration and Customs Enforcement website
- Department of Homeland Security Pro Bono list for the San Francisco Hold Room
- Department of Homeland Security Office of the Inspector General poster
- ICE Detainee Helpline poster (directing the detainee to dial 9116#)
- ICE National Detainee Handbook
- Sexual Abuse and Assault Awareness pamphlet
- DHS PREA Poster

(a), (b) & (c) The facility ensures that all detainees receive a Sexual Abuse and Assault Awareness handout and an ICE National Detainee Handbook. These instruct the detainee on how they can privately report incidents of sexual abuse or assault, retaliation for reporting sexual abuse or assault, or staff neglect or violations of responsibilities that may have contributed to such incidents to ERO personnel. The reporting avenues available to the detainees are directed to the facility, to the ICE Field Office, utilizing the ICE Detention Reporting and Information line at 1-888-351-4024 or 9116# which offers Language Assistance. The detainee is instructed that they can also write a letter to the DHS Office of Inspector General, call their hotline at 1-800-323-8603 or 518#, or report directly to their Consular Office. All of the information is also posted in the cells at the facility; this was confirmed during the onsite tour.

During the detainee interviews they were all aware of the reporting avenues available to them, the Auditor confirmed during the staff interviews that they were aware of the reporting avenues and that as the staff they are to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

Compliance was determined during the documentation review, facility tour, and interviews with both staff and detainees.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### §115.154 – Third-party reporting.

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

#### Notes:

Documentation Reviewed:

- Policy: 11062.2
- ICE National Detainee Handbook
- Sexual Abuse and Assault Awareness pamphlet
- Acknowledgment forms in multiple languages
- U.S. Immigration and Customs Enforcement website

The following is posted on the U.S. Immigration and Customs Enforcement website (<https://www.ice.gov/prea>): ICE provides detainees and their attorneys, family, friends, and associates multiple ways to report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. Third parties not connected to a detainee can also report these allegations. Reports are confidential and may be made anonymously, both verbally and in writing.

The following offices accept reports of sexual abuse or assault:

The DHS Office of the Inspector General (DHS OIG)  
The DHS OIG may be reached at 1-800-323-8603 or:  
Office of Inspector General/MAIL STOP 2600

Department of Homeland Security  
245 Murray Lane SW  
Washington, DC 20528-0305

The ICE ERO Detention Reporting and Information Line (DRIL):

The DRIL may be reached at (888) 351-4024 or by completing the form

The ICE Office of Professional Responsibility (ICE OPR):  
ICE OPR can be reached via the Joint Intake Center (JIC) at 877-246-8253, or by email at [Joint.Intake@dhs.gov](mailto:Joint.Intake@dhs.gov) or:  
DHS ICE OPR  
PO Box 14475  
Pennsylvania Avenue NW  
Washington, DC 20044

Compliance was determined during the documentation review, review of the agency website, and interviews with staff who related that they would provide the third-party reporting information to anyone who requested it.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### **§115.161 – Staff reporting duties.**

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

#### **Notes:**

Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- Memo of non-occurrence from the facility
- Memorandum dated Nov 10, 2010, Directing Complaints Appropriately

(a) Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention requires all staff to report immediately to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault 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 staff can report directly to the DHS OIG Hotline at 1-800-323-8603 or [DHSOIGHOTLINE@DHS.GOV](mailto:DHSOIGHOTLINE@DHS.GOV). This information is posted within the facility, and the Auditor viewed the information during the facility tour.

(b) & (c) The audited facility did not have any reported incidents in the last 36 months. During the staff interviews, we discussed their requirements to report under the agencies policies. All staff interviewed understood their responsibility and proper reporting procedures. They confirmed that they would report directly to the SDDO. They further understood that apart from such reporting, they shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. This additional requirement is further outlined in Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention.

(d) The facility does not hold anyone under the age of 18. They do however hold detainees who would be considered vulnerable under the county Adult Protective Services Agency. The policy states that if the alleged victim is under the age of 18 or determined, after consultation with the relevant OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under a State or local vulnerable person statute, report the allegation to the designated State or local services agency as necessary under applicable mandatory reporting laws. The SDDO/PREA Field Coordinator understood his responsibility to report under these conditions. These would be the California Department of Social Services for anyone under the age of 18, or the California Protection & Advocacy System for vulnerable adults.

The facility has not had any incidents, but all staff and contractors interviewed understood their obligation under the policies to report any incident and understood the reporting avenues available to them.

The SDDO/PREA Field Coordinator was interviewed; he understood his obligations under the policies.

Compliance was determined during the documentation review of the policies listed above, and interviews with staff.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### **§115.162 – Agency protection duties.**

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

#### **Notes:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility

Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention state in part that if an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse or assault, he or she shall take immediate action to protect the detainee.

The facility has not had any incidents within the past 36 months. The Auditor confirmed during the staff interviews that they would follow the policy, all interviewed stated that they would make the detainee's safety their priority and take immediate action. They stated that they could place someone vulnerable or at risk in a smaller hold room, where they can be separated from other detainees. The staff at the facility does this regularly; during the interviews, they explained they separate detainees for multiple reasons including gang affiliation, past behavior, and vulnerabilities.

Compliance was determined during the documentation review, and interviews with staff.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### **§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:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility

(a), (b), and (c) During the interview with the SDDO/PREA Field Coordinator, he informed me that if the alleged assault occurred at a different facility, he would immediately notify the facility via telephone, and follow up with an email. This would be completed within 72 hours. He would also notify OPR of the alleged allegation and document his actions in a SEN report.

(d) The Auditor confirmed during the staff interviews that if such notification was received by the agency the investigating procedures outlined in Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention would immediately be followed.

The Auditor confirmed the process with the SDDO/PREA Field Coordinator during his interview, he has never had to report to another facility but understood the procedure of contacting the facility where the abuse allegedly occurred.

Compliance was determined during the documentation review, and interviews with staff.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### **§115.164 – Responder duties.**

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

#### **Notes:**

Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- Memo of non-occurrence from the facility

(a) & (b) During the interviews with both the G4S Detention Officers and the ICE Deportation Officers the Auditor questioned them in depth about their initial response to an incident, and what actions they would take. They all confirmed that they would separate the victim and accuser and place those in separate areas under direct supervision to ensure that they do not take any action that could destroy physical evidence. They would secure the crime scene by securing the area where the alleged abuse took place. The responses by staff were consistent with Policy: 11087.1: Operations of ERO Holding Facilities.

During the interview with the SDDO/PREA Field Coordinator, he confirmed that he would follow the policy, and staff would contact him immediately if an incident occurred. He further stated that the detainees are always under direct visual supervision when not with an officer if something were reported to someone other than an officer, they would be notified immediately and take appropriate action.

Compliance was determined through documentation review and staff interviews.

The audited facility has not had any incidents within the last 36 months, but the staff understood their obligations under the policy.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

### **§115.165 – Coordinated response.**

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

#### **Notes:**

Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- Memo of non-occurrence from the facility

(a) Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention and Policy: 11087.1: Sexual Abuse and Assault Prevention and Intervention outlines the agency coordinated, multidisciplinary team approach to responding to sexual abuse. This response includes the facility staff, OPR Investigators, SANE from Zuckerberg San Francisco General Hospital, and victim advocacy from RAINN.

(b) & (c) If a victim is transferred from a holding facility to a detention facility or a non-DHS facility, the FOD will inform the receiving facility of the incident and the victim's potential need for medical or mental health care or victim services. This has not occurred at this facility within the last 36 months, this was confirmed during the SDDO/PREA Field Coordinator interview. This is also outlined in Policy: 11087.1: Sexual Abuse and Assault Prevention and Intervention.

The SDDO/PREA Field Coordinator understood his responsibility of coordinating the initial response to an incident at the facility. He related that since he is the PREA Field Coordinator, he would be notified of any incident and would direct the staff in the initial response.

Compliance was determined through documentation review and staff interviews. The audited facility has not had any incidents within the last 36 months, but the staff understood their obligations under the policy.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

#### **§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:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility

If an ICE employee, or contractor, is suspected of perpetrating sexual abuse or assault they would be removed from all duties requiring detainee contact pending the outcome of an investigation. The process was confirmed during the SDDO/PREA Field Coordinator interview and the Contracted G4S Site Supervisor interview. Both informed me that the individual would immediately be removed from contact with any detainee until the investigation was complete. This is further outlined in Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention.

The audited facility has not had any incidents within the last 36 months, but the staff understood their obligations under the policy.

Compliance was determined through documentation review and staff interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

#### **§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:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility

The agency employees and the G4S contractors do 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 any sexual activity as a result of force, coercion, threats, or fear of force. This prohibitive behavior is outlined in Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention.

The interviewed staff understood the policy on retaliation and advised that this was part of the training they received. The SDDO/PREA Field Coordinator understood his responsibility of monitoring for retaliation. He understood that he needed to conduct status checks on the alleged staff member and detainee if the detainee came back to the facility and monitor detainee disciplinary reports, housing, or negative performance reviews of reassignments of staff. He further confirmed that he could have the detainee monitored for retaliation when they go back to their home facility.

Compliance was determined through documentation review and staff interviews. The audited facility has not had any incidents within the last 36 months, but the staff understood their obligations under the policy.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

#### **§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:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility
- Training materials for Fact Finders Training and OPR Investigators Training
- Excel worksheet documenting employees who received investigators training

(a) & (b) The Auditor confirmed with the SDDO/PREA Field Coordinator that he would be the initial responder and make contact with the DHS Federal Protective Services who would assume jurisdiction. Depending on the severity of the incident they may conduct the investigation or refer it to the Federal Bureau of Investigations. This was confirmed through a review of communications between the SDDO/PREA Field Coordinator and the DHS Federal Protective Services.

Upon the conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation will be conducted. Any criminal investigation that is determined to be unsubstantiated will be reviewed to determine whether an administrative investigation is necessary or

appropriate. These administrative investigations would be conducted by OPR and are outlined in OPR policies. This was confirmed during my interview with the SDDO/PREA Field Coordinator.

The SDDO has received Fact Finder Training; he confirmed that part of the training was on how to conduct a prompt, thorough, and objective investigation. The OPR Investigators Training also teaches these topics. This was confirmed by reviewing the training materials for both courses.

(c) Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention outline the administrative investigation procedures. The policy addresses all enumerated provisions of this standard. During the interview with the SDDO/PREA Field Coordinator stated that the administrative investigation procedures would be followed.

(d) Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention ensured that the departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

(e) Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention outline the coordination between the agency and outside investigators, this includes cooperation between the agency and investigators, and the ability to remain informed of the progress of the investigation. During the SDDO/PREA Field Coordinator interview, he confirmed that he would be notified by OPR of the status of an investigation.

The SDDO/PREA Field Coordinator understood his responsibility for the initial response and fact-finding. He related that he would be responsible for responding and assessing the incident to determine the severity and investigative need.

Compliance was determined during the documentation review and staff interviews.

The audited facility has not had any investigations within the last 36 month; the SDDO/PREA Field Coordinator understood his obligation under the policy.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

#### **§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:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility

During the interview with the SDDO /PREA Field Coordinator, who is the initial facility investigator, the Auditor confirmed that the agency imposes no standard higher than an administrative investigation imposes no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse or assault. This is further outlined in Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention.

Compliance was determined through documentation review and staff interviews.

The audited facility has not had any investigations within the past 36 months.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

#### **§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:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility

(a), (c), & (d) Policy 11062.2 sets forth the requirements of the standard. Staff is subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violations of agency sexual abuse policies. The policy requires the facility to report all removals or resignations in lieu of removal for violations of the agency or facility sexual abuse policies to appropriate law enforcement agencies and licensing bodies unless the activity was not criminal.

There have not been any incidents of sexual abuse at the audited facility within the last 36 months; no staff has been disciplined for a violation of the agencies policies nor criminal law.

The interviewed staff understood the consequences of violating the agencies policy.

Compliance was determined through documentation review and staff interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.



**§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:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility

(a) Policy 11062.2 addresses the requirements of this standard. Any contractor who engages in sexual abuse would be prohibited from contact with detainees and would be reported to OPR and any relevant law enforcement agency. The actions would be reported to any licensing body unless the activity was not criminal. The Auditor confirmed with the G4S Supervisor that if any contractor violated any provision of the standards, they would be disciplined.

(b) The G4S contractors at the facility would be immediately removed from all duties requiring detainee contact pending the outcome of an investigation. This removal was confirmed with the Supervisor from G4S during his interview.

There have not been any incidents of sexual abuse at the audited facility within the last 36 months, no contractors have been disciplined for a violation of the agencies policies nor criminal law. The facility does not have any volunteers.

The interviewed contractors understood the consequences under the policy if they violated the policy.

Compliance was determined during the documentation review and staff and contractor interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

**§115.182 – Access to emergency medical services.**

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

**Notes:**

Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- Memo of non-occurrence from the facility

(a) & (b) Policy: 11087.1 states that the FOD ensures 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, by professionally accepted standards of care. The FOD will arrange for the transportation of the detainee for a SANE examination at the Zuckerberg San Francisco General Hospital, and victim advocacy from RAINN. The treatment services are provided regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident, and at no cost to the detainee.

Compliance was determined during the documentation review and staff interviews. The audited facility has not had any investigation of sexual abuse where these services were utilized, this was confirmed during the interview with the SDDO/PREA Field Coordinator, although he did understand his obligations under this policy.

The SDDO/PREA Field Coordinator understood his responsibility for ensuring access to medical services. If an incident did occur, he would be notified, and make an immediate decision on medical care.

Compliance was determined during the documentation review and staff interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

**§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:**

Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- Memo of non-occurrence from the facility

(a) The SDDO/PREA Field Coordinator confirmed that an incident review would be conducted with the FOD and specific facility staff including both SDDO's and the G4S Supervisor if contract staff is involved. These reviews would take place after every investigation of sexual abuse or assault occurring unless the allegation was determined to be unfounded and would occur within 30 days of receipt of the investigation. The facility has not had any allegations within the past 36 months. Therefore no incidents were reviewed. The review process is further outlined in Policy: 11062.2 Sexual Abuse and Assault Prevention and Intervention.

Compliance was determined during the documentation review and staff interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

**§115.187 – Data collection.**

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

**Notes:**

Documentation Reviewed:

- Policy: 11062.2
- Memo of non-occurrence from the facility

(a) Data collected is retained digitally in accordance with agency record retention policies for ten years. The investigation information is limited to the investigators who have access to the Joint Integrity Case Management System (JICMS), where the information is stored. This was confirmed during the interview with the SDDO/PREA Field Coordinator at the facility, by reviewing the training materials for investigators and reviewing the Privacy Impact Assessment for JICMS.

Compliance was determined through documentation review and staff interviews.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

**§115.193 –Audits of standards.**

**Outcome:** Not low risk

**Notes:**

The PREA audit conducted at the San Francisco Hold Room was the first audit for this facility. After a careful review, it was determined that the facility is not in compliance with two of the standards, and therefore not in compliance with the DHS PREA Standards. Even though the facility is not in compliance, the areas of non-compliance need to be taken into consideration. The issues that caused these findings are physical plant issues rather than policy or procedural. This facility has not had any sexual abuse of sexual harassment allegations in the past 36 months, and during the audit, the Auditor found no negative information relating to the daily operation or staff.

**§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), (e), (i), & (j) All relevant documentation was provided to the Auditor through the ERAU SharePoint, where the Auditor was able to review the facility documentation and Headquarters documentation. The Auditor obtained further information from the ICE Website. During the onsite audit phase, a facility tour was conducted, all areas of the facility were made available during the tour. A sampling of detainees and staff were interviewed in an office; this office allowed privacy during the interviews. The facility was posted before the onsite audit by the ERAU Team Lead, no detainees or staff contacted the Auditor. These postings were viewed during the facility tour; the postings were in general areas and within each cell.

After a careful review of all documentation and the information received during the facility tour and interviews, the Auditor found that the agency is substantially compliant with the requirements of this standard, and all provisions.

**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.

Patrick J. Zirpoli

April 8, 2019

**Auditor’s Signature & Date**

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



**Homeland  
Security**

<b>AUDITOR INFORMATION</b>			
<b>Name of auditor:</b>	Patrick J. Zirpoli	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	████████████████████	<b>Telephone number:</b>	570-729-████
<b>AGENCY INFORMATION</b>			
<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)		
<b>FIELD OFFICE INFORMATION</b>			
<b>Name of Field Office:</b>	San Francisco Field Office		
<b>ICE Field Office Director:</b>	Erik Bonnar		
<b>PREA Field Coordinator:</b>	██████████		
<b>Field Office HQ physical address:</b>	630 Sansome Street, ██████████, San Francisco, CA 94111		
<b>Mailing address: (if different from above)</b>			
<b>INFORMATION ABOUT FACILITY BEING AUDITED</b>			
<b>Basic Information About the Facility</b>			
<b>Name of facility:</b>	San Francisco Hold Room		
<b>Physical address:</b>	630 Sansome Street, ██████████, San Francisco, CA 94111		
<b>Mailing address: (if different from above)</b>			
<b>Telephone number:</b>	415-844-5549		
<b>Facility type:</b>	ICE Holding Facility		
<b>Facility Leadership</b>			
<b>Name of Officer in Charge:</b>	██████████	<b>Title:</b>	Assistant Field Office Director (AFOD)
<b>Email address:</b>	████████████████████	<b>Telephone number:</b>	415-844-████
<b>Facility PSA Compliance Manager</b>			
<b>Name of PSA Compliance Manager:</b>	██████████	<b>Title:</b>	Supervisory Detention and Deportation (SDDO)
<b>Email address:</b>	████████████████████	<b>Telephone number:</b>	415-844-████

## FINAL DETERMINATION

### SUMMARY OF AUDIT FINDINGS:

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

The Prison Rape Elimination Act (PREA) on-site audit of the San Francisco Hold Room (SFHR) in San Francisco, California was conducted on November 27-28, 2018. The audit was conducted by Patrick J. Zirpoli, a certified Department of Justice (DOJ) and Department of Homeland Security (DHS) PREA Auditor, and Barbara King, also a DOJ and DHS certified PREA Auditor, assisted while on-site. Both are contracted through Creative Corrections, LLC to conduct the DHS PREA Audits. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, Barbara King. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE ERAU section during the audit report review process.

This was the first PREA audit for the SFHR. The SFHR is an Immigration and Customs Enforcement (ICE) holding facility, with a designed capacity of 150 detainees. The facility is not equipped to house detainees overnight and does not have the accommodations to do so. The facility functions as a booking facility; detainees are also brought to the facility, from other detention facilities, for various reasons to include court proceedings, mental health evaluations, to make phone calls, and meet with consulates. The purpose of the audit was to determine compliance with the DHS PREA standards.

Of the 41 standards reviewed, the Auditor initially found SFHR met 35 standards, had two standards (115.111 and 115.117) that exceeded, had two standards (115.113 and 115.115) that were non-compliant, and one standard was non-applicable (115.114).

During the corrective action period, the Auditor received and reviewed the corrective action plan and concurred with the recommendations for achieving compliance with the deficient standards. The Auditor conducted a systematic evidence review of all the supplied documentation provided to demonstrate compliance. The Auditor utilized the PREA Audit: Auditor Assessment Tool for DHS Holding Facilities as a guide to ensure that all aspects of each standard were met. The Auditor found the documentation to be compliant in all material ways to find both standards 115.113 and 115.115 compliant. The Auditor found that the facility has met all of the standards.

## PROVISIONS

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

### §115. 113 - Detainee supervision and monitoring

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

#### Notes:

##### Documentation Reviewed:

- Policy: 11062.2
- Policy: 11087.1
- U.S. Immigration and Customs Enforcement Custody Programs (CP) Holding Facility Self-Assessment Tool (HFSAT): HQ Compliance Analysis FY17-18 completed November 13, 2018
- Log from Holding Facility documenting 15-minute hold room checks
- Contractor and ICE Staff Rosters

(a) The agency has developed facility staffing guidelines that provide for adequate levels of staffing, and, where applicable, video monitoring, to protect detainees against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the facility has taken into consideration all areas enumerated under this standard. Compliance was determined by reviewing the policies above. The Auditor further questioned staff on the policies and the ability to fully staff the facility at all times. The facility operations are overseen by the Contracted G4S Detention Officers, who deal with the transportation, and custody of the detainees when at the facility. During the interview with the Contracted G4S Site Supervisor, the Auditor confirmed that they work two overlapping shifts, Monday through Friday. They are at the facility before the arrival of any detainees; the second shift ends after all detainees have left the facility. Through interviews, the Auditor established that the G4S Detention Officers have scheduled shifts between [REDACTED]. They employ [REDACTED] female officers and [REDACTED] male officers, to avoid cross-gender supervision when needed. The ICE Deportation Officers are also at the facility during the operational hours and are on-call during the non-operational hours. The Auditor confirmed through the interviews that the detainees are not held at the facility for more than 12 hours. These staffing guidelines provide direct supervision at all times while detainees are present at the facility. The staffing guidelines were further confirmed during the onsite audit where the Auditor observed staff supervising the detainee movement, video monitor review, and [REDACTED] taking place. During detainee interviews, they confirmed that they are always in the presence of staff when not in a cell, and the interviewed female detainee stated a female staff member has always been present when she has been at the facility.

(b) The agency has developed the Holding Facility Self-Assessment Tool (HFSAT), which is completed by the facility and used to meet the facility's detainee supervision needs. The HFSAT was completed on June 18, 2018, by SDDO/PREA Field Coordinator [REDACTED], at that time the facility was not in compliance due to failure to make [REDACTED]. The HFSAT was also utilized to confirm that the facility complied with staffing levels. On October 16, 2018 SDDO/PREA Field Coordinator [REDACTED] found that they complied with the [REDACTED]. On November 9, 2018, the facility received confirmation from the ERO Holding Facility Assessments that the facility complied with policy 11087.1.

(c) The facility has established adequate supervision and the need for video monitoring, while taking into consideration the physical layout of the holding facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the findings and recommendations of sexual abuse incident review reports, and any other relevant factors, including but not limited to the length of time detainees spend in agency custody. It was determined during the onsite audit that the facility has adequate video monitoring throughout the facility, but the camera views allow for cross-gender viewing, these camera views are addressed under the summary of corrective action in this report. During the staff interviews, the Auditor confirmed that all of the aspects of this subsection were taken into consideration when determining supervision levels.

The staff at the facility conducts [REDACTED]; which are documented on a log the Auditor viewed the log during the onsite portion of the audit.

Policy: 11087.1: Operations of ERO Holding Facilities further dictates the overall supervision of the detainees in the holding facilities. The policy states that the FODs shall ensure that detainees placed into holding facilities are:

- Accounted for and continuously monitored and that holding facilities are emptied upon the conclusion of daily operations in those field office locations operating on a daily schedule. Absent exceptional circumstances, no detainee should be
- Housed in a holding facility for longer than 12 hours.
- Monitored for any apparent indications of a mental or physical condition or signs of hostility that may require closer supervision or emergency medical care.
- Subject to direct supervision, which shall include regular visual monitoring via a video camera placed inside the hold room, as well as physical hold room checks at least every 15 minutes.
- All physical hold room checks shall be logged, including the time of each check and any important observations.
- When detainees in a holding facility are placed in rooms not originally designed for holding detainees (e.g., interview rooms or offices), the FOD shall ensure that the detainees remain under constant direct supervision.

The Auditor reviewed the policies in their entirety, as well as questioned staff members on the content and applicable sections to their specific duties within the facility. The staff understood the policies and the practical application to the daily operation of the facility.

**Corrective Action:** Mirrors need to be placed on the wall opposite of the doorways in hold rooms [REDACTED]. The doors to these hold rooms have a small vertical window that does not [REDACTED]. Although the detention officers are [REDACTED], they are not opening the doors to look in, just looking in through this window.

**Corrective Action Taken:** The facility has changed the policy on [REDACTED]. The SDDO conducted a training meeting with 17 detention officers establishing the requirements for the [REDACTED]. They were instructed while conducting the [REDACTED] they must knock and announce themselves at each cell door prior to entering. The detention officers are to physically enter the cell and complete a visual inspection of the entire cell. The facility provided copies of the 115.113 Detainee Supervision and Monitoring Training Certificates of the detention officers and copies of the cell check log documenting rounds conducted.

The [REDACTED] and a gray box has been placed in all the views blocking any view of the toilets. Photos of the holding cells documenting the privacy feature which blocks out view of the toilet with a gray box was provided for compliance documentation.

The Auditor determines that SFHR is now in substantial compliance of this standard.

### **§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:**

Documentation Reviewed:

- Policy: 11062.2
- HFSAT: HQ Compliance Analysis FY17-18 completed November 13, 2018
- Policy: 11087.1
- Log from Holding Facility documenting [REDACTED]
- Contractor and Volunteers training PowerPoint and training rosters
- ICE Employees training PowerPoint and training rosters Training PowerPoints for Cross-gender, Transgender, and Intersex Searches.
- Facility Schematic

(b) & (c) The staff at the facility will conduct pat-down searches of detainees to ensure the safety of officers, civilians, and detainees; to detect and secure evidence of criminal activity; and to promote security, safety, and related interests at the San Francisco Holding Facility. The pat searches are done on all detainees entering the facility. The staff at the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches nor do they conduct same-gender strip searches as a general practice. During the G4S Detention Officers, ICE Deportation Officers, and detainee interviews at the facility the Auditor confirmed that searches of this nature had not been conducted even under exigent circumstances. The staff understood their obligation to document a search of this nature if conducted under any circumstances, and they would follow ICE policies and procedures. There was no documentation to review, due to a search of this nature not taking place.

(d) Policy: 11087.1: Operations of ERO Holding Facilities states in part that "the Field Officer Director (FOD) shall ensure that detainees are permitted to shower, perform bodily functions, and change clothes without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks. The agency shall implement policies and procedures that enable detainees to shower (where showers are available), 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 cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement under medical supervision." The policy further states that personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. The Auditor observed the opposite gender announcements taking place, and further confirmed the practice during the detainee interviews where they confirmed staff of the opposite gender announce before coming into a cell.

The walls blocking the toilet in Cells [REDACTED] needed to be extended approximately 12 inches to completely block the detainee from being viewed while performing bodily functions. [REDACTED], the staff utilized a marker to black out the view of the toilet, but when the Auditor viewed the monitors it was found that this does not completely block out the view of the toilet.

(e) Personnel does 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 will be determined during conversations with the detainee, by reviewing available medical records, or, if necessary, learning that information as part of a broader medical examination conducted in private, by a medical practitioner. During staff interviews, the Auditor confirmed that this practice would take place if a detainee were coming into the facility from the public. They further stated that the majority of the detainees are coming from another correctional setting and they would have this information before transporting the detainee to the facility. This is further outlined in Policy: 11087.1: Operations of ERO Holding Facilities.

(f) The agency has trained all contractors and employees in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. The Auditor reviewed training files for both the G4S Detention Officers and the ICE Deportation Officers about searches of detainees; everyone has received this training except for one G4S Detention Officer on medical leave. All interviewed G4S Detention Officers and ICE Deportation Officers stated during their interviews that they had received the training. The Auditor further confirmed that the pat-down searches are being conducted professionally and respectfully, and in the least intrusive manner possible during the detainee interviews. The Auditor further confirmed the daily practices during the facility tour, where the Auditor personally observed them in practice, and during the detainee interviews.

**Correction Action:** The walls blocking the toilet in hold rooms [REDACTED] need to be extended approximately 12 inches horizontally to completely block the detainee from being viewed while performing bodily functions. Every hold room has a camera in it, the staff utilized a marker to black out the view of the toilet, but when the Auditor viewed the monitors it was found that this does not completely block out the view of the toilet or the detainee when they are in this area. The facility needs to have a blocked-out area in the camera view itself.

**Corrective Action Taken:** The facility has submitted a Facilities Service Request to Facilities and Administrative Management requesting for modifications to be made on April 11, 2019. The modifications are to extend the holding cells detention walls at the toilet area horizontally about 12 inches. The facility provided the Request for Quote for compliance documentation with approval from ICE Headquarters Field Operations Deputy Assistant Director and the Enforcement and Removal Operations Facilities Unit Chief. The Auditor determines that SFHR is now in substantial compliance of this standard with the approved request for modifications and the Request for Quote dated May 2019. The [REDACTED]

██████████ and a gray box has been placed in all the views blocking any view of the toilets. Photos of the holding cells documenting the privacy feature which blocks out view of the toilet with a gray box was provided for compliance documentation.

**§115. 193 - Audits of standards**

**Outcome:** Low Risk

**Notes:**

The PREA audit conducted at the San Francisco Hold Room was the first audit for this facility. Initially the facility was not in compliance with two of the standards, and therefore not in compliance with the DHS PREA Standards. The issues that caused these findings were physical plant issues rather than policy or procedural. This facility has not had any sexual abuse or sexual harassment allegations in the past 36 months, and during the audit, the Auditor found no negative information relating to the daily operation or staff. The facility has addressed all areas of non-compliance and are now in compliance with the DHS PREA Standards. After a careful review of the initial audit information and the information received during the corrective action period, the Auditor has determined the facility to be at low risk.

**AUDITOR CERTIFICATION:**

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

Patrick J. Zirpoli                      November 10, 2019  
**Auditor's Signature & Date**

Barbara King                      November 10, 2019  
**Program Manager's Signature & Date**