

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



**Homeland
Security**

AUDITOR INFORMATION

| | | | |
|-----------------------------------|------------------|--------------------------|------------------------------|
| Name of auditor: | Marc L. Coudriet | Organization: | Creative Corrections, L.L.C. |
| Email: (b) (6), (b) (7)(C) | [REDACTED] | Telephone number: | 910-750-[REDACTED] |

AGENCY INFORMATION

| | |
|------------------------|--|
| Name of agency: | U.S. Immigration and Customs Enforcement |
|------------------------|--|

FIELD OFFICE INFORMATION

| | |
|---|--|
| Name of Field Office: | Atlanta Field Office |
| ICE Field Office Director: | Sean Gallagher |
| PREA Field Coordinator: | (b) (6), (b) (7)(C) |
| Field Office HQ physical address: | 180 Ted Turner Drive SW, Atlanta, GA 30303 |
| Mailing address: (if different from above) | Same as above. |

INFORMATION ABOUT THE FACILITY BEING AUDITED

| | | | |
|---|--|--------------------------|--|
| Basic Information About the Facility | | | |
| Name of facility: | Atlanta District Holdroom | | |
| Physical address: | 180 Ted Turner Drive SW, Atlanta, GA 30303 | | |
| Mailing address: (if different from above) | Same as above. | | |
| Telephone number: | 404 893-1210 | | |
| Facility type: | ICE Holding Facility | | |
| Facility Leadership | | | |
| Name of Officer in Charge: | (b) (6), (b) (7)(C) | Title: | Assistant Field Office Director (AFOD) |
| Email address: | (b) (6), (b) (7)(C) | Telephone number: | 404 893-[REDACTED] |
| Facility PSA Compliance Manager | | | |
| 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: | 404-893-[REDACTED] |

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The Prison Rape Elimination Act (PREA) on-site audit of the Atlanta District Holdroom (ATLHOLD) in Atlanta, Georgia was conducted on April 3-4, 2018, by Marc L. Coudriet, a PREA Auditor contracted through Creative Corrections, LLC. This will be the first PREA audit for ATLHOLD. ATLHOLD is an Immigration and Customs Enforcement (ICE) Holdroom Facility (HF), operated by ICE personnel with a designed capacity of 125 detained persons. The HF temporarily houses adult and youthful detainees, both male and female, to hold, process, and transport individuals pending the results of a judicial removal review and assignment to a detention facility. The purpose of the audit was to determine compliance with The Department of Homeland Security (DHS) PREA standards.

The point of contact established for ATLHOLD was through the External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documents stored on the DHS secure share drive approximately 21 days prior to the on-site portion of the audit. Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed PAQ. The documentation reviewed included agency policies with corresponding attachments, procedures, forms, training records and curriculum, facility layout and other PREA related materials that were provided to demonstrate compliance with the PREA standards. The documentation submitted, to include the questionnaire, was very complete and very informative.

An entry-briefing, led by the ERAU Team Lead (b) (6), (b) (7)(C) was conducted shortly after arrival at the facility on day one of the on-site review. Those in attendance at the entry-briefing were PREA Auditor Marc Coudriet, Assistant Field Office Director (AFOD) (b) (6), (b) (7)(C) and ERAU Team Lead (b) (6), (b) (7)(C). Once the introductions were given, the Auditor introduced himself and provided an overview of the audit process. The audit schedule was provided by ERAU Team Lead (b) (6), (b) (7)(C) prior to the onsite audit through DHS secure email.

Immediately following the entry-briefing, the (AFOD) led the Auditor and ERAU Team Lead on a tour of the facility. All areas of the facility were toured to include sally port area, intake area, male and female holding areas and the control desk. This facility holds detainees no longer than (12) hours. This facility does not have onsite medical/dental areas, dining, visitation, facility yard area, phone banks, laundry, commissary, chapel, indoor/outdoor recreational areas, library, or barbershops. The facility has nine employees, eight male and one female, of which four are Detention Officers (DO), four are Contracted security staff and one is the SDDO. The facility has six multiple occupancy hold rooms. The hold rooms have bench seating and toilet facilities with privacy wall separating it from the main seating area. The hold rooms do not have shower capabilities. There are first responders as part of the security staff to provide initial emergency triage treatment until additional medical providers arrive on scene. The agency has a Memorandum of Agreement (MOA) with Grady Memorial Hospital for medical services and SANE/SAFE forensic services, as needed. Over the preceding year, the daily average detainee population was 19 and the average length of stay was 6 hours per detainee. The detainee count at the facility on the first day of the on-site review was 17 (15 males and 2 females). The Auditor spoke informally with both staff and detainees during the tour. A staff member was used as an interpreter to speak informally to detainees after the tour. The Auditor made note of cross gender interaction between staff and detainees, the separation maintained through staff supervision between male and female detainees, and the placement of cameras throughout each of the areas toured at the facility, as well as any potential blind areas. During the tour it was found that audit notices were posted throughout the facility, as well as other PREA posters highlighting reporting methods and sexual abuse and assault zero tolerance. The Auditor did not receive any letters of correspondence from ICE detainees for PREA related concerns.

Immediately following the tour, the Auditor began interviewing both staff and detainees. On day one of the on-site review, the interviews were conducted in the supervisor's office located adjacent to the holding rooms. The interview room allowed for confidentiality, as well as, a secure location. Interview samplings for staff and detainees were selected by the Auditor from the daily detainee population and on duty facility staff. The detainee random selection included a proportioned number of both male and female detainees. Detainees from all of the hold rooms were represented. A daily total of six staff members were formally interviewed to include supervisors, intake personnel, contractors who have contact with detainees and security personnel. A daily total of 17 detainees were formally interviewed, of which, 2 were female, 9 were detainees with limited English proficient (LEP) and 1 was transgender. Facility staff reported there were no detainees who had filed a grievance related to sexual abuse, who had reported sexual abuse, no detainee with a disability, and no juveniles or intersex detainees at the facility. Language that required interpretive services for the interviews was Spanish.

On day two of the on-site review, the Auditor interviewed a daily total of eight detainees, which included three random, four limited English proficient (LEP) and one female. Facility staff reported there were no detainees who had filed a grievance related to sexual abuse, who had reported sexual abuse, no detainee with a disability, no juveniles or no transgender or intersex detainees at the facility on this day. It should be noted that of the eight total detainees interviewed, three of them required a language interpretive service. Language that required interpretive services for the interviews was Spanish.

The ATHOLD did not have any reports of sexual abuse allegations during the review period, therefore the review period was extended by the Team Lead from 12 months to 36 months, since there were no sexual abuse allegations in the past 12 months. There were no reports of sexual abuse allegation during the 36-month review.

SUMMARY OF OVERALL FINDINGS:

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

On Wednesday, April 4, 2018, (day 2), an exit-briefing was conducted at approximately 4p.m. local time. The exit-briefing was opened by ERAU Team Lead (b) (6), (b) (7)(C) and then turned over to the Auditor for an overview of the on-site findings and a close-out summary. Those in attendance for the briefing were PREA Auditor Marc Coudriet, ERAU Team Lead (b) (6), (b) (7)(C) and AFOD (b) (6), (b) (7)(C)

During the exit-briefing, the Auditor discussed his observations made during the on-site review. The Auditor observed that staff had a very good rapport with the detainees. The interaction between staff and detainees was seen as very professional and the morale of both staff and detainees appeared high. There was a good presence of staff in the hold room areas. In the hold room area where there were multiple detainees, staff members provide direct line of sight supervision as well as video monitoring supervision. There were no potential blind areas noted. Corridors leading to other areas of the building had restricted traffic and the elevators, entrances and exits were covered by video monitoring. There are designated staff members in the control desk area that monitored the cameras continuously. The risk rating for this area is low.

Of the 31 standards reviewed, the Auditor found that ATLHOLD exceeded 3 standards (115.113, 115.116, and 115.132), met 28 standards, had zero standards in non-compliance, and had zero standards that were non-applicable. As a common practice, on references to random file reviews, the Auditor reviews at least three files unless otherwise stated.

| SUMMARY OF AUDIT FINDINGS | |
|--------------------------------------|----|
| Number of standards exceeded: | 3 |
| Number of standards met: | 28 |
| Number of standards not met: | 0 |
| Number of standards N/A: | 0 |

PROVISIONS

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

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

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

Notes:

ICE Directive 11062.2 (Sexual Abuse and Assault Prevention and Intervention) addresses the requirements for this standard. This agency-wide policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting, and responding to such conduct. The ATHOLD PREA/PSA field contact, who also carries the duties of an SDDO, oversees compliance with the PREA standards at the ATHOLD. During an interview with the auditor, he confirmed he had ample time to carry out his duties regarding PREA while also handling his SDDO responsibilities.

§115.113 – Detainee supervision and monitoring.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

ICE Directive 11087.1 (Operation of ICE Holding Facilities) addresses all requirements for this standard. The Auditor reviewed the ATLHOLD staffing analysis and samples of staffing schedules for all shifts, as well as the layout of their video monitoring capabilities which ensures sufficient supervision. ATLHOLD has comprehensive detainee supervision guidelines which are outlined by security post orders that detail the supervision duties for the facility. The Auditor also reviewed a staffing diagram from February 2018 demonstrating compliance with this directive. This directive also requires additional measures, such as video monitoring, to protect detainees from sexual abuse. The ATHOLD addresses this standard through post orders located at the post of each Detention Officer (DO). The Auditor observed both the written post orders and the room checks (both physical and through video monitoring) being made as required in the post order; he further examined a sample of the logs representing these room checks. The Detention Officer (DO) confirmed in his interview there is a periodic review of the staffing plan for those providing direct supervision to confirm the adequacy of the plan. He advised that, based upon these reviews, there had been no need to change the staffing plan.

§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:

ICE Directive 11087.1 ensures juveniles and family detainees are housed together and meet all criteria under this standard. During this on-site visit, there were no juveniles or families at this facility. The ATLHOLD has the policies in place and through formal interviews the staff is fully aware of the content of the Directive and their responsibilities in the safety of juveniles and family detainees.

§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:

ICE Directive 11087.1 outlines the requirements for this standard. The ATHOLD staff indicated in their interviews that the facility does not permit cross-gender pat searches, strip-searches, or visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. When interviewed, the DO said there had been no cross-gender pat or strip searches or visual body cavity searches in the past year. There are privacy walls in front of all bathrooms in all the components of this ATHOLD to allow detainees to perform bodily functions without cross-gender viewing either by video or the DO's providing direct supervision, whether in person or from the control room. There are no showers in the ATHOLD. The Auditor observed that of the two DOs in the entry/lobby and the one DO in the control room, there was always one female on duty so that no cross-gender searches would occur. The interviews with the DOs confirmed this staffing pattern and its rationale, as well as confirming the Auditor's observation that opposite-gender announcements were always made when entering any of the hold room components. Through staff interviews, the Auditor confirmed that they were trained in the proper procedures to conduct same-sex pat down searches, along with how to conduct cross-gender pat-down searches and searches of transgender or intersex detainees in exigent circumstances.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a-c) ICE Directive 11087.1 supports each section of the standard to include that ATLHOLD shall ensure that detainees with disabilities have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse. Written materials are provided in formats that ensure effective communication. The on-site review reflected they have devices that can be made available such as TTY for those deaf, hard of hearing, or speech impaired to aid in using the telephone to communicate. The intake staff interviews supported that they make every attempt to identify any disability when arriving at the facility. They work one-on-one if needed to break down the information for those who may have intellectual, psychiatric or speech disabilities.

(b, c) A majority of the detainees have limited English proficiency (LEP), and they have many staff that can be used as interpreters. Also, they have an agreement with Lionbridge Technologies, Inc. to provide interpretive services for any language requested. The PREA information is displayed on the walls in each hold room in eight different languages. The interviews with both staff and LEP detainees supported the above information as well as not utilizing minors, alleged abusers, detainees who witnessed the alleged abuse and detainees who have a significant relationship with the alleged abuser for interpretive services in matters relating to allegations of sexual abuse.

§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:

Executive Order 10450, 5 Code of Federal Regulations 731 and ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 were reviewed. These orders and directives require all staff to pass a background investigation to comply with this standard. Applicants must supply their work backgrounds, including past employers, and personal history. Background investigations include contact with past employers, along with a thorough evaluation of other relevant issues. The DO stated during his interview that all ICE employees and contractors have had their backgrounds checked. There is a tracking system in place to ensure that updated background checks are made every five years and when staff are promoted. ICE Personnel Security Unit oversees that function, which covers both ICE employees and contracted staff. Falsification of information is grounds for termination.

Checks are completed on contractors and staff that had been at the facility longer than five years. The Human Resource Office is located at a site outside the ATLHOLD region, however, the review of policies and directives demonstrated the facility does not hire or promote anyone as prohibited in section (a). The interviews supported all sections of the standard, including that potential employees as well as contractors would not be considered for hire if they had any such prohibited behavior as indicated in section (a), or if material omissions regarding such misconduct were found, that it would be grounds for termination or withdrawal of an offer of employment. The review also supported that new hires and those promoted were asked about previous misconduct as described in section (a). If new hires indicate they have previously worked at an institution, the facility will submit a request to that institution requesting information regarding sexual misconduct incidents. The interviews supported that if the facility received a request, they would provide information on substantiated allegations of sexual abuse involving a formal employee as described in section (f). All staff personnel were also asked about previous misconduct in their annual evaluations, which included a continuing affirmation to disclose any such conduct.

§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:

There have not been any upgrades to this facility or its technology since the camera system's initial installation in 2015. In the planning of the installation the facility took into consideration the security and safety of the staff and detainees. The camera system is in compliance with the ICE PREA Standards.

§115.121 – Evidence protocols and forensic medical examinations.

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

Notes:

- (a) An ICE Memorandum was provided which states in the event an allegation of Sexual Assault occurs while the subject is in ICE/ERO hold custody, the Federal Protection Service (FPS) will be notified, assigned and dispatched to respond to the allegations and they will follow the DHS protocol as contained in this standard.
- (b) The protocol includes intervention by a rape crisis center which provides victim advocate services 24 hours a day. There is an interagency agreement between ICE, and Grady Memorial Hospital.
- (c) Interviews with the nursing staff at Grady Memorial Hospital and the PREA Pre-Audit Questionnaire provided support that Sexual Assault Nurse Examiners (SANEs) are always available at Grady Memorial Hospital. There is no cost to detainees for such exams.
- (d) The Auditor contacted the Grady Memorial Hospital and information provided included their ability to provide victim advocate support at the hospital during any forensic exam and investigatory interviews when requested by the detainee.
- (e) Documentation was provided which states the Federal Protection Service (FPS) will be notified, assigned and dispatched to respond to the allegations and they will follow the DHS protocol as contained in this standard. The outside agency who conducts investigations is normally FPS, however, OIG can conduct investigations, as it relates to Standard 115.121, but OIG normally would not be the agency who would respond to an allegation to potentially collect evidence, therefore, FPS would be notified to comply with (a)-(d) of Standard 115.121.

§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) (c) Functions of the Office of Professional Responsibility ICE Directive 6-1.0, ICE Directive 11062.2, and the Sexual Abuse and Assault Verification Checklist ensure that each facility shall have a protocol ensuring all allegations of sexual abuse are investigated by the appropriate investigative authority. ICE has protocols that ensure all allegations of sexual abuse are investigated by the appropriate investigative authority. Federal Protection Service (FPS) will be notified, assigned and dispatched to respond to all potentially criminal allegations that require evidence collection, OIG will also be notified and has the first right for acceptance/refusal on all criminal investigations. The policy also provides appropriate oversight to ensure such investigations are conducted by requiring notification to the ICE Field Office Director (FOD), the Joint Intake Center, and the ICE OPR. Assigned regional investigators conduct all administrative investigations. In accordance with ICE Directive 11062.2, the ICE OPR has oversight responsibilities to ensure all components of the investigative process have been conducted, as well as coordinating all investigative efforts with federal, state, or local law enforcement or facility incident review personnel. The investigative protocol is maintained on-site and is made available to all detainees
- (b) The protocol describes the responsibilities of the investigatory entities and requires appropriate storage and retention of all documentation for at least five years. The protocol ensures all the appropriate notifications and referrals as noted above in section (a) are completed. There have not been any reports of alleged sexual abuse or sexual assault at this facility.

§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) ICE Directive 11062.2 includes the requirement that all staff shall be trained in each required bullet of section (a). The Auditor reviewed the training curriculum and it contained all training requirements in section (a). Random training records were checked and confirmed that staff/contractors receive the required refresher training annually. Interviews with staff/contractors reflected they received PREA training and annual refresher training.
- (c) The Auditor reviewed documentation confirming that staff completed the training. Interviews with staff support that they completed the training. This facility does not have volunteer staff.
It is the recommendation of the Auditor; the ATLHOLD implements PREA refresher training in their guard mount brief on a monthly or quarterly basis, covering one of the PREA training chapters at each guard mount training evolution. This recommendation is made to further enhance knowledge of the PREA program and allows up to date information to be passed more frequently.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

In accordance with ICE Directive 11067.1, the PREA information is displayed on the walls in each hold room in eight different languages. The interviews with both staff and detainees supported the above information. The facility also offers SAAPI brochures as well. The posters, in English and Spanish were verified, identify the key elements of the program and inform detainees about the prohibition of sexual abuse and assault and the various way to report such incidents. All the English-speaking detainees interviewed stated to understand the zero-tolerance policy; all the LEP detainees interviewed indicated they all understood the policy.

§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) ICE Directive 11062.2 states investigators who investigate allegations of sexual abuse shall be trained in conducting investigations on sexual abuse and effective cross-agency coordination. This is in addition to the training mandated in standard 115.131. Training records reflect that all staff to include staff that may be appointed to investigate allegations have completed training required by standard 115.131. The curriculum used for the specialized training was developed by The Moss Group which was used as a resource on the PREA Resource Center. Staff interviews support that such training was conducted. ICE OPR/Enforcement and Removal Operations (ERO) has staff personnel who could be detailed to ATHOLD to perform the duties of conducting an administrative investigation of an allegation of sexual abuse. Although they had not conducted any investigations of sexual abuse within the review period, the Auditor reviewed a list of these staff identified as potential investigators and written documentation was provided verifying they had been trained in conducting investigations on sexual abuse and effective cross-agency coordination, as well as completing the training required in standard 115.131.

§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:

ICE Directive 11087.1 requires all detainees be assessed utilizing an screening instrument during intake to identify those likely to be sexual abusers or sexual abuse victims and shall be housed to prevent sexual abuse, including taking necessary steps to mitigate any such danger. The initial classification process and hold area assignment shall be completed upon admission to the facility. Detainee and staff interviews support the above noted policy requirements. The Auditor randomly selected detainee files to review initial assessments to ensure they were completed upon admission to the facility. If a detainee is at risk of victimization, the ATHOLD staff will put them in a holding area away from potential aggressors and provide direct line of sight supervision and video monitoring. The Auditor reviewed the screening instrument and all required elements are considered for victimization and abusiveness.

§115.151 – Detainee reporting.

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

Notes:

(a) ICE Directive 11087.1 provides multiple ways for detainees to privately report as well as avenues to make the required contacts. These methods of reporting are posted on multiple bulletin boards, posters, detainee handbooks, and pamphlets which are made available to the detainees.

(b) ATHOLD uses OIG as the reporting method outside of ATHOLD or ICE that detainees can report any allegation of sexual abuse. The contact information is posted throughout the facility. The Auditor did successfully confirm OIG's ability to forward such reports back to the agency/facility and allow the detainee to remain anonymous if requested.

(c) ICE Directive 11087.1 mandates that staff personnel are to accept reports made verbally, in writing, anonymously, and from a third party. Staff interviews support this mandate. There are several options for detainees to report allegations: by letter to ICE or to the DHS OIG (either anonymously or privately), or by using a third party, such as a community agency. There are posters and other documents on display throughout the ATHOLD which explain these reporting methods. A telephone is available in each separate room in the ATHOLD to facilitate the detainees' ability to report abuse. As indicated on the posters, allegations of abuse can also be made to staff anonymously and staff personnel receiving the allegations are trained promptly to notify designated staff. The Auditor observed the above-noted posters on display, and an interview with the security staff confirmed compliance with this standard. Of the 25 detainees interviewed, 19 (six English-speakers and 13 LEP) understood how to report allegations.

§115.154 – Third-party reporting.

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

Notes:

In accordance with ICE Directive 11087.1, ATHOLD has established more than one method for third parties to report incidents of sexual abuse. The Auditor observed that ATHOLD has posted them to the walls in the hold rooms and has a complete list of all the consulates on the phone in each hold room, which allows full access to third party reporting in the detainee's native language. Staff personnel interviewed was aware of the procedures for receiving third-party reporting. There are also phone numbers for a sexual abuse hotline maintained by the OIG, as well as the Detention Reporting and Information Line. The ICE website (www.ice.gov/prea) also lists the procedures and telephone numbers for third party reporting.

§115.161 – Staff reporting duties.

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

Notes:

(a, b, c) ICE Directive 11062.2 and Memo dated 11-10-2010 requires all staff to report as noted in section (a) and (b) of the standard. Staff interviews confirmed this mandate to report, as well as the need for confidentiality surrounding such reporting. The directive and memo also provide a method for staff to privately report an incident of sexual abuse outside their chain of command through the OIG or Department of Justice PREA hotline. The Auditor reviewed documentation indicating the agency had reviewed and approved the facility policy addressing such reporting requirements.

(d) Although specifically addressed in the aforementioned publications, the staff reports that neither juveniles nor vulnerable adults would be housed with other detainees.

§115.162 – Agency protection duties.

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

Notes:

ICE Directive 11062.2 not only mirrors the language provided in this standard but provides guidance regarding the staff member's action after a report of sexual abuse is received through first responder duties. Whether ICE employees or contracted security staff, all staff personnel interviewed at the ATLHOLD is aware of their responsibilities if they reasonably believed a detainee was facing a substantial risk of imminent sexual abuse. Interviews with the employees demonstrated their knowledge of how to act as first responders, such as taking steps to separate the victim and the abuser. They also indicated their responsibility for providing information only on a need-to-know basis when determining the placement of at-risk detainees.

§115.163 – Report to other confinement facilities.

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

Notes:

(a, b, c, d) ICE Directive 11062.2 ensures that if an allegation is made at ATLHOLD that a detainee was sexually abused at another facility, ATLHOLD will document that report (as well as the forwarding of the information) and report it to the facility where the abuse occurred within 72 hours of receiving the allegation. The policy also ensures if the facility receives such a notification, they refer it for investigation and the appropriate ICE Field Office is notified. The facility reports this has not occurred at ATLHOLD in the past 3 years. Interviews with the AFOD confirm this process would be the practice if such an incident occurs.

§115.164 – Responder duties.

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

Notes:

(a, b) ICE Directive 11087.1 ensures the first security staff responding to an allegation of sexual abuse shall be required to complete items (1) through (4) as outlined in section (a) of the standard. The policy also addresses the responsibilities of a non-security staff member in such cases. These responsibilities were confirmed through interviews with staff who were potential first responders.

§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 Auditor reviewed the PREA/SAAPI written Coordinated Response Plan that included a separate checklist to assist in ensuring each item is completed. The plan was very detailed and included all necessary areas of response. The checklist is a great tool for the shift supervisor and other leadership use.

(b) The plan reviewed included required actions for multiple staff to demonstrate a team approach to responding to sexual abuse allegations. The policy addresses facilities are required to inform all other facilities that are receiving detainees, to report all allegations and reports of sexual abuse and inform the receiving facility of the detainee's need for medical and/or social services.

(c) The policy addresses facilities are required to inform all other facilities that are receiving detainees, to report all allegations and reports of sexual abuse, to include facilities outside of the subpart A and B categorization and inform the receiving facility of the detainee's need for medical and/or social services.

§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:

ICE Directive 11062.2 requires all employees, contractors, and volunteers suspected of perpetrating sexual abuse be removed from all duties pending the outcome of an investigation. Interviews with the AFOD confirmed this practice. There are no outside volunteers at the ATLHOLD.

§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:

ICE Directive 11062.2 sets out the requirements for this standard. The standard prohibits retaliation against who has reported sexual abuse or who has cooperated in any related investigation. The SDDOs in charge of supervising the ATHOLD staff are responsible for enforcing the protections provided by this standard. There were no allegations of sexual abuse during the preceding 3 years and consequently no circumstances of suspected or actual incidents of retaliation. When interviewed, the SDDO and AFOD said if an allegation of sexual abuse should occur, they would follow up on all potential sexual abuse cases to monitor and verify that there are no instances of retaliation. Staff interviews confirm their awareness of the prohibition against retaliation.

§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:

ICE Directive 11062.2 addresses the requirements of this standard. All allegations of abuse are reported immediately to a supervisor. All sexual abuse allegations will lead to an administrative investigation. A significant incident report goes to headquarters and the SAAP website is updated. The JIC and OPR duty officer are informed; then regional investigators conduct all administrative investigations. ICE has protocols that ensure all allegations of sexual abuse are investigated by the appropriate investigative authority. Federal Protection Service (FPS) will be notified, assigned and dispatched to respond to all potentially criminal allegations that require evidence collection, OIG will also be notified and has the first right for acceptance/refusal on all criminal investigations. The policy also provides appropriate oversight to ensure such investigations are conducted by requiring notification to the ICE Field Office Director (FOD), the Joint Intake Center, and the ICE OPR. The ATHOLD requires investigations be done promptly, thoroughly, and objectively by specially trained investigators. All staff at the ATHOLD has a duty to cooperate with any criminal justice agencies investigating an allegation. According to an interview with SDDO (b) (6), (b) (7)(C) he acts as a liaison between ATHOLD and investigating agencies. There were no criminal or administrative cases filed for ATHOLD in the past 3 years.

§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:

ICE Directive 11062.2 sets forth the requirements of the standard. A preponderance of the evidence is necessary to substantiate an allegation of sexual abuse. Interviews with the SDDOs confirm this is the standard applied to administrative investigations of sexual abuse.

§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:

ICE Directive 11062.2 sets forth the requirements of the standard. ICE staff personnel are subject to disciplinary or adverse action up to and including removal from their position and federal service for substantiated allegations of sexual abuse or violations of agency sexual abuse policies. The directive requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies and licensing bodies unless the activity was clearly not criminal. Interviews revealed there have been no allegations of sexual abuse at the ATHOLD within the past 3 years.

§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:

ICE Directive 11062.1 addresses the requirements of this standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. Contract security staff from the Atlanta County Sheriff's Department work as Correctional Officers (CO) at the ATHOLD, but there are no volunteers at this facility. An interview with security staff personnel confirms that the ATHOLD is in compliance with this standard.

§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:

ICE Directive 11087.1 addresses the requirements of this standard. Although the ATHOLD does not have medical services on-site, medical services are available through the ICE Health Services Corps (IHSC) located approximately three blocks from ATHOLD and more extensive medical services can be obtained through E911 services from Grady Memorial Hospital, approximately six blocks from the ATHOLD location. If a need arises for emergency medical services, the security personnel or the SDDO contacts IHSC and advises them of the situation. If the medical emergency exceeds the scope of what can be handled on the compound, transfers are made to the Grady Memorial Hospital. Treatment is provided without cost to the victim and is never dependent upon the victim naming his or her accuser. According to the security staff personnel, in the last 12 months there have been no medical emergencies requiring the services of Grady Memorial Hospital.

§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:

ICE Directive 11087.1 addresses the requirements of this standard. The security staff interviewed, indicated an incident review team would conduct a sexual abuse incident review within 30 days after the conclusion of every sexual abuse investigation. The SDDO, who has PREA/PSA responsibilities, is one member of the incident review team. Evaluating whether an incident had any special motivating factors such as race, ethnicity, gender identity or status, and/or gang affiliation would be an expected part of a review. A review of sexual incidents and the sharing of information about them are useful in maintaining an appropriate and effective agency response when these incidents occur. Because there were no incidents of sexual abuse during the past 12 months, ATLHOLD did not need to convene its incident review team to review any incidents or to perform any sort of dissemination of information. According to policy, annual reviews of sexual abuse reports are conducted to improve sexual abuse intervention, prevention and response efforts.

§115.187 – Data collection.

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

Notes:

ICE Directive 11062.2 sets out the requirements of this standard. All sexual abuse data collected pursuant to this directive shall be maintained for at least 10 years after the date of initial collection. An interview with the security staff and SDDO and a review of the PAQ documentation confirms compliance with this standard. The DHS Office of Inspector General (OIG) maintains the official investigative file related to claims of sexual abuse investigated by the DHS OIG. There have not been any investigations of allegations of sexual abuse during the audit period.

§115.193 –Audits of standards.

Outcome: Low risk

Notes:

The ALTHOLD is considered low risk for the following reasons: ATLHOLD has met all applicable standards for this PREA audit (with one standard being "not applicable"); the physical features of the layout are favorable and allow for constant direct supervision and video monitoring with a staffing level suitable for these tasks; duty security log entries indicate staff monitoring occurs on a consistent 15 minute interval, in accordance with the directive; and there were no allegations of sexual abuse during the audit period. The Auditor observed the professional nature of all detainee-staff contacts. All detainees interviewed said they felt safe at the ATLHOLD and staff treated them fairly and respectfully.

§115.201 – Scope of audits.

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

Notes:

The Auditor inspected the entire ATLHOLD area during the tour and was able to speak informally with both staff and detainees during that time. Following the tour, the Auditor was escorted by the Assistant Field Operations Director to a private room for interviews. The Auditor then interviewed a total of nine ICE staff: the SDDO with PREA/PSA responsibilities, the on-duty security staff personnel, both ICE employees and contracted security staff. There were no staff refusals. There was a two-day total of 31 detainees at the ATLHOLD. Of the 31 detainees, the Auditor interviewed a total of 25 random detainees: 22 males and three females. No detainee declined to be interviewed. Of the detainees interviewed, 13 were LEP and one was transgender. AFOD [REDACTED] was very helpful during this audit, providing assistance continuously during the two-day on-site visit.

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.

Marc L. Coudriet July 6, 2018

Auditor's Signature & Date