

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	David R. Andraska	Organization:	The Nakamoto Group, Inc.
Email address:	(b)6, (b)7c	Telephone number:	715-896-(b)

AGENCY INFORMATION

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

Name of Field Office:	Miami Field Office
ICE Field Office Director:	Marc J. Moore
PREA Field Coordinator:	(b)(6), (b)
Field Office HQ physical address:	7 Tabonuco St., Room (b), Guaynabo, PR 00968
Mailing address: <i>(if different from above)</i>	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	San Juan Staging Facility		
Physical address:	GSA Center 651 Federal Drive, Suite 104, Guaynabo, PR 00965		
Mailing address: <i>(if different from above)</i>			
Telephone number:	787-706-4164		
Facility type:	<input type="checkbox"/> Holding	<input checked="" type="checkbox"/> Staging	
Facility Leadership			
Name of Officer in Charge:	(b)(6), (b)(7)	Title:	SDDO
Email address:	(b)(6), (b)(7)(C)	Telephone number:	787-706-(b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b)(6), (b)(7)	Title:	SDDO
Email address:	(b)(6), (b)(7)(C)	Telephone number:	787-994-(b)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site PREA (Prison Rape Elimination Act) audit of the San Juan Staging Facility (SJSF) in Guaynabo, Puerto Rico, was conducted on April 18-19, 2017. The audit was completed by David R. Andraska, Nakamoto Group Inc. certified auditor. This was the first PREA audit for this facility. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire to the auditors. The documentation consisted of U. S. Immigration and Customs Enforcement (ICE) policies and procedures, as well as other supporting documentation.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: External Review and Analysis Unit (ERAU) Team Lead (b)(6), (b)(7), ERAU Inspections and Compliance Specialist (ICS) (b)(6), (b)(7), Supervisory Detention & Deportation Officer (SDDO) and the local Prevention of Sexual Assault (PSA) Compliance Manager (b)(6), (b)(7), Captain (b)(6), (b)(7), and staff members of MVM to include, Quality Control Manager (b)(6), (b)(7), Training Manager (b)(6), (b)(7), Assistant Program Manager (b)(6), (b)(7), and Lt. (b)(6). The detainee population at SJSF is always fluid, as detainees are arriving and departing throughout the day.

There were 12 adult male detainees housed in the facility during the audit. A comprehensive tour of the facility was completed. The tour included the intake processing area/visiting area, control room, all housing units and holding areas. During the tour, it was noted that there was sufficient staffing and video cameras to ensure a safe environment for detainees and staff. SJSF has (b)(6) video cameras that are continuously monitored by security personnel in the control room. It was observed during the tour that detainees are able to shower, dress and use the toilet facilities without exposing themselves to employees of the opposite gender. Opposite gender staff announcements are made by the staff whenever an opposite gender staff enters a housing cell and this was observed throughout the tour. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. ICE PREA posters were displayed in all housing units, common areas and throughout the facility. The posters encourage reporting and provide information on confidential reporting and victim services. Audit notifications were also located in the same areas. There were no letters received by the auditor, as a result of the audit notifications.

SJSF is located in the San Juan GSA Building at 651 Federal Drive, Guaynabo, PR 00965. This U.S. Immigration and Customs Enforcement (ICE), Department of Homeland Security (DHS) facility is used to house detainees less than 72 hours, while undergoing removal proceedings by Office of Enforcement and Removal Operations (ERO). SJSF is a 3,809 square foot, one-story facility with a 22 bed capacity (16 males and 6 females' beds). In emergencies, capacity can be doubled to 44 beds with the use of temporary cots. The facility consists of a processing area, a visiting area, a control room, an administrative area, a kitchen, two detainee housing units (male and female) and two temporary holding areas. The total number of adult detainees booked in the last 12 months was 650 (595 males and 55 females). The facility does not hold juveniles or family units. The average length of stay at the facility is 36 hours.

A total of eighteen staff interviews were conducted during the audit. The interviews included security staff on all shifts. All security staff were aware of the agency's zero tolerance policy and knew their responsibilities to protect detainees from sexual abuse/harassment and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed and included the SDDO/PSA Compliance Manager, Intake staff, Quality Control Manager, Training Manager, Grievance Officer and Supervisory Staff. All interviewed staff demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status. There are no volunteers that provide services at SJSF. The auditor confirmed that the facility has a Memorandum of Understanding (MOU) with the Center for Assistance to Victims of Rape (CAVV) for detainee reporting and victim advocate services.

All 12 detainees present at the facility were interviewed. The interviewed detainees were of various ages, nationalities and ethnic backgrounds. There were no detainees on site that were identified as disabled, that had previously reported sexual abuse or self-identified as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI). All 12 detainees were limited English proficient (LEP) and were interviewed utilizing Certified Languages International, a telephonic language interpretation service. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms and stated that they felt safe at the facility. No detainees refused to be interviewed. No detainees requested to speak to the auditor while on-site and no detainees wrote to the auditor.

There were no allegations of sexual abuse during the audit period.

SUMMARY OF OVERALL FINDINGS:

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

When the on-site audit was completed, a close-out meeting was held with ERAU Team (b)(6), (b)(7)(C), ERAU ICS (b)(6), (b)(7), and the SDDO and local PSA (b)(6), (b)(7). The facility staff were courteous, cooperative and professional. Staff morale appeared to be good and the interaction observed between staff/detainee was considered appropriate. There were no blind spots observed during the tour and adequate video cameras supplement staff monitoring of detainees.

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

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

PROVISIONS

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

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

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

Notes:

ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention addresses, the requirements of this standard. The policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The Assistant Field Office Director (AFOD) appointed a Prevention of Sexual Assault (PSA) Compliance Manager who reports to the AFOD on PREA issues. At SJSF, the SDDO is the PSA Compliance Manager. The PSA Compliance Manager, when interviewed, confirmed she has sufficient time and authority to oversee compliance of the facility's PREA program. Zero tolerance posters, in English and Spanish, are displayed throughout the facility. (Continued on page 10)

§115.113 – Detainee supervision and monitoring.

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

Notes:

ICE Directive 11087.1, Operations and ERO Holding Facilities and the ICE/ERO Custody Programs-Holding Facility Self-Assessment Tool addresses the requirements of this standard. A review of ICE employee and contractor staffing plans and the extensive use of video monitoring ensure a safe and secure environment for staff and detainees. The review of policy and interviews with facility personnel confirmed that the facility's physical layout; composition of the detainee population; prevalence of sexual abuse/assault allegations and findings of incident reviews are used to determine staffing plans and placement of video monitoring equipment. The plans are reviewed, at least annually. Ten continuously monitored video cameras are used to supplement staffing. Detainees are not housed in the facility for more than 72 hours.

§115.114 – Juvenile and family detainees.

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

Notes:

Non-Applicable. SJSF does not house juvenile or family detainees.

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

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

Notes:

ICE Directive 11087.1 addresses the requirements of the standard. Policy states that cross-gender strip searches or cross-gender visual body cavity searches are not to be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. The facility does not hold juvenile detainees. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the audit period. During the tour, it was observed detainees are able to perform bodily functions without being observed by staff. Staff interviews confirmed their knowledge of cross-gender viewing and search policies and procedures and that pat-down searches are not performed for the sole purpose of determining the detainee's gender. (Continued on page 10)

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

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

Notes:

ICE Directive 11087.1 addresses the requirements of the standard. SJSF takes appropriate steps to ensure detainees with disabilities and LEP detainees have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings, and detainee handbooks are in both English and Spanish. Additionally, the facility has a contract with ERO Language Service, a 24 hour telephonic interpretation service to provide interpretation and/or translation services for detainees who do not speak English or Spanish. Staff also have access to the "I Speak Language Identification Guide."
(Continued on page 10)

§115.117 – Hiring and promotion decisions.

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

Notes:

Executive Order 10450 and 12968, 5 C.F.R.731 and ICE Directives 6-7.0 and 6-8.0 address the requirements of the standard. Contract employees working for MVM at SJSF go through the ICE security unit vetting process. MVM employees are vetted through the ICE process which is initiated by an eQIP form sent from MVM to the Miami Field Office to the Management Program Analyst and Contracting Officer Representative for processing. Contractors receive background checks in accordance with the Personnel Security Investigations for Contract Personnel Directive. Security, background clearances for employees and contractors are repeated every five years. (Continued on page 10)

§115.118 – Upgrades to facilities and technologies.

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

Notes:

Non- Applicable. SJSF has an adequate video and monitoring system in place. Since May 2014, there has not been any significant upgrades to the facility, to include monitoring technologies, at the facility.

§115.121 – Evidence protocols and forensic medical examinations.

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

Notes:

ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention addresses, the requirements of the standard. There were no allegations of sexual abuse/assault during the audit period. As confirmed by telephone interview with Headquarter staff detainee on detainee criminal investigations would be referred to the Puerto Rico Police Department (State Police). Sexual abuse/assault allegations involving ICE employees or contractors are referred to ICE/ Office of Professional Responsibility (OPR) for investigation. Administrative investigations would first be referred to the DHS OIG for acceptance and assignment. (Continued on page 10)

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

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. There were no allegations of sexual abuse/assault during the audit period. Investigation of allegations and appropriate agency oversight is conducted by headquarters. The agency's protocol is posted on its Website.

§115.131 – Employee, contractor and volunteer training.

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. The review of training curriculum/documents, training logs, ICE Virtual University training and staff interviews confirmed that all ICE employees and contractors received PREA training that includes each element of the standard. Contract staff is required to attend two PREA training classes annually; they complete the on-line ICE Virtual University training and a staff facilitated PREA training event as part of their annual refresher training. There are no volunteers, medical and/or mental health staff at SJSF.

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

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

Notes:

As confirmed by staff and detainee interviews, during intake, each detainee receives a Sexual Abuse and Assault Awareness Pamphlet, the National Detainee Handbook and the SJSF Handbook. The pamphlet and handbooks identify the key elements of the program and informs detainees of the zero-tolerance policy regarding sexual abuse/assault and multiple ways to report any such incidents. The pamphlet and handbooks are available in English and Spanish. Detainees sign a form acknowledging receipt of these documents. The auditor reviewed a sample of detainee files and verified signed acknowledgement forms were completed. Staff indicated they verbally explain the policy to the detainees and ensure each detainee understands the policy. For detainees that do not speak English or Spanish, an interpretation service is utilized. The tour of the facility confirmed that PREA posters were prominently displayed in housing units and common areas.

§115.134 – Specialized training: Investigations.

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

Notes:

ICE Directive 11062.2 addresses the requirement of this standard. This directive states that OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse. The training covers, at a minimum, interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. SJFS does not have an on-site staff investigator. In the event of an allegation of sexual abuse the facility would report the allegation to ICE/ OPR or DHS OIG for investigation. The investigating entity would assign a properly trained investigator. There were no allegations of sexual abuse or assault during the audit period.

§115.141 – Assessment for risk of victimization and abusiveness.

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

Notes:

ICE Directive 11087.1 addresses the requirements of the standard. Detainees are screened for the risk of being sexually abused by other detainees or being sexually abusive toward other detainees, prior to arriving to SJSF. SJSF staff review the screening documents as part of the in-processing. A medical screening is also completed by SJSF staff. The Risk Classification Assessment (RCA), ICE Custody Classification Work Sheets, medical screening and interviews with staff and detainees confirmed that all detainees are assessed for their risk of being sexually abused or being sexually abusive towards other detainees. In-processing screening occurs immediately upon the detainee's arrival at the facility. Screening information is transmitted on a need-to-know basis and never to other detainees. (Continued on

§115.151 – Detainee reporting.

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

Notes:

ICE Directive 11087.1 addresses the requirements of the standard. A review of documentation and staff/detainee interviews indicated that there are multiple ways (verbally; in writing, anonymously, privately and from a third party) for detainees to report sexual abuse. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by the auditor) which also explain reporting methods. The detainee ICE Sexual Abuse and Assault Awareness Pamphlet provides detailed information on reporting methods. (Continued on page 10)

§115.154 – Third-party reporting.

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

Notes:

ICE Directive 11087.1 addresses the requirements of the standard. As confirmed by the observation of postings throughout the facility and by interviews with staff and detainees, the facility has established a method to receive third-party reports of sexual abuse at SJSF. Detainees are informed about the availability of third party reporting via the Sexual Abuse and Assault Awareness Pamphlet, Detainee Handbooks and by posters with the DHS OIG telephone number and mailing address and the ICE/ ERO Detention Reporting and Information Line. The agency websites, (<https://www.ice.gov/contact>) and (<https://www.oig.dhs.gov>) list telephone numbers for third party reporting.

§115.161 – Staff reporting duties.

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

Notes:

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

§115.162 – Agency protection duties.

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. Interviewed staff were well aware of their duties and responsibilities, as they relate to them having knowledge of a detainee being at imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the detainee. Security officers are issued a PREA first responder pocket guide outlining all actions to be taken. Staff also stated they would separate the potential victim/ perpetrator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their supervisor.

§115.163 – Report to other confinement facilities.

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. Upon receiving an allegation that a detainee was sexually abused while confined at another facility, policy requires that the facility contact the administrator of the facility where the alleged abuse occurred. The notification must be completed as soon as possible, but no later than 72 hours after receiving the allegation, and the notification must be documented. An interview with the SDDO confirmed her awareness of the requirement. During the audit period, SJSF did not receive any sexual abuse/assault allegations from detainees who had been confined at other facilities.

§115.164 – Responder duties.

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

Notes:

ICE Directive 11087.1 addresses the requirements of the standard. All security staff interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse/ assault. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their immediate supervisor and health care providers. The supervisor would continue to protect the detainee and notify the SDDO. Staff members are issued and carry a pocket sized PREA first responder card for quick reference and were able to describe all first responder actions when advised that a detainee had been a victim of sexual abuse. (Continued page 10)

§115.165 – Coordinated response.

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

Notes:

ICE Directive 11087.1 addresses the requirements of the standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of ICE personnel, the PSA Compliance Manager, the AFOD and, when required, community resources from Pavia Hospital and the Center for Assistance to Victims of Rape (CAVV). If a victim of sexual abuse is transferred between facilities, covered by subpart A or B of this part, the agency shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. There were no transfers of sexual abuse victims between facilities during the audit period.

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

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. ICE staff and contractors suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact pending the outcome of an investigation. The Interview with the SDDO confirmed compliance with this standard.

§115.167 – Agency protection against retaliation.

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. Policy states that employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. There were no allegations of retaliation during the audit period. Staff interviews confirmed they were aware of the prohibition regarding retaliation.

§115.171 – Criminal and administrative investigations.

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. SJSF would refer all criminal investigations of detainee-on-detainee sexual assault allegations to the Puerto Rico Police Department (State Police). Criminal investigations of ICE employee or contractor-on-detainee sexual assault allegations are referred to the DHS/OIG and/or ICE/OPR. Administrative investigations would be referred to ICE/ERO and ICE/OPR. There were no criminal or administrative investigations during this auditing period. The departure of the alleged abuser or victim from the employment or control of the agency would not provide a basis for terminating an investigation. Interviews with the SDDO confirmed that the facility would fully cooperate with any outside agency who conducts an investigation.

§115.172 – Evidentiary standard for administrative investigations.

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. The review of policy and interview with the SDDO confirmed that when an administrative investigation is conducted, the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

§115.176 – Disciplinary sanctions for staff.

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

Notes:

ICE Directive 11062.2 and ICE OPR Responsive Actions to Disciplinary Sanctions for Staff Requirements address the requirements of the standard. Staff are subject to disciplinary or adverse action up to and including removal from their position and federal service for substantiated allegations of sexual abuse or violations of agency sexual abuse policies. Policy requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. Policy requires the agency to make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to any relevant licensing bodies. (Continued on page 10)

§115.177 – Corrective action for contractors and volunteers.

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

Notes:

ICE Directive 11062.2 and ICE OPR Responsive Actions to Disciplinary Sanctions for Staff Requirements address the requirements of the standard. Any contractor or volunteer suspected of perpetrating sexual abuse removed from all duties requiring detainee contact pending the outcome of an investigation; The agency is responsible for promptly reporting sexual abuse allegations and incidents involving alleged contractor or volunteer perpetrators to an appropriate law enforcement agency, as well as, to JIC or another appropriate DHS investigative office in accordance with DHS policies and procedures. (Continued on page 10)

§115.182 – Access to emergency medical services.

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

Notes:

ICE Directive 11087.1 addresses the requirements of the standard. SJSF would provide detainee victims of sexual abuse timely, unimpeded access to emergency medical treatment. Detainees would be transported to Pavia Hospital for crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Such services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

§115.186 – Sexual abuse incident reviews.

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

Notes:

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

§115.187 – Data collection.

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

Notes:

ICE Directive 11062.2 addresses the requirements of the standard. All sexual abuse and assault data collected pursuant to this policy shall be maintained for at least 10 years after the date of initial collection. The interview with the PSA Compliance Manager supported compliance with this standard. There have not been any investigations into allegations of sexual abuse at SJSF in the last twelve months. If investigations are conducted, the original records would be maintained by the investigating entity.

§115.193 – Audits of standards.

- Low risk
- Not low risk

Notes:

As all of the standards were found to be compliant or non-applicable, SJSF is rated as low risk.

§115.177 – Corrective action for contractors and volunteers.

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

Notes:

§115.201 – Scope of

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

Notes:

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

ADDITIONAL NOTES

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

115.111 - Staff receive initial PREA training and annual training, as well as, updates throughout the year via four minute drills. Security staff are issued a pocket sized PREA Standards/First Responder Guideline card to carry for reference. Interviews with staff and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse. Review of documentation, observation of zero-tolerance posters during the tour and interviews with staff and detainees confirm SJSF is compliant with this standard.

115.115 - The review of training documents and interviews with contract security personnel confirmed that they were educated in the proper procedures for conducting pat-down searches, cross-gender pat-down searches and searches of transgender and intersex detainees. As confirmed by observation, all pat-down searches were conducted in a professional and respectful manner, and in the least intrusive manner possible.

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

115.117 - The review of policy, directive and employee interviews confirmed that the agency does not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. Employees and contractors have a continuing affirmative duty to report such conduct. Material omissions from interviews and self-reported evaluations are grounds for termination.

115.121 - When appropriate, at no cost to the detainee, and only with the detainee's consent, alleged detainee victims of sexual assault are transported to Pavia Hospital to undergo a forensic medical examination and evidence gathering by a Sexual Assault Nurse Examiner (SANE). Local victim advocacy services would also be provided.

115.141 - Vulnerable detainees would be afforded heightened protection to include; single cell housing or continuous direct sight and sound supervision.

115.151 -The pamphlet informs detainee that they do not have to give their name to report a sexual abuse or assault. Detainees can choose to report anonymously to the Detention Reporting and Information Line (DRIL) or the DHS OIG. Detainees can also have somebody else report on their behalf to the facility, ICE Headquarters, or the OIG. Facility staff are trained to accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting.

115.164 - In addition, a first responder binder is maintained at the facility for staff use. All staff is trained to be first responders. Interviews with staff and an examination of documentation confirm compliance to this standard.

115.176 - There were no allegations of sexual abuse/assault or harassment involving ICE employees during the audit period.

115.177 - There were no allegations of sexual abuse/assault or harassment involving contractors or volunteers during the audit period.

115.186 - As there were no allegations of sexual abuse or assault during the audit period, there were no incident reviews or reports.

ADDITIONAL NOTES

[Empty box for additional notes]

AUDITOR CERTIFICATION:

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

David R. Andraska

August 17, 2017

Auditor's Signature

Date