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

Homeland Security

AUDITOR INFORMATION			
Name of auditor:	Marlean Ames	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-(b) (6), (b)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Phoenix Field Office		
ICE Field Office Director:	John E. Cantu		
PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	2035 North Central Avenue, Phoenix, AZ 85004		
Mailing address: *(if different from above)*			
INFORMATION ABOUT FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Arizona Removal Operations Coordination Center		
Physical address:	6335 South Downwind, Suite 104, Mesa, AZ 85212		
Mailing address: *(if different from above)*			
Telephone number:	480-638-8574		
Facility type:	ICE Staging Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer in Charge
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	520-868-(b) (6), (b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	Supervisory Detention and Deportation Officer
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	520-705-(b) (6), (b)

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.

During the audit, the Auditor found Arizona Removal Operations Coordination Center (AROCC) met 26 standards, had 0 standards that exceeded, had 0 standards that were non-applicable, and had 4 non-compliant standards. As a result of the facility being out of compliance with four standards, the facility entered into a 180-day corrective action period which began on September 27, 2022, and ended on March 26, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance. The CAP was reviewed, and final determination was completed by (b) (6), (b) (7)(C) Assistant Program Manager (APM), who is a Department of Homeland Security (DHS) and Department of Justice (DOJ) certified Auditor, employed by Creative Corrections, LLC.

Number of Standards Initially Not Met: 4

§115.113 Detainee supervision and monitoring
§115.117 Hiring and promotion decisions
§115.121 Evidence protocols and forensic medical examinations
§115.161 Staff reporting duties

The facility submitted documentation, through the Agency, for the CAP on October 12, 2022, through March 17, 2023. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The Auditor reviewed the final documentation submitted on March 17, 2023. In a review of the submitted documentation, to demonstrate compliance with the deficient standards, the Auditor determined compliance with all four of the standards. At the conclusion of the CAP period, the Auditor determined AROCC achieved full compliance with the DHS PREA Standards.

Number of Standards Met: 4

§115.113 Detainee supervision and monitoring
§115.117 Hiring and promotion decisions
§115.121 Evidence protocols and forensic medical examinations
§115.161 Staff reporting duties

Number of Standards Not Met: 0

Facility Risk Rating

§115.193 – Low Risk

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 replied 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:

(a)(b)(c): The AROCC provided a written directive, Policy 11087.1 which addresses the requirements of the standard. Policy 11087.1 states, "The Field Office Director (FOD) shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels, and where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing the FOD shall take into consideration a) The physical layout of each holding facility; b) The composition of the detainee population; c) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; d) The findings and recommendations of the sexual abuse review reports; e) Any other relevant factors, including the length of time detainees spend in custody." During an interview with PSA Compliance Manager, she indicated that each of these listed factors are considered and reviewed annually to ensure adequate supervision and monitoring. The SDDO provided a duty roster of all ICE staff for each shift. The roster showed adequate staffing to ensure proper supervision of detainees to ensure their safety and security. ICE staff members conduct regular and scheduled detainee hold room checks which are recorded in logbooks. During the tour, the Auditor noted that the holding rooms are checked every 15 minutes to ensure all areas are safe and secure. Holding room doors always remain open when not occupied by a detainee to maintain better visibility. (b) (7)(E) [redacted] This practice was confirmed during interviews with the PSA Compliance Manager and ICE DOs. Post orders are in the administrative desk area in the intake processing room for easy review. The Auditor observed staff signatures on post orders which indicated they have read and understood the documents.

The facility submitted the HFSAT, dated April 30, 2022. This process is completed annually, and the document's purpose states, "It is used to determine if the facility maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse." The Auditor reviewed the document and confirmed that the document does not include information regarding the development and documentation of comprehensive detainee supervision guidelines to determine and meet each facility's detainee supervision needs, nor does it confirm that the supervision guidelines were reviewed during the year 2021, or 2022 as required by subsection (b) of the standard. However, the facility provided a facility policy AROCC 4.1, Holding Facility Supervision and Monitoring, that included supervision guidelines for officers assigned to hold rooms. The policy was reviewed on June 9, 2022. In addition, a review of policy AROCC 4.1 requires the facility to take into consideration the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated an unsubstantiated incident 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. However, although the policy includes all elements of subsection (c) of the standard, a review of the HFSAT, and ICE staff interviews, did not confirm that the facility took into consideration the required elements of the standard when determining adequate supervision or the need for video monitoring.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The facility did not provide documentation that the facility took into consideration, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated an unsubstantiated incident 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 when determining adequate supervision or the need for video monitoring. To become compliant, the facility must provide documentation that the facility took into consideration the physical layout of each 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 when determining adequate supervision or the need for video monitoring.

Corrective Action Taken (c): The facility provided a memo from the Deputy Field Office Director that confirms the facility implemented a practice that included taking into consideration the physical layout of each 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 when determining adequate supervision or the need for video monitoring. Upon review of the submitted documentation the Auditor now finds the facility in substantial compliance with subsection (c) of the standard.

§115. 117 - Hiring and promotion decisions

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

Notes:

(a)(b)(c)(d)(e)(f): 5 CFR 731, Executive Order 10450, ICE Directive 6-7.0, ICE Personnel Program Security and Suitability, and ICE Directive 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel, require "anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, financial check, residence and neighbor checks, and prior employment checks." In addition, 5 CFR 731 requires investigations every five years. The PSA Compliance Manager confirmed during an interview that background checks are performed for all new hires and internal promotions. The policy outlines misconduct and criminal misconduct as grounds for unsuitability including material omissions or making false or misleading statements in the application. The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors who attended virtual training in November 2021 that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Based on information provided in an email by the OPR Personnel Security (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. As confirmed during an interview with the SDDO, all staff have a continuing affirmative duty to disclose any misconduct as required by the standard and material omissions regarding such misconduct, or the provision of materially false information, would be grounds for termination. The Auditor created a random list of five ICE DOs working at the AROCC and submitted them to the ICE PSO. The Auditor received a written response regarding up-to-date background checks on the five ICE DOs on August 8, 2022. In addition, the APM, post on-site visit, created a random list of three G4S and three AGS contract security staff and submitted the list to the ICE PSO. The APM received a written response dated September 1, 2022, that confirmed that all six-contract staff were current in their background checks. As confirmed during the interview with the SDDO, all staff considered for a promotion shall be asked during the promotion application process, to disclose any previous sexual misconduct, have an updated background investigation and impose a continuing affirmative duty to disclose any previous misconduct. During an interview, the SDDO indicated that she had received her promotion during the audit period. She further indicated that during her promotional interview, she was asked about a continuing affirmative duty to disclose any previous sexual misconduct during her promotion application process; however, she was not asked directly about previous sexual misconduct in a written application, or an interview as required by subsection (b) of the standard. During an interview with the AFOD, he confirmed that all contract staff are asked during the application process to disclose any previous sexual misconduct and the continuing affirmative duty to disclose during their employment.

Does Not Meet (b): The Agency is not in compliance with subsection (b) of the standard. During an interview with a recently promoted SDDO, it was confirmed that the Agency did not require the SDDO to report any incidents of sexual misconduct in a written application or an interview prior to the promotion. To become compliant, the Agency must develop a process that requires employees offered promotions to be asked to report an incident of sexual misconduct prior to the promotion.

Corrective Action Taken (b): The facility provided documentation noting the promotion of the SDDO occurred prior to the start of the audit period which is accepted by the Auditor. Based on the fact there were no promotions that occurred during the audit period the standard is no longer deficient; and therefore, the Auditor now finds the facility in compliance with subsection (b) of the standard.

§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:

(e): In an interview with the PSA Compliance Manager, the Auditor could not confirm that the MPD would follow the requirements of paragraphs (a) through (d) of the standard when investigating allegations of sexual abuse. Although the facility submitted an email to the MPD asking them to respond to the facility following an incident of sexual abuse, the email did not specifically request that the MPD follow the requirements of subsections (a) through (d) of the standard. Therefore, the facility is not in compliance with subsection (e) of the standard.

Does Not Meet (e): The facility is not compliant with subsection (e) of the standard. An interview with the PSA Compliance Manager could not confirm that the MPD would follow the requirements of paragraphs (a) through (d) of the standard when investigating allegations of sexual abuse. In addition, the facility did not provide documentation that the MPD was contacted to request they follow the requirements of subsections (a) through (d) of the standard. To become compliant the facility must request that the MPD follow the requirements of paragraphs (a) through (d) of the standard.

Corrective Action Taken (e): The facility provided the Auditor with an email to the MPD requesting they follow the requirements of paragraphs (a) through (d) of standard 115.121. Upon review of all submitted documentation the Auditor finds that the facility is now in compliance with subsection (e) of the standard.

§115. 161 - Staff reporting duties

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

Notes:

(d): Policy 11062.2, states in part; "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of the Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." Interviews onsite with ICE DOs, and post onsite with the SDDO, indicated that all reported allegations involving a vulnerable adult or juvenile would immediately be reported to the SDDO on duty who would in turn immediately report the allegation to the DHS OIG; however, they did not confirm that they would coordinate the OPLA OCC or report the incident to any local authority having oversight as necessary under applicable mandatory reporting laws, as required by policy 11062.2.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. Onsite interviews with ICE DOs, and post onsite with the SDDO, indicated that all reported allegations involving a juvenile or vulnerable adult would immediately be reported to the SDDO on duty who would in turn immediately report the allegation to the OIG; however, they did not confirm that they would coordinate the OPLA OCC or report the incident to any local authority having oversight as necessary under applicable mandatory reporting laws, as required by policy 11062.2. To become compliant, the facility must train all applicable staff on the requirements of policy 11062.2 which states, "If alleged victim under the age of 18 or determined, after consultation with the relevant OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section" and document said training. In addition, the facility must provide the Auditor, if applicable, all allegations of sexual abuse investigative files involving a juvenile or vulnerable adult that occurred during the Corrective Action Plan (CAP) period.

Corrective Action Taken (d): The facility provided an email regarding the mandatory refresher training on Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention and a sign in sheet documenting staff training on Policy 11062.2 which includes direction on how to report an incident of sexual abuse that involves a juvenile or a vulnerable adult. In addition, the facility provided a memorandum to the Auditor that states, "The Arizona Operations Coordination Center (AROCC) Has had no allegations of sexual abuse involving juveniles or vulnerable adults during the Corrective Action Plan (CAP) period." Upon review of all submitted documentation the Auditor finds that the facility is now substantially compliant with subsection (d) of the standard.

§115.193
Outcome: Low Risk

Notes:

The PREA Audit at the AROCC was the second audit for this facility. Following the CAP, the Auditor finds that the facility now meets all previously non-compliant standards; and therefore, is in compliance with DHS PREA Standards. The Auditor has determined that the facility is now 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.

Sabina Kaplan April 12, 2023
Auditor's Signature & Date

(b) (6), (b) (7)(C) April 12, 2023
Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) April 12, 2023
Program Manager's Signature & Date

PREA Audit: Subpart B
DHS Holding & Staging Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	8/2/2022	**To:**	8/3/2022
AUDITOR INFORMATION			
Name of auditor:	Marlean Ames	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	330-327-(b) (6), (b)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	722-579-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Phoenix Field Office
Field Office Director:	John E. Cantu
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	2035 North Central Avenue, Phoenix, AZ 85004
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Arizona Removal Operations Coordination Center		
Physical address:	6335 South Downwind, Suite 104, Mesa, AZ 85212		
Mailing address: (if different from above)	Click or tap here to enter text.		
Telephone number:	480-638-8574		
Facility type:	ICE Holding Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer in Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	520-868-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	Supervisory Detention and Deportation Officer (SDDO)
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	520-705-(b) (6), (b)

ICE HQ USE ONLY	
Form Key:	29
Revision Date:	12/14/2021
Notes:	Click or tap here to enter text.

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) Audit of the Arizona Removal Operations Coordination Center (AROCC) was conducted August 2 and 3, 2022. The audit was conducted by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Marlean Ames, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) Assistant Program Manager (APM), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. This was the second PREA audit for the AROCC and included a review of the audit period from September 14, 2017, through August 3, 2022. As there were zero allegations of sexual abuse reported at AROCC for the prior 12-month period, the audit period was extended to capture closed investigations that occurred since the facility's last audit; however, there were none.

AROCC is a 12 hour hold room, ICE Air Operations facility operated by ICE that serves as an air transportation hub for the ICE Office of Air Transportation. The Air Transportation System operates like commercial airports. Flights arrive to pick up detainees for return to their country of origin or to catch a connecting flight headed to other ICE/Enforcement and Removal Operations (ERO) facilities. DHS ICE Deportation Officers (DOs) and contract security officers from Group 4 Securicor (G4S) and Akima Global Services (AGS) have contact with detainees at AROCC. The AROCC is located at 6335 Southwind Street, Suite 104, Mesa, AZ 85212.

Approximately, four weeks prior to the on-site audit the ERAU Team Lead, (b) (6), (b) (7)(C) provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documents and policies for the AROCC on the secure ERAU SharePoint website. The provided information included Agency policies, training records and curricula, facility schematics, and a multitude of other related documentation and materials to determine compliance with the DHS PREA standards. The Auditor completed the review of all the documentation that was provided by the Team Lead, and AROCC, in the FY22 Facility Document folder found on the SharePoint platform. The Auditor also reviewed the agency's website, www.ice.gov. The intent of the documentation is to support how a facility establishes a baseline for its actual practice for zero-tolerance for sexual abuse and sexual harassment. The Auditor did not identify any gaps or issues that needed to be followed up on during the initial review. The main policies that provide facility direction is Agency policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), and Agency policy 11087.1, Operations of ERO Holding Facilities.

On August 2, 2022, at approximately 8:00 am, the Auditor met with facility administration in the conference room where the entry briefing was moderated by the Team Lead. In attendance at the briefing, in person were the following:

(b) (6), (b) (7)(C) ICE/OPR/ERAU, Inspections and Compliance Specialist (ICS)
(b) (6), (b) (7)(C) ICE/OPR/ERAU, ICS
(b) (6), (b) (7)(C) ICE/ERO, Assistant Field Office Director (AFOD)
(b) (6), (b) (7)(C) ICE/ERO, SDDO
(b) (6), (b) (7)(C) ICE, DO
Marlean Ames, Certified DOJ/DHS Auditor, Creative Corrections, LLC.

The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next two days. Soon after the conclusion of the meeting, the Auditor began the facility tour with the AFOD, SDDO, DO and the two ERAU ICS. The holding room facility is a single floor building with a gated sally-port for vehicles to enter to the rear of the building where detainees are received. The AROCC has 10 multiple occupancy hold rooms with a total design capacity of 157. Detainees enter the facility through the rear door in a secure garage sally-port area where they receive a pat-down search prior to entering the hold rooms. Detainees are placed in hold rooms based upon their determined classification for safety and security of both the detainee and staff.

Detainees are placed in hold rooms when they are required to wait for a later flight. Although AROCC does not hold detainees for longer than 12 hours, according to the facility Hold Room Facility Self-Assessment Tool (HFSAT) "although not a common practice ICE Air is responsible for flight schedules and a majority of detainees in the hold rooms are ICE Air detainees awaiting connecting flights. Flights also get canceled or delayed, and if a detainee is coming up on the 12 hours and is transported to the flight line, sits on the flight line, then must return to the hold room, then there is a possibility of the detainee being held longer than the 12 hours." According to the PAQ, and the HFSAT, and post on-site interview with the SDDO, due to the Southern Border Initiative the AROCC did receive 27 juveniles into the facility awaiting flights in the last 12 months. The AROCC operates during the hours of 0000 – 2400 Monday through Friday. Two shifts exist during operational hours: 0000-0800 and 1600-2400. All processing staff are ICE DOs. The

contract staff transport the detainees to the facility and bring them into the facility. Contract staff may assist in removing the security restraints, conduct pat-down searches, and reapply the restraints prior to boarding an aircraft, but do not process detainee paperwork. During the last 12 months, in addition to 27 juveniles, there were 1943 adult, 0 transgender, 0 juveniles and 0 intersex detainees processed through the AROCC. The PAQ did not break down the adult detainees into male and female populations. During the tour, the Auditor looked for possible blind spots, camera placement, and the detainee-to-officer ratio in accordance with the holding room capacity for occupancy. In areas that detainees are permitted, there were no blind spots observed or identified during the facility tour. The Florence Service Processing Center (FSPC) oversees all operations of the holding room including supervision and staffing. According to the HFSAT, the AROCC's supervision staff was limited to eight male contract officers; however, additional staff would be called in as needed including ICE and contract staff. The Auditor looked at privacy issues, how the toilet areas were configured, and if detainees have adequate privacy to perform bodily functions. The hold rooms did not contain showers; however, there was a shower at the facility that included a shower curtain. The Auditor observed that DHS Zero-Tolerance PREA posters, in both English and Spanish, were displayed in the holding areas and in the public areas as well. PREA audit notices, sent to the AROCC prior to the on-site visit, were observed posted in all holding rooms as well as throughout the facility. The notices provide information as to how detainees, and/or staff, could contact the Auditor should they have any concerns prior to the on-site visit. No correspondence was received from detainees, ICE staff, contract staff, or other individuals during the audit phase.

The Auditor noted there were phones in the holding rooms. The rooms contained information on how to contact the ICE Detention Reporting and Information Line (DRIL), the Joint Intake Center (JIC), the DHS Office of Inspector General (OIG), and the Crisis hotline for emotional support. The posters allowed for detainees to use a code for anonymous calls to the DRIL, JIC, the Crisis Hotline, or DHS OIG or the detainee could use their assigned Non-Citizen Number to place a call. Information containing the Rape, Abuse, and Incest National Network (RAINN) was also available to detainees should they wish to call. The Auditor called the RAINN hotline number to confirm advocacy services would be provided to a detainee. The call was received by a RAINN counselor, in which it was explained that a PREA audit was being conducted. The advocate indicated they would speak with a detainee, provide confidential emotional support, self-care tools, and referrals if requested; however, they were not equipped to accept allegations of sexual abuse. The phone call also confirmed that the hold room telephones used for detainee reporting of sexual abuse allegations were in working order.

The detainee population at the AROCC is always fluid, as detainees may be arriving and departing throughout various times of the day as scheduled. Due to the short stay, there are no hold rooms with beds or showers. Detainees remain in the clothing they arrive in and are offered sweatpants or sweatshirts for temperature comfort if needed. There are no educational rooms, library, on-site medical clinic, food service or recreation areas located at the AROCC. The Auditor observed during the tour that there was sufficient staff to ensure a safe environment for both detainees and staff and was able to conduct informal conversations with staff regarding duties, responsibilities, and PREA standards. The Auditor also conducted six formal interviews with staff which included one DO, one SDDO, one AFOD, two contract G4S officers, and the Prevention of Sexual Assault (PSA) Compliance Manager. There were no contractors available from AGS on site for interviews. The interviews covered detainee supervision and monitoring, detainee reporting of sexual abuse, first responder's duties to sexual abuse allegations, viewing and searching detainees by staff of the opposite gender, detainee risk assessment, the facility's training responsibilities for staff contractors, providing information regarding the Agency's zero-tolerance policy to detainees, and protecting detainees from contact with alleged abusers. In addition, the interview with the PSA Compliance Manager covered referrals of sexual abuse allegations for investigations, upgrades to the holding facility and technology, receiving allegations from and reporting allegations to other facilities, coordinating with outside investigations, designee on access to emergency medical services for detainee victims of sexual abuse, sexual abuse allegations, incident reports and processing, and volunteer training on sexual abuse should there be any volunteers allowed into the facility in the future. Detainees booked into AROCC on the first day of the on-site (August 2, 2022), were already processed and boarded on the aircraft prior to the Auditor's arrival at 0800; therefore, there were no available detainees for the Auditor to interview while on-site. All ICE and contract staff interviewed were aware of the Agency's zero-tolerance policy, their responsibilities to protect detainees from sexual abuse, and their first responder duties as part of the coordinated response. Interviewed ICE and contract staff were randomly selected by the Auditor, using the daily duty roster, provided by the SDDO. The ICE and contract staff interview by the Auditor demonstrated an understanding of PREA and the facility's responsibilities under their specialized duties. A review of the PREA allegation spreadsheet confirmed there were no sexual abuse allegations reported at the AROCC during the extended audit period.

On August 3, 2022, at approximately 11:30 am, the Auditor held an exit briefing to discuss the audit. The ERAU ICS Team Lead opened the meeting, and then turned it over to the Auditor for an overview of findings. In attendance at the exit meeting were:

(b) (6), (b) (7)(C) ICE/OPR/ERAU, ICS
(b) (6), (b) (7)(C) ICE/OPR/ERAU, ICS
(b) (6), (b) (7)(C) ICE/ERO, AFOD
(b) (6), (b) (7)(C) ICE/ERO, SDDO
(b) (6), (b) (7)(C) ICE, DO

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

The Auditor thanked everyone and extended appreciation to the entire staff at the AROCC for their cooperation, professionalism, and hospitality during the audit. The Auditor spoke briefly on how ICE and contract staff was knowledgeable on the Agency SAAPI policy 11062.2. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit, and that she would need to review all submitted documentation, and staff interview notes, to determine standard compliance. The Auditor explained the audit report process, timeframes, and thanked all present for their cooperation.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Not Applicable: 0

Number of Standards Met: 26
§115.111 Zero-tolerance of sexual abuse
§115.114 Juveniles and family detainees
§115.115 Limits to cross-gender viewing and searches
§115.116 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.118 Upgrades to facilities and technologies
§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
§115.162 Protection duties
§115.163 Reporting to other confinement facilities
§115.164 Responder duties
§115.165 Coordinated response
§115.166 Protection of detainees from contact with alleged abusers
§115.167 Agency protection against retaliation
§115.171 Criminal and administrative investigations.
§115.172 Evidentiary standard for administrative investigations
§115.176 Disciplinary sanctions for staff
§115.177 Corrective action for contractors and volunteers
§115.182 Access to emergency medical services
§115.186 Sexual abuse incident reviews
§115.187 Data collection
§115.201 Scope of audits

Number of Standards Not Met: 4

§115.113 Detainee supervision and monitoring
§115.117 Hiring and promotion decisions
§115.121 Evidence protocols and forensic medical examinations
§115.161 Staff reporting duties

Holding Facility Risk Rating:

§115.193 Audits of standards – **Not Low Risk**

PROVISIONS

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

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

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

Notes:

(a): The AROCC provided a written directive, Policy 11062.2 which addresses the requirements of the standard. Policy 11062.2 mandates, "ICE has a zero-tolerance policy for all forms of sexual abuse or assault. It is ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody, including with respect to screening, staff training, detainee education, response and intervention, medical and mental health care, reporting, investigation, and monitoring and oversight." During the interview with the PSA Compliance Manager, she discussed Policy 11062.2 and stressed the importance of sexual safety for detainees. The Auditor interviewed one ICE DO and two G4S contract staff, who reported they were aware of the Agency's zero-tolerance policy and confirmed the requirements are discussed on a regular basis during team meetings. There were no AGS contract staff at the facility for the Auditor to interview; however, the facility provided training records for 50 AGS contract staff confirming they have received training on the Agency's zero-tolerance policy.

§115.113 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): The AROCC provided a written directive, Policy 11087.1 which addresses the requirements of the standard. Policy 11087.1 states, "The Field Office Director (FOD) shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels, and where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing the FOD shall take into consideration a) The physical layout of each holding facility; b) The composition of the detainee population; c) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; d) The findings and recommendations of the sexual abuse review reports; e) Any other relevant factors, including the length of time detainees spend in custody." During an interview with PSA Compliance Manager, she indicated that each of these listed factors are considered and reviewed annually to ensure adequate supervision and monitoring. The SDDO provided a duty roster of all ICE staff for each shift. The roster showed adequate staffing to ensure proper supervision of detainees to ensure their safety and security. ICE staff members conduct regular and scheduled detainee hold room checks which are recorded in logbooks. During the tour, the Auditor noted that the holding rooms are checked every 15 minutes to ensure all areas are safe and secure. Holding room doors always remain open when not occupied by a detainee to maintain better visibility. (b) (7)(E) [redacted] This practice was confirmed during interviews with the PSA Compliance Manager and ICE DOs. Post orders are in the administrative desk area in the intake processing room for easy review. The Auditor observed staff signatures on post orders which indicated they have read and understood the documents.

The facility submitted the HFSAT, dated April 30, 2022. This process is completed annually, and the document's purpose states, "It is used to determine if the facility maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse." The Auditor reviewed the document and confirmed that the document does not include information regarding the development and documentation of comprehensive detainee supervision guidelines to determine and meet each facility's detainee supervision needs, nor does it confirm that the supervision guidelines were reviewed during the year 2021, or 2022 as required by subsection (b) of the standard. However, the facility provided a facility policy AROCC 4.1, Holding Facility Supervision and Monitoring, that included supervision guidelines for officers assigned to hold rooms. The policy was reviewed on June 9, 2022. In addition, a review of policy AROCC 4.1 requires the facility to take into consideration the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated an unsubstantiated incident 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. However, although the policy includes all elements of subsection (c) of the standard, a review of the HFSAT, and ICE staff interviews, did not confirm that the facility took into consideration the required elements of the standard when determining adequate supervision or the need for video monitoring.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. The facility did not provide documentation that the facility took into consideration, the physical layout of each facility, the composition of the detainee population, the prevalence of substantiated an unsubstantiated incident 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 when determining adequate supervision or the need for video monitoring. To become compliant, the facility must provide documentation that the facility took into consideration the physical layout of each 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 when determining adequate supervision or the need for video monitoring.

§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:

(a)(b): Policy 11087.1 states, "The FOD shall ensure that minors are detained in the least restrictive setting appropriate to his or her age and special needs, provided that such setting is consistent with the need to protect the minor's well-being and that of others, as well as with any other laws, regulations, or legal requirements" and "unaccompanied minors will generally be held apart from adults." In a telephone interview with the SDDO, post on-site visit, the APM confirmed that although it is not a normal occurrence, the AROCC would accept juveniles and family units awaiting a flight. He reported that if a juvenile detainee, or family unit, needed to be held for a flight at the AROCC, they would be held separately from the adult population in the least restrictive setting appropriate to the juvenile's age and special needs. In addition, the SDDO further indicated that the juvenile would be able to stay with a non-parental adult family member if the relationship has been vetted and the Agency determines that remaining with the adult family member is appropriate given the circumstances. There were no juveniles awaiting a flight during the on-site visit, and therefore, compliance is determined based on Agency policy and the APM's interview with the SDDO.

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

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

Notes:

(b)(c)(e)(f): Policy 11087.1 states, "The FOD shall ensure that when pat down searches indicate the need for a more thorough search, an extended search (i.e., strip search), is conducted in accordance with ICE policies, including that a) All strip searches and visual body cavity searches are documented; b) Cross-gender strip searches or cross gender visual body cavity searches are not conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners; and c) Visual body cavity searches of minors are conducted by a medical practitioner and not by law enforcement personnel." Policy 11087.1 further states, "The FOD shall ensure that ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, it may be determined during conversation, reviewing medical records, or learning that information as part of a broader medical examination conducted in private by a medical practitioner." The PSA Compliance Manager reported that there had not been any cross-gender, visual body cavity searches, or strip searches conducted during the audit period. ICE DO and G4S contract staff interviews confirmed their knowledge of cross-gender viewing, search policy and procedure, and that pat-down searches are not conducted for the sole purpose of determining the genital status of any detainee. ICE DO, G4S contract staff interviews, and detainee search log documents indicated that all searches would be documented. In addition, ICE DO and G4S contract staff interviews confirmed their knowledge of searches including cross-gender pat-down searches and searches of transgender and intersex detainees are conducted in a professional manner, in the least intrusive manner possible and are consistent with security needs and Agency policy, including consideration for officer safety and that that any strip search or body cavity search would be the result of an exigent circumstance and would involve the notification of a SDDO and the generation of an incident report. ICE staff training records were reviewed confirming that all ICE staff have obtained the needed information and understanding of the cross-gender strip and body cavity search prohibitions. In addition, the Auditor was provided training certificates for G4S contract staff confirming that they have received training for Cross-Gender, Transgender, and Intersex Searches. During the on-site visit, the Auditor was able to observe male detainee pat-down searches conducted by two male G4S staff and one male ICE DO by watching video playback for August 2, 2022. ICE DO and G4S contract staff interviews and the video observation of the pat down searches further confirmed ICE DOs and G4S contract staff are trained in the proper procedures to conduct such searches. There were no AGS available to interview during the on-site audit, however, the facility submitted training records for 50 AGS contract staff confirming they have received training on the Agency's policies regarding detainee searches. Per memorandum dated June 10, 2022, signed by the AFOD there have been no strip searches or body cavity searches at the AROCC during the audit period. The memo further stated that if a strip search or body cavity search were conducted, it would be logged and documented on Form G-1025 which the Auditor was provided a blank copy of to review.

(d): Policy 11087.1 addresses the requirements of the provision and states in part that; "the FOD shall ensure that detainees are permitted to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks, a medical exam, or monitored bowel movement under medical supervision. The FOD will also ensure that ERO personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." It was confirmed through direct observation and video review of holding rooms that detainees can perform bodily functions without being observed by staff. The Auditor observed, during the tour, that the bathroom toilets were covered with half walls to ensure privacy. There are no showers in any hold rooms, however, the facility has a room with a shower that is covered by a privacy curtain that detainees do not regularly use. The use of cross-gender announcements prior to entry into holding areas was confirmed through interviews with ICE DOs indicating they are aware of and adhere to the announcement procedure. There were no G4S or AGS contract staff observed in the holding room area during the onsite tour.

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

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

Notes:

(a)(b)(c): The AROCC provided a written directive Policy 11087.1, which addresses the requirements of the standard. Policy 11087.1 states, "The FOD shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in, and benefit from, processes and procedures in connection with placement in an ERO holding facility, consistent with established statuary, regulatory, DHS and ICE policy requirements. The FOD shall take reasonable steps to ensure meaningful access to detainees who are limited English proficient, consistent with established regulatory and DHS/ICE policy requirements." The facility also provided policy 11062.2 which states, "Appropriate steps in accordance with applicable law to ensure that detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in, and benefit from, all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse. In matters related to allegations of sexual abuse or assault, ensure the provision of in-person or telephonic interpretation that enable effective, accurate, and impartial interpretation by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS Policy." The AROCC takes appropriate measures to ensure detainees with disabilities and detainees who are LEP have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse. While onsite, the Auditor observed ICE National Detainee Handbooks in 14 languages: English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese. The Auditor also observed the DHS-prescribed Sexual Assault Awareness Information pamphlets in 9 languages: English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi. In addition, the Auditor observed in all hold rooms Consulate contact information posters in both English and Spanish. Intake staff further indicated that should the detainee not speak one of the most prevalent languages offered onsite, the facility also has access to an ERO Language Services contract to provide 24-hour telephonic interpretation services. During an interview with the PSA Compliance Manager, it was confirmed that assistance is given to detainees with disabilities based upon their disability and need. Detainees who are blind or have limited sight disabilities will have the information for reporting sexual abuse allegations and facility information read to them by facility staff. Should a detainee present with a psychiatric or incapacitating physical disability, the AROCC will accommodate the detainee with the appropriate service by calling emergency medical services (EMS) to have the detainee transported to the closest local Mesa hospital for further evaluation of their physical or psychological condition and determination prior to returning the detainee to the originating sending facility for rescheduled deportation. The PSA Compliance Manager also indicated that video remote interpreting services (sign language for the deaf) is provided when needed. During interviews with an ICE DO, and SDDO, it was confirmed that the facility allows for the use of other detainees to interpret for other detainees, in matters relating to allegations of sexual abuse. This practice is used if a detainee expresses a preference for another detainee to provide interpretation, and the interpretation is appropriate and consistent with DHS policy.

§115.117 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c)(d)(e)(f): 5 CFR 731, Executive Order 10450, ICE Directive 6-7.0, ICE Personnel Program Security and Suitability, and ICE Directive 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel, require "anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, financial check, residence and neighbor checks, and prior employment checks." In addition, 5 CFR 731 requires investigations every five years. The PSA Compliance Manager confirmed during an interview that background checks are performed for all new hires and internal promotions. The policy outlines misconduct and criminal misconduct as grounds for unsuitability including material omissions or making false or misleading statements in the application. The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors who attended virtual training in November 2021 that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Based on information provided in an email by the OPR Personnel Security (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. As confirmed during an interview with the SDDO, all staff have a continuing affirmative duty to disclose any misconduct as required by the standard and material omissions regarding such misconduct, or the provision of materially false information, would be grounds for termination. The Auditor created a random list of five ICE DOs working at the AROCC and submitted them to the ICE PSO. The Auditor received a written response regarding up-to-date background checks on the five ICE DOs on August 8, 2022. In addition, the APM, post on-site visit, created a random list of three G4S and three AGS contract security staff and submitted the list to the ICE PSO. The APM received a written response dated September 1, 2022, that confirmed that all six-contract staff were current in their background checks. As confirmed during the interview with the SDDO, all staff considered for a promotion shall be asked during the promotion application process, to disclose any previous sexual misconduct, have an updated background investigation and impose a continuing affirmative duty to disclose any previous misconduct. During an interview, the SDDO indicated that she had received her promotion during the audit period. She further indicated that during her promotional interview, she was asked about a continuing affirmative duty to disclose any previous sexual misconduct during her

promotion application process; however, she was not asked directly about previous sexual misconduct in a written application or an interview as required by subsection (b) of the standard. During an interview with the AFOD, he confirmed that all contract staff are asked during the application process to disclose any previous sexual misconduct and the continuing affirmative duty to disclose during their employment.

Does Not Meet (b): The Agency is not in compliance with subsection (b) of the standard. During an interview with a recently promoted SDDO, it was confirmed that the Agency did not require the SDDO to report any incidents of sexual misconduct in a written application or an interview prior to the promotion. To become compliant, the Agency must develop a process that requires employees offered promotions to be asked to report an incident of sexual misconduct prior to the promotion.

§115.118 - Upgrades to facilities and technologies.

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

Notes:

(a): The AROCC did not acquire a newly remodeled, modified, acquired, or expanded facility during the audit period as confirmed through a memorandum dated June 10, 2022, by the AFOD; and therefore, subsection (a) of the standard is not applicable.

(b): The AROCC provided a written directive, Policy 11087.1, which states in part that "When installing or updating a video monitoring system, electronic surveillance system, electronic surveillance system, or other monitoring technology, consideration will be given how such technology may enhance the agency's ability to protect detainees from sexual abuse." In a memorandum dated June 23, 2022, from the AFOD, it was stated that in January 2021 the facility upgraded the electronic video monitoring system and did take into consideration the facility's ability to protect detainees from sexual assault when upgrading the camera/monitoring system. During the facility tour, the Auditor reviewed all footage captured by the camera system. The Auditor observed the camaras produced clear and detailed views with playback capabilities. (b) (7)(E) [redacted] The monitoring system was observed in the main control center of the facility giving the DO constant view of each holding room and any detainee that may be present.

§115.121 - Evidence protocols and forensic medical examinations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): The AROCC provided written directive, Policy 11062.2, which states, "When feasible, secure and preserve the crime scene and safeguard information and evidence, consistent with ICE uniform evidence protocols and local evidence protocols in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." Policy 11062.2 further states, "When a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE Enforcement and Removal Operations ERO FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted." In addition, Policy 11062.2 states, "If the alleged victim is under the age of 18 or determined, after consultation with the relevant [Office of the Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under a State or local vulnerable persons statute, report the allegation to the designated State or local services agency as necessary under applicable mandatory reporting laws; and document his or her efforts taken under this section." The Auditor confirmed verbally with the SDDO, and through review of email correspondence that the Mesa Police Department (MPD) will assist with investigations of sexual assault and sexual abuse allegations occurring at the AROCC, including evidence collection. The AROCC had no sexual abuse allegations reported during the extended audit period; and therefore, compliance is determined based on Agency policy and staff interviews.

(b)(c)(d): The AROCC provided Policy 11087.1, which states in part that "The FOD shall coordinate with the ERO HQ, and the Agency PSA Coordinator, in utilizing, to the extent available and appropriate, community resources and services that provide expertise and support in areas of crisis intervention and counseling to address victims' needs." The policy also states that "where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the FOD shall arrange or refer an alleged victim detainee to a medical facility to undergo a forensic medical examination, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified health care personnel. If in connection with an allegation of sexual abuse, the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available consistent with security needs." All services will be provided only with the detainee's consent and at no cost as confirmed through interview with the SDDO, regardless of if the victim names the abuser or cooperates with the investigation. In an interview with the PSA Compliance Manager, it was indicated that there are local rape crisis services provided to a detainee for advocacy services during a forensic medical examination (FME), investigative interview emotional support, or any follow-up referrals resulting from a sexual abuse allegation provided through the Scottsdale Healthcare Hospitals. The Auditor interviewed a staff member of Honor Health Scottsdale Osborn Medical, via the telephone, and confirmed that they do provide SAFE or SANE staff for FME and all corresponding services including victim advocacy for sexual abuse victims at no cost to the victim and only with the victims' consent. The AROCC also provided an email from the senior vice president of Marketing and Business Development of the

Health, Recovery & Wellness Center, dated December 17, 2021, that they can provide advocacy services through telephone or ZOOM to detainees housed at the FSPC; however, the email did not include AROCC as a serviced facility. In a memorandum dated June 10, 2022, from the AFOD, it stated that the Southern Arizona Center Against Sexual Assault (SACASA) will provide resources to include victim services, crisis hotline, on-site group therapy, as well as telephonic therapy services. The Auditor called the telephone number provided and confirmed through an advocate that these services would be provided as requested. The Auditor confirmed through interview with the PSA Compliance Manager that a victim of sexual abuse would be taken to the Honor Healthcare Scottsdale Osborn Medical Center for a FME as stated in a memorandum from the AFOD dated June 10, 2022.

Recommendation (b)(c): The Auditor recommends that the AROCC enter into an agreement with a local hospital and crisis center that specifies that services required by subsections (b) and (c) of the standard will be provided to detainees awaiting a flight at the AROCC.

(e): In an interview with the PSA Compliance Manager, the Auditor could not confirm that the MPD would follow the requirements of paragraphs (a) through (d) of the standard when investigating allegations of sexual abuse. Although the facility submitted an email to the MPD asking them to respond to the facility following an incident of sexual abuse, the email did not specifically request that the MPD follow the requirements of subsections (a) through (d) of the standard. Therefore, the facility is not in compliance with subsection (e) of the standard.

Does Not Meet (e): The facility is not compliant with subsection (e) of the standard. An interview with the PSA Compliance Manager could not confirm that the MPD would follow the requirements of paragraphs (a) through (d) of the standard when investigating allegations of sexual abuse. In addition, the facility did not provide documentation that the MPD was contacted to request they follow the requirements of subsections (a) through (d) of the standard. To become compliant the facility must request that the MPD follow the requirements of paragraphs (a) through (d) of the standard.

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

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

Notes:

(a)(b)(c)(d): The AROCC provided written directive, Policy 11062.2, which states, "When an alleged sexual abuse incident occurs in ERO custody, the FOD shall a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from (b) (6), (b) (7)(C) Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum." Policy 11062.2 further dictates, that "The JIC shall notify the DHS Office of Inspector General (OIG)" and "the OPR shall 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, DHS OIG, or referral to OPR" and "all sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise." Interviews with the PSA Compliance Manager confirmed Policy 11062.2 would be followed should an allegation of sexual abuse be reported by a detainee and that the MPD would be utilized for investigating any allegation of sexual abuse made by a detainee that would rise to the level of a criminal charge. In addition, the PSA Compliance Manager confirmed during interviews that any allegation of sexual abuse would be promptly reported to the JIC, within two hours of any report being made, and the PSA Coordinator. A review of the ICE website (www.ice.gov) confirms the protocols are available to the public. There were no allegations of sexual abuse reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy and staff interviews.

(e): The AROCC provided written directive Policy 11062.2, which states in part that "The OPR shall coordinate with appropriate ICE entities and federal, state, or local law enforcement to facilitate necessary immigration processes that ensure availability of victims, witnesses, and alleged abusers for investigative interviews and administrative or criminal procedures, and provide federal, state, or local law enforcement with information about U nonimmigrant visa certification." On July 1, 2022, the Creative Corrections, LLC PM interviewed the Acting Section Chief of the OPR Directorate Oversight, and he confirmed that OPR Special Agents would provide the detainee victim of sexual abuse, that is criminal in nature, with timely access to U nonimmigrant status information. In a telephone call between the Creative Corrections, LLC PM and the OPR Acting Section Chief it was further stated that if an OPR investigation determined that a detainee was a victim of sexual abuse while in ICE custody, the assigned Special Agent would provide an affidavit documenting such in support of the detainees U nonimmigration visa application. There were no allegations of sexual abuse reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy and the Creative Corrections, LLC PM's interview with the Acting Section Chief of the OPR Directorate Oversight.

§115.131 – Employee, contractor, and volunteer training.

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

Notes:

(a)(b)(c): The AROCC provided written directive Policy 11062.2, which states in part that "All current employees required to take the training, as listed below, shall provide each employee with biennial refresher training to ensure that all employees know ICE's current sexual abuse policies and procedures," and "all newly hired employees who may have contact with individuals in ICE custody shall also take the training within one year of their entrance on duty." Policy 11062.2 further states, "All ICE personnel who may have contact with individuals in ICE custody, including all ERO officers and HSI special agents, shall receive training on, among other items: a) ICE's zero-tolerance policy for all forms of sexual abuse and assault; b) The right of detainees and staff to be free from sexual abuse or assault; c) Definitions and examples of prohibited and illegal behavior; d) Dynamics of sexual abuse and assault in confinement; e) Prohibitions on retaliation against individuals who report sexual abuse or assault; f) 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: i) Common reactions of sexual abuse and assault victims; ii) How to detect and respond to signs of threatened and actual sexual abuse or assault; iii) Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and iv) How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault; g) How to avoid inappropriate relationships with detainees; h) Accommodating limited English proficient individuals and individuals with mental or physical disabilities; i) communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals, and members of other vulnerable populations; j) Procedures for fulfilling notification and reporting requirements under this Directive; k) The investigation process; and l) 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." The Auditor chose five random ICE DOs to confirm completion of training. The Auditor reviewed the five e-learning certificates provided and the curriculum for the trainings. The certificates confirmed ICE staff completed the PREA initial, and refresher training every two years required by the standard. In addition, the Auditor reviewed the training records of 6 G4S and 50 AGS contract staff and confirmed contract staff have completed the necessary required trainings. The Auditor confirmed with the SDDO that AROCC does not have volunteers that come into the facility.

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

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

Notes:

The AROCC provided a written directive, Policy 11087.1, which states in part that "The FOD shall ensure that key information regarding ICE's zero-tolerance policy for sexual abuse is visible or continuously and readily available to detainees (e.g., through posters, detainee handbooks, or other written formats)." The AROCC ensures key information regarding ICE's zero-tolerance policy for sexual abuse is visible or continuously and readily available to detainees. As confirmed during the facility tour, through direct observation, zero-tolerance and reporting posters provided in English and Spanish are affixed to the walls in the processing area and hold rooms with a telephone for detainee use. During staff interviews it was indicated that detainees receive the ICE National Detainee Handbook, and DHS-prescribed Sexual Assault Awareness Information pamphlet in their preferred language. During an interview with the SDDO, it was confirmed that should a detainee arrive at the facility who does not speak English or Spanish, the facility will provide the detainee with a printed PDF of both the ICE National Detainee Handbook, available in addition to English and Spanish, in French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese; and the DHS-prescribed Sexual Assault Awareness Information pamphlet, available in addition to English and Spanish, in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, and Punjabi. During the tour, the Auditor observed the ICE National Detainee Handbook printed in 14 languages as well as the DHS-prescribed Sexual Assault Awareness Information pamphlet printed in 9 languages readily available for the detainees. Intake DO staff further indicated that should the detainee not speak one of the most prevalent languages offered onsite, or by PDF printout, the facility also has access to an ERO Language Services contract to provide 24-hour telephonic interpretation services to ensure the zero-tolerance policy and reporting of sexual abuse allegations are understood by the detainee. In addition, in an interview with the PSA Compliance Manager, it was indicated that detainees who are blind or have limited sight disabilities will have the information for reporting sexual abuse allegations and facility information read to them by facility staff. Should a detainee present with a psychiatric disability the AROCC will accommodate the detainee with the appropriate service including utilizing staff from the Dignity Health – Arizona General Hospital through transportation of the detainee by EMS to the hospital for further observation and evaluation of the detainee's physical or psychological status. Once cleared, the facility will reschedule the detainee for deportation. The PSA Compliance Manager also indicated that video remote interpreting services (sign language) are available for the detainee who is deaf or has limited hearing. The Auditor reviewed the ICE website, www.ice.gov and confirmed the zero-tolerance information is available to the public.

§115.134 - Specialized training: Investigations.

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

Notes:

(a)(b): The AROCC provided written directive, Policy 11062.2, which establishes that "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training shall cover at a minimum: interviewing sexual abuse victims, sexual abuse evidence collections in a confinement setting, the criteria and evidence required for administrative action or prosecutorial referral, and information regarding effective cross-agency coordination in the investigative process." The facility provided the Specialized Training in a Confinement Setting Curriculum for Investigating Incidents of Sexual Abuse and Sexual Assault along with Certificate of Training through the e-learning platform for the SDDO, who although would not conduct the investigation, would serve as the designated facility liaison between ICE OPR and the MPD during a sexual abuse allegation investigation by gathering any preliminary administrative incident reports needed to conduct the investigation. The AROCC had no sexual abuse allegations reported during the extended audit period; and therefore, compliance is determined based on Agency policy and staff interviews.

§115.141 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(c): Policy 11087.1, states "The FOD should ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused and when appropriate, shall take necessary steps to mitigate any such danger to the detainee." According to interviews with the ICE DOs, ICE screens detainees for special vulnerabilities prior to being transferred into the facility, which is reflected on a Risk Classification Assessment (RCA) screening form. The RCA screening takes into consideration whether the detainee has a mental, physical, or developmental disability, the age of the detainee, whether the detainee has been previously incarcerated or detained, the nature of the detainee's criminal history, and whether the detainee has self-identified as LGBTI or gender nonconforming. Per interviews with ICE DOs, no detainees are brought into the facility from the street for processing. All detainees arrive at the AROCC with background information compiled before arrival which is incorporated into the intake screening process and questions once on site by using the RCA. Additional questions are asked to ensure compliance with the standards which include whether the detainee has any convictions for sex offenses against an adult or child, the detainee's own concerns about his or her physical safety and any previous sexual victimization. All information is recorded in the RCA admission paperwork. Five random admission files and documents were reviewed by the Auditor on site, confirming all required information is taken into consideration to access detainees' risk for sexual victimization during the risk screening.

(b): Policy 11062.2 states, "The FOD shall ensure that detainees who may be held overnight with other detainees are assessed to determine their risk of being either sexually abused or sexually abusive, to include being asked about their concerns for their physical safety." According to the PAQ, the PHR does not house detainees overnight; however, if a detainee were to be held overnight due to unforeseen circumstances, the facility would utilize the information from the RCA screening form in conjunction with additional screening questions asked by staff during the intake process to identify high risk or vulnerable detainees.

(d): Policy 11087.1 states, "For detainees identified as being at high risk for victimization, the FOD shall provide heightened protection, including continuous direct sight and sound supervision, single-housing, or placement in a hold room actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is feasible." Interviews with ICE DOs confirmed the AROCC staff ask new detainees about any prior sexual abuse victimization, violent offense histories, and detainee histories of institutional violence or abuse per the policy. If there are any affirmative identification of a detainee being a sexual abuse victim or abuser, they are placed in a hold room by themselves. Due to the short term stay of detainees, hold rooms at the AROCC are generally only occupied by one detainee at a time unless a large group is brought in together. If a single hold room would not be available, the information obtained from the RCA screening form in conjunction with additional screening questions asked by staff during the intake process would determine which occupied hold room the detainee would be placed to ensure the safest environment for the detainee. Detainees are also asked how they identify their sexual orientation which is recorded on the RCA. Any detainees who identify in the LGBTI community will be housed in a hold room alone to ensure their safety. Regular 15 minutes checks are conducted and recorded in the log. All hold rooms at the AROCC are monitored with video surveillance and are in direct line of vision with any DO in the processing area to provide detainees who may be at high risk the heightened protection needed.

(e): ICE Policy 11087.1, requires "all holding facilities to place strict controls on the dissemination of sensitive information detainees provided during the screening procedures." Interviews with ICE DOs, and the PSA Compliance Manager, confirmed the policy and the facility's practice of strict confidentiality on a "need to know basis" is adhered to which is in alignment with the standard provisions. The PSA Compliance Manager further indicated that all information is stored on the facility computer system and access is granted only to the ICE employees.

§115.151 - Detainee reporting.

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

(a)(b)(c): The AROCC provided a written directive, Policy 11087.1, which addresses the requirements of the standard and states in part that; "The FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse, retaliation for reporting sexual abuse, or violations of responsibilities that may have contributed to such incidents to ERO personnel" and "the FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports." Policy 11087.1 further states, "The FOD shall ensure that detainees are provided with instructions on how they can contact the DHS/Office of the Inspector General (OIG) or as appropriate, another public or private entity which is able to receive and immediately forward detainee reports of sexual abuse to agency officials. Also, to confidentially, and if desired, anonymously, report these incidents." Detainees are assessed prior to arriving at the facility while in the county jail, to ensure all information and materials will be available in the detainee's native language. During interviews with the SDDO, it was confirmed that the facility provides the detainee with information in their preferred language either by a hard copy of the ICE National Detainee Handbook, or DHS-prescribed Sexual Abuse and Assault Information pamphlet in English or Spanish, by PDF printout of both in one of ICE's most prevalent languages, and by use of ERO Language Services.

The policy review and random staff interviews confirmed that there are multiple methods in which detainees can report an allegation of sexual abuse. All interviewed ICE DOs confirmed their understanding to immediately report any allegation of sexual abuse reported by a detainee in writing or verbally while in their custody to their supervisor. All areas in which a detainee may be while at the AROCC, including the hold rooms and processing area walls, contains DHS PREA Zero-Tolerance posters with information in English and Spanish in which detainees can report to any AROCC staff member either verbally, or in writing, the DHS OIG or Consulate via telephone. As confirmed during DO interviews, all reported allegations would immediately be documented and forwarded to the SDDO on duty.

The Auditor's check of the telephone in the hold room confirmed that a detainee can make reports anonymously without using their Non-Citizen Number to place a call to RAINN, SACASA, Crisis, the DRIL, JIC, or DHS OIG. The detainee's family, or friends may report anonymously through the website or via telephone. The Auditor confirmed via telephone contact that although RAINN and SACASA will provide advocacy and emotional support to callers, they are not a means for reporting sexual abuse by a detainee.

§115.154 - Third-party reporting.
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

The AROCC provided a written directive, Policy 11087.1, which addresses the requirements of the standard and states in part that "The FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports." Through direct observation of holding room ICE Zero-Tolerance posters, ICE DO staff interviews, and by directly visiting the provided websites, it was confirmed that AROCC has established methods to receive third party reports of sexual abuse. Third parties may report via telephone, or email, using the information located on the ICE website at https://www.ice.gov/contact and https://www.ice.gov/PREA. The Auditor attempted to test the third-party reporting link provided on the ICE website, and the test submission was successful.

§115.161 - Staff reporting duties.
Outcome: Does not Meet Standard (requires corrective action)
Notes:

(a)(b)(c): The AROCC provided a written directive, Policy 11062.2, which addresses the requirements of the standard and states in part that; "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." Policy 11062.2 further states, "The supervisor, or designated official, shall report the allegation to the FOD or [Special Agent in Charge] SAC, as appropriate. Apart from such reporting, ICE employees shall not reveal any information related to a sexual abuse allegation to anyone other than the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff, or to make medical treatment, investigation, law enforcement, or other security and management decisions." The Agency has also provided a memorandum entitled "Employee Obligation to Report Corruption and Misconduct," dated November 8, 2021, by Acting Deputy Director (b) (6), (b) (7)(C) This memo reiterates the types of misconduct allegations that employees must report to the JIC, OPR, or the DHS OIG and those types of allegations that should be referred to local management. "Employees should report allegations of substantive misconduct or serious mismanagement to the JIC, OPR, or DHS OIG." Listed in this memo as a substantive misconduct is "Physical or sexual abuse of a detainee or anyone else." A review of policy, training curriculums, and staff interviews with the SDDO, ICE DOs and G4s contractors confirm that the Agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse, any retaliation against detainees or staff who reported or participated in an investigation about such an incident that may have occurred to a detainee, and not to disclose any related information to anyone other than to the extent necessary. Further, the interviews confirmed that staff are aware they may report any misconduct outside of their chain of command by calling or writing the JIC, the DHS OIG, or the third-party methods for reporting located on the ICE website. There were no AGS contract staff at the facility for the Auditor to interview; however, the facility

provided training records for 50 AGS contract staff confirming they have received training on the Agency's policy regarding staff reporting duties.

(d): Policy 11062.2, states in part; "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of the Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." Interviews onsite with ICE DOs, and post onsite with the SDDO, indicated that all reported allegations involving a vulnerable adult or juvenile would immediately be reported to the SDDO on duty who would in turn immediately report the allegation to the DHS OIG; however, they did not confirm that they would coordinate the OPLA OCC or report the incident to any local authority having oversight as necessary under applicable mandatory reporting laws, as required by policy 11062.2.

Does Not Meet (d): The facility is not in compliance with subsection (d) of the standard. Onsite interviews with ICE DOs, and post onsite with the SDDO, indicated that all reported allegations involving a juvenile or vulnerable adult would immediately be reported to the SDDO on duty who would in turn immediately report the allegation to the OIG; however, they did not confirm that they would coordinate the OPLA OCC or report the incident to any local authority having oversight as necessary under applicable mandatory reporting laws, as required by policy 11062.2. To become compliant, the facility must train all applicable staff on the requirements of policy 11062.2 which states, "If alleged victim under the age of 18 or determined, after consultation with the relevant OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section" and document said training. In addition, the facility must provide the Auditor, if applicable, all allegations of sexual abuse investigative files involving a juvenile or vulnerable adult that occurred during the Corrective Action Plan (CAP) period.

§115.162 – Agency protection duties.

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

Notes:

The AROCC provided a written directive, Policy 11062.2, that addresses the requirements of the standard and states in part that "If an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." Interviews with ICE DOs, and G4S staff confirmed their knowledge and understanding of the requirement to report, separate the detainee from the threat, and place them under direct supervision. There were no AGS contract staff at the facility for the Auditor to interview, however, the facility provided training records for 50 AGS contract staff confirming they have received training on the Agency's policy regarding staff's duties to protect detainees who are subject to a substantial risk of imminent sexual abuse.

§115.163 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d): The AROCC provided a written directive, Policy 11062.2, which addresses the requirements of the standard and states in part; "If the alleged assault occurred at a different facility from the one where it was reported, ensure that the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation and document such notification." The interview with the PSA Compliance Manager, confirmed the awareness of the requirement to notify the appropriate office of the Agency or the administrator of the facility where the alleged abuse occurred within the 72-hour requirement and that all notifications regarding an allegation of sexual abuse are noted in the case record of the detainee. The PSA Compliance Manager further confirmed that should the AROCC receive notice that a detainee at AROCC alleges to have been sexually abused while confined at another facility the AROCC would immediately refer the allegation for investigation as required by the standard. There were no allegations of sexual abuse reported during the extended audit period; and therefore, compliance is based on Agency policy and the PSA Compliance Manager interview.

§115.164 - Responder duties.

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

Notes:

(a): The AROCC provided a written directive, Policy 11087.1, which addresses the requirements of the standard and states in part that "The FOD shall ensure that upon learning of an allegation that a detainee was sexually abused, the first responder, or his or her supervisor shall; separate the alleged victim and abuser, preserve and protect to the greatest extent possible any crime scene until appropriate steps can be taken to collect any evidence, and if the sexual abuse occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence. These actions would include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the sexual abuse occurred within a time that still allows for the collection of physical evidence, ERO staff would ensure that the alleged abuser does not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating." It was confirmed through interviews with ICE DOs, and G4S contractors, that they are aware of, and knowledgeable regarding their responsibilities to respond when learning of an allegation of sexual abuse toward a detainee. ICE DOs, and G4S contractors, were able to explain the steps necessary as a first responder to ensure the safety of a

detainee after an allegation of sexual abuse. Review of training records confirmed all ICE staff, and G4S staff, have received the required training informing them of their first responder duties and their responsibility to ensure detainees do not destroy any physical evidence. There were no AGS contract staff at the facility for the Auditor to interview; however, the facility provided training records for 50 AGS contract staff confirming they have received training on the Agency's policy regarding their first responder duties.

(b): Policy 11087.1 states, "If the first responder is not a security staff member, the responder shall request the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff." According to the PAQ there are no staff, contractors, or volunteers at AROCC that would be considered a non-security first responder; and therefore, subsection (b) is not applicable.

§115.165 - Coordinated response.

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

Notes:

(a): The AROCC provided a written directive, Policy 11087.1, which addresses the requirements of the standard and states in part that "The FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse occurring in holding facilities or in the course of transit to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse that occurred elsewhere in ICE custody." It was confirmed through interviews with the PSA Compliance Manager, ICE DOs, and G4S contractors that they are aware of their responsibilities to respond in conjunction with the facility coordinated response to sexual abuse toward a detainee. When conducting the interviews with the PSA Compliance Manager, ICE DOs, and G4S contractors, they indicated that they would separate the victim from the abuser, preserve the scene, contact medical personnel at the Honor Health Scottsdale Osborn Medical Center, secure the area, and notify a supervisor and the MPD. There were no AGS contract staff at the facility for the Auditor to interview; however, the facility provided training records for 50 AGS contract staff confirming they have received training on their responsibilities regarding the AROCC Coordinated Response. There were no allegations of sexual abuse reported at the AROCC during the extended audit period; and therefore, compliance is based on Agency policy, a review of staff training records, and staff interviews.

(b)(c): Policy 11087.1, requires "If a victim is transferred from a holding facility to a detention facility or to a non-ICE facility, the FOD shall inform the receiving facility of the incident and the victim's potential need for medical or mental health care of victim services." In addition, Policy 11062.2 states, "If a victim is transferred between detention facilities or holding facilities, or to any non-ICE facility ensure that, as permitted by law, the receiving facility is informed of the incident and the victim's protentional need for medical and mental health care or victim services (unless in the case of transfer to a non-ICE facility, the victim requests otherwise)." The PSA Compliance Manager indicated during interviews that the facility follows policy 11062.2 when transferring a victim of sexual abuse to a non-ICE facility. There were no allegations of sexual abuse reported at the AROCC during the extended audit period; and therefore, compliance is based on Agency Policy 11062.2 and interviews with AROCC staff.

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

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

Notes:

The AROCC provided a written directive, Policy 11062.2, which addresses the requirements of the standard and states in part that "The FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation." The interview with the SDDO confirmed ICE and contract staff would be removed from any duties in which detainee contact was involved pending the outcome of an investigation in conjunction with the written directive. The SDDO interview further confirmed that volunteers do not come into the facility. There were no allegations of sexual abuse reported at the AROCC during the extended audit period; and therefore, compliance is based on Agency Policy and the SDDO interview.

§115.167 - Agency protection against retaliation.

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

Notes:

The AROCC provided a written directive, Policy 11062.2, which states in part that "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or for participating in sexual activity as a result of force, coercion, threats, or fear of force." The interview with the PSA Compliance Manager confirmed that any person, including a detainee, would be protected from retaliation when a party to an allegation of sexual abuse of a detainee as outlined in the policy. The PSA Compliance Manager further confirmed during interviews that there have not been any allegations of retaliation during the audit period. There were no allegations of sexual abuse reported at the AROCC during the extended audit period; and therefore, compliance is based on Agency Policy and the PSA Compliance Manager interview.

§115.171 - Criminal and administrative investigations.

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

Notes:

(a): The AROCC provided written directive, Policy 11062.2, which addresses the requirements of the standard. The policy states in part that "The FOD shall ensure that the facility complies with the investigation mandates established by Performance -Based National Detention Standards (PBNDS) 2011, Standard 2.11, as well as other relevant detention standards and contractual requirements

including by conducting a prompt, thorough, and objective investigation by qualified investigators." The interview with the PSA Compliance Manager confirmed that all administrative investigations are referred to ICE OPR and further referred to ICE ERO for action and that all detainee-on-detainee, ICE employee-on-detainee, and contractor-on detainee-allegations of sexual abuse, are referred to the MPD when criminal in nature. There were no allegations of sexual abuse reported at the AROCC during the extended audit period, and therefore, compliance is determined based on Agency policy and the interview with the PSA Compliance Manager.

(b)(c)(d): In accordance with Policy 11062.2, "the FOD shall ensure that the facility complies with the investigation mandates established by the PBNDS 2011, Standard 2.11, as well as other relevant detention standards." PBNDS 2011 states in part that; "Upon conclusion of a criminal investigation where the allegation was substantiated, or in instances where no criminal investigation has been completed, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Substantiated allegation means an allegation that was investigated and determined to have occurred. Unsubstantiated allegation means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether the event occurred. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. The ICE Office of Professional Responsibility will typically be the appropriate investigative office within DHS, as well as the DHS OIG in cases where the DHS OIG is investigating." PBNDS 2011, Standard 2.11 further states, "The facility shall develop written procedures for administrative investigations, including provisions requiring; preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator, assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph, an effort to determine whether actions or failures to act at the facility contributed to the abuse, documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years" and "such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation." In an interview with the PSA Compliance Manager, it was indicated that if a sexual abuse allegation were reported it would immediately be referred to ICE OPR for investigation. There were no allegations of sexual abuse reported at the AROCC during the extended audit period, and therefore, compliance is determined based on Agency policy and the interview with the PSA Compliance Manager.

(e): Policy 11062.2 dictates that "The facility fully cooperates with any outside agency investigating and endeavor to remain informed about the progress of the investigation." The interview with the PSA Compliance Manager confirmed that the facility would fully cooperate with any outside agency as required by this policy and that the ongoing communication during an outside investigation for status updates would be through email and telephone conversations with the MPD and any other investigative agency. There were no allegations of sexual abuse reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy and the interview with the PSA Compliance Manager.

§115.172 - Evidentiary standard for administrative investigations.

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

Notes:

The AROCC provided a written directive, Policy 11062.2, which states in part that "the OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse and may not be terminated solely due to the departure of the alleged abuser or victim from employment or control of ICE." The interview with the PSA Compliance Manager confirmed the AROCC does not conduct any administrative investigations. Only preliminary administrative documentation is produced immediately preceding any incident. This information is turned over to the investigator at ICE OPR or the MPD. The PSA Compliance Manager further confirmed that the facility would continue with the investigation should the alleged abuser or victim not be present at the facility. There were no sexual abuse allegations reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy and the interview with the PSA Compliance Manager.

§115.176 - Disciplinary sanctions for staff.

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

Notes:

(a)(c)(d): The AROCC provided a written directive, Policy 11062.2, which addresses the requirements of the standard and states in part; "Upon receiving a notification from a FOD, or Special Agent in Charge (SAC), of the removal or resignation in lieu of removal of staff violating agency or facility sexual abuse and assault policies, the OPR will report that information to the appropriate law enforcement agencies unless the activity was clearly not criminal and make reasonable efforts to report that information to any relevant licensing bodies, to the extent known." The interview with the PSA Compliance Manager confirmed the disciplinary outcome of removal from service for violations of the sexual abuse policies and making attempts to inform all licensing agencies because of

substantiated allegations. There were no sexual abuse allegations reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy and the interview with the PSA Compliance Manager.

§115.177 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b): The AROCC provided a written directive, Policy 11062.2, which addresses the requirements of the standard and states in part; "The FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring contact with detainees pending the outcome of an investigation." The PSA Compliance Manager confirmed during her interview that any contractor who may have violated other provisions within the standards would be removed from all duties requiring contact with detainees pending the outcome of an investigation. The PSA Compliance Manager further confirmed that all allegations of sexual abuse would be immediately reported to the SDDO on duty and further reported to the MPD and the JIC for further review and investigation. In addition, the PSA Compliance Manager confirmed during her interview that there are no volunteers that enter the AROCC. There were no sexual abuse allegations reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy and the interview with the PSA Compliance Manager.

§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:

(a)(b): The AROCC provided a written directive, Policy 11087.1, which addresses the requirements of the standard and states in part; "The FOD shall ensure that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The FOD shall coordinate with ERO HQ, and the Agency PSA Coordinator, in utilizing, to the extent available, any community resources and services that provide expertise and support in the areas of crisis intervention and counseling to address the victims' needs." In addition, Policy 11087.1 provides that "victims of sexual abuse shall be provided emergency medical and mental health services and any ongoing care necessary. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident." The interview with the PSA Compliance Manager confirmed that a detainee alleging sexual abuse and in need of emergency care would be taken to the Honor Health Scottsdale Osborn Medical Center, which provides a full range of inpatient, outpatient, and diagnostic service to the Mesa area at no cost to the detainee victim. The PSA Compliance Manager further confirmed through interviews that the Honor Health Scottsdale Osborn Medical Center would provide victim advocacy services from one of the local advocacy centers. A memorandum from the AFOD dated June 10, 2022, confirmed the use of the Honor Health Scottsdale Osborn Medical Center. The Auditor confirmed through a phone call with staff at the Honor Health Scottsdale Osborn Medical that they do provide SAFE or SANE staff for FME and all corresponding services including victim advocacy for sexual abuse victims and that all detainee victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, to include emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care. There were no sexual abuse allegations reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy, and the interviews with the PSA Compliance Manager and hospital staff.

§115.186 – Sexual abuse incident reviews.

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

Notes:

(a): The AROCC has provided a written directive, Policy 11087.1, which addresses the requirements of the standard and states in part; "A sexual abuse and assault incident review shall be conducted at the conclusion of every investigation of sexual abuse or assault occurring at a holding facility and unless the allegation was determined to be unfounded, a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. Such review shall ordinarily occur within 30 days of the EROs receipt of the investigation results from the investigating authority. The FOD shall implement the recommendations for improvement, or shall document its reasons for not doing so, in written justification. Both the report and justification shall be forwarded to the Agency PSA Coordinator." During the interview with the PSA Compliance Manager, it was confirmed that the incident review report and recommendations, if any, would be conducted and documented within 30 days of the receipt of the documentation from the investigating agency. The report and/or recommendations would subsequently be sent to the AFOD for implementation, improvement, or written justification for not implementing the recommendations. In addition, the PSA Compliance Manager confirmed both the report and response are forwarded to the Agency PSA Coordinator. There were no sexual abuse allegations reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy and the interview with the PSA Compliance Manager.

§115.187 – Data collection.

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

Notes:

(a) The AROCC has provided a written directive, Policy 11062.2, which states in part that; "data collected pursuant to this Directive shall be securely retained in accordance with agency record retention policies and the agency protocol regarding investigation of allegations, (see PBNDS 2011 Standard 2.11). All sexual abuse and assault data collected pursuant to this Directive shall be

maintained for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Investigative files would be retained at the OPR Headquarters in the Agency's online case management system (JICMS)." The PSA Compliance Manager confirmed during interviews that the information would be maintained according to the written directive provided. There were no sexual abuse allegations reported at the AROCC during the extended audit period; and therefore, compliance is determined based on Agency policy and the interview with the PSA Compliance Manager.

§115.193 – Audits of standards.
Outcome: Not Low Risk
Notes:

This was the second DHS PREA audit for AROCC. After a careful review, it was determined that the facility is not in compliance with four of the standards; and therefore, not in compliance with the DHS PREA Standards. AROCC only holds detainees up to 12 hours, and there have not been any allegations of sexual abuse during the extended audit period; however, the Auditor must take into consideration the areas of non-compliance which include both policy and procedural issues. Therefore, the Auditor has determined that the facility is not low risk.

§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)(i): The facility meets the standard provisions. The Auditor was given access to and observed all areas of the facility. The Auditor was unable to conduct any detainee interviews due to no detainees arriving at AROCC during the onsite visit.

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

(j): Audit notices were posted in each holding unit and individual holding room giving the detainees an opportunity to confidentiality correspond with the Auditor should they desire. The Auditor did not receive any correspondence from a detainee, staff person, or contract staff at AROCC.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button: **Update Outcome Summary**

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	0
Number of standards met:	26
Number of standards not met:	4
Number of standards N/A:	0
Number of standard outcomes not selected (out of 31):	0
Facility Risk Level:	Not Low Risk

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

Marlean Ames 9/25/2022
Auditor's Signature & Date

(b) (6), (b) (7)(C) 9/26/2022
Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C)
Program Manager's Signature & Date 9/27/2022