

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Wendy J. Roal Warner	Organization:	Creative Corrections, LLC.
Email: (b) (6), (b) (7)(C)	[REDACTED]	Telephone number:	(309) 241 (b) (6), (b) (7)

AGENCY INFORMATION

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

Name of Field Office:	Dallas Field Office
ICE Field Office Director:	Simona L. Flores
PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N. Stemmons Freeway, Dallas, Texas 75247
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Dallas Field Office Hold Room
Physical address:	8101 N. Stemmons Freeway, Dallas, Texas 75247
Mailing address: (if different from above)	
Telephone number:	(214) 424-7800
Facility type:	ICE Holding Facility

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director
Email: (b) (6), (b) (7)(C)	[REDACTED]	Telephone number:	(214) 424 (b) (6), (b) (7)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Supervisory Detention and Deportation Officer
Email: (b) (6), (b) (7)(C)	[REDACTED]	Telephone number:	(214) 424 (b) (6), (b) (7)

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) Audit of the Dallas Field Office Hold Room (DFOHR), Dallas, Texas, was conducted by Wendy Roal Warner, a PREA auditor contracted through Creative Corrections, LLC. The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA Standards. This was the first PREA audit of DFOHR.

The DFOHR is a temporary short-term holding facility that holds detainees for up to 12-hours to conduct investigatory, processing, and disposition actions. Upon completion of these actions, detainees are transferred to a long-term holding facility; released with no action; released on bond; released on their own recognizance or released to some other form of alternative to detention. The DFOHR operates 10-hours a day, Monday through Friday, and frequently on weekends. Twenty-six staff are assigned to the DFOHR along with four Contract Detention Officers from LaSalle Corrections, a private Correctional Company with headquarters in Ruston, LA. The DFOHR has a total capacity for 103 detainees and consists of eight multi-occupancy holding-cells. The facility processes both male and female adult detainees, and on occasion, juveniles. The DFOHR processed 12,775 detainees in the last 12 months. On the first day of the on-site audit, 21 detainees were processed in and 28 on the second day.

The point of contact for the audit was (b) (6), (b) (7)(C), Inspection Compliance Specialist, Office of Professional Responsibility (OPR), U.S. Immigration and Customs Enforcement (ICE), who served as Team Lead. The audit started with a review of the Pre-Audit Questionnaire (PAQ) which was provided to the Auditor approximately three weeks prior to the on-site audit. The PAQ indicated DFOHR had zero allegations of sexual abuse in the preceding 12 months resulting in the review period being extended to 36 months. DFOHR had zero allegations of sexual abuse in the extended review period. After review of the PAQ, a list of questions was submitted to the Team Lead with answers promptly returned. The PAQ contained agency policies, directives, procedures, forms, training records and curriculum, facility layout, and other PREA-related materials. The on-site audit of DFOHR was conducted February 13–14, 2018. An entry briefing was held on February 13, 2018 and opened by the Team Lead. In attendance were:

(b) (6), (b) (7)(C) Inspection Compliance Specialist, OPR, ICE
(b) (6), (b) (7)(C) Deputy Field Office Director
(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD)
(b) (6), (b) (7)(C) Supervisory Detention and Deportation Officer (SDDO)/Prevention of Sexual Assault (PSA) Compliance Manager
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) Compliance Manager, LaSalle Corrections.

After introductions, the Auditor gave a tentative audit schedule and overview of the on-site audit process. A tour of the facility followed the meeting. During the tour, the Auditor was able to observe the vehicle sally-port, entrance area to the facility, the processing area to include the holding-cells, camera monitor, interview rooms, and all other areas of the processing area. The Auditor noted cross gender announcements being made while touring, interaction between staff and detainees, and male and female detainees being held separately. (b) (7)(E) Audit notices were observed in the processing area and holding cells, as well as PREA posters containing reporting methods and zero tolerance for sexual abuse information. No correspondence was received prior to nor during the on-site audit.

Following the tour, the auditor was provided a roster of staff and contractors working during the on-site audit as well as the list of detainees being processed. The Auditor selected the random Deportation Officers, Contract Detention Officers, and detainees to be interviewed. Staff interviews consisted of ten random Deportation Officers on all shifts, two random Contract Detention Officers, and four Designee staff. Additionally, two ICE headquarters staff were contacted and provided information via email regarding staffing and investigations. A total of 12 random detainees were interviewed from seven different countries (Mexico, Colombia, Guatemala, Lebanon, Egypt, China, and India). Language Services Associates was utilized to assist with the interviews of seven of the detainees who did not speak English. Three of the detainees interviewed were female; no juvenile detainees were at the facility during the on-site audit.

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 February 14, 2018, an exit briefing was held. In attendance were:

(b) (6), (b) (7)(C) Inspection Compliance Specialist, OPR, ICE
(b) (6), (b) (7)(C) AFOD
(b) (6), (b) (7)(C) SDDO/PSA Compliance Manager
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) Compliance Manager, LaSalle Corrections

During the exit briefing, the Auditor discussed observations made during the on-site audit and gave preliminary findings of the audit. The Auditor found staff to be professional and possess a positive demeanor. Staff interactions with detainees was professional and respectful. Morale among staff and detainees appears to be positive. Supervisors are present during processing of detainees and provide guidance as needed. It is clear the leadership at DFOHR has made PREA compliance a priority and staff have a solid understanding of their responsibilities to help ensure the safety of all detainees being processed through the facility.

Of the 31 standards reviewed, zero were found to exceed the standard; 26 were found to be in compliance; five were determined to not be in compliance, and zero were found not applicable. The areas not in compliance summarized below.

Standard 115.113 regarding supervision and monitoring requires corrective action. Review of PAQ documents and interviews with the AFOD and PSA Compliance Manager indicate there is not an ICE supervision guideline for holding facilities, and the facility has not developed supervision guidelines.

Standard 115.115 regarding searches requires corrective action. Interviews with Deportation Officers and Contract Detention Officers reveal they are not clear on when cross gender pat-down searches can be performed nor how to search female detainees. Staff gave varied responses on when cross gender pat-down searches can be performed and how to perform pat-down searches of females.

Standard 115.121 regarding evidence protocol requires corrective action. The standard states when the agency is not responsible for investigating sexual abuse allegations, the agency is to request the investigating agency follow the requirements of the standard. Information provided by the PSA Compliance Manager reveals DFOHR has not requested the Dallas Police Department follow the requirements.

Standard 115.134 regarding specialized training for investigators requires corrective action. An interview with the PSA Compliance Manager reveals the SDDOs at DFOHR conduct preliminary investigations of sexual abuse allegations. The SDDOS take statements from the victims, alleged perpetrators, and witnesses, and collect evidence such as video footage and memorandums. However, a review of training documents and staff interviews confirm the supervisors have not received specialized training for investigators.

Standard 115.141 regarding assessing detainee risk of sexual abuse victimization requires corrective action. All of the Deportation Officers interviewed indicate an assessment of a detainee's risk of sexual victimization is not made and they were unaware the risk classification assessment is to be utilized to determine a detainee's risk of sexual abuse victimization. Additionally, the majority of staff indicate they are not directly asking detainees about sexual orientation/gender identity.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:	0
Number of standards met:	26
Number of standards not met:	5
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:

A review of ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), states ICE has a zero tolerance for all forms of sexual abuse or assault. The policy outlines the agency's approach to preventing, detecting and responding to sexual abuse and assault.

ICE has an agency-wide PSA Coordinator to oversee the agency's efforts to comply with PREA. The agency-wide PSA Coordinator is an upper-level employee. DFOHR has a designated PSA Compliance Manager at the supervisory level who oversees the facility's compliance with PREA. An interview with the PSA Compliance Manager indicates she has sufficient time and authority to oversee and coordinate the DFOHR PREA program.

Interviews with Deportation Officers, Contract Detention Officers, and the PSA Compliance Manager reveal staff have a solid understanding of their roles and responsibilities to help prevent, detect, and respond to sexual abuse.

§115.113 – Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

A review of ICE Enforcement and Removal Operations (ERO) Directive 11087.1, Operations of ERO Holding Facilities, reveals holding facilities are to maintain sufficient supervision of detainees, through appropriate staffing levels and video monitoring, to protect detainees against sexual abuse and assault. The standard requires a comprehensive detainee supervision guideline to determine and meet supervision needs with specifications on areas to take into consideration when developing the plan. The Directive requires a yearly review of the supervision guideline.

DFOHR has twenty-six positions to include an AFOD, four SDDOs, 21 Deportation Officers, and four Contract Detention Officers with a fifth position being added. DFOHR has 21 cameras to assist in providing supervision of detainees and prevent sexual abuse. All of the cameras are fixed and do not have sound capability.

A review of PAQ documents and interviews with the AFOD and PSA Compliance Manager indicate there is not an ICE supervision guideline for holding facilities, nor has the facility developed a supervision guideline, resulting in non-compliance with the standard. It is recommended a supervision guideline be developed for DFOHR. Once the guideline is developed, it is recommended a yearly review be completed. It is noted a Holding Facility Self-Assessment Tool (HFSAT) was completed on September 18, 2017, which documents compliance with the Directive 11087.1. Section 1.0 of the HFSAT reviews staffing and electronic monitoring and would suffice as a yearly review of supervision.

§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:

The review of ICE Directive 11087.1 indicates minors are to be detained in the least restrictive setting appropriate and held separate from adult detainees. The Directive specifies requirements for unaccompanied juveniles. A review of the PAQ indicates DFOHR occasionally holds juvenile detainees.

Interviews with Deportation Officers, Contract Detention Officers, the PSA Compliance Manager, and the SDDO over Juveniles and Family Units confirm DFOHR staff are well aware of the requirements for detaining juveniles, to include unaccompanied juveniles. A separate room behind staff work stations is used to hold juvenile detainees until long-term holding can be located. The door to the room is left open and staff ensure juveniles are closely monitored.

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

Outcome: Does not Meet Standard (requires corrective action)

Notes:

ICE Directive 11087.1 indicates pat down searches, where feasible, are to be conducted by an officer of the same gender as the detainee. It further indicates cross-gender strip searches or body cavity searches are not to be conducted except in exigent circumstances and all strip searches and body cavity searches are to be documented. Additionally, body cavity searches of minors are to be conducted by a medical practitioner. The Directive prohibits the search or physical examination of a detainee for the sole purpose of determining the detainee's gender. Review of the Directive reveals detainees are to be able to perform bodily functions without being viewed by staff of the opposite gender, except in exigent circumstances. Staff of the opposite gender are required to announce their presence when entering an area where detainees are likely to be performing bodily functions.

Observations during the tour of the facility and during processing of detainees reveal staff announce their presence when opening holding-cell doors. All holding-cells have one or two toilets and two windows. The large observation windows are completely covered by postings of PREA information and other documents, while the smaller windows allow staff to view detainees. Each holding-cell has a wall between the toilet(s) and window. The walls are of sufficient height and length to prevent viewing by staff of the opposite gender when detainees are using the toilets. Observation of camera locations and review of monitors confirm cameras do not capture detainee breast, buttocks, or genitalia when inmates are using toilet facilities.

Staff interviews reveal DFOHR conducted search training for staff and contractors in January 2018. A review of the search training material reveals it is thorough and covers the requirements of section (f) of the standard. An interview with the SDDO responsible for training reveals ICE annual training does not require PREA search protocols (i.e. cross gender searches, searches of transgenders, etc.). It is recommended ICE include these areas in the annual training requirements.

Interviews with Deportation Officers and Contract Detention Officers reveal staff are knowledgeable on procedures to ask transgender detainees their preferences of the gender of staff searching them, and staff indicate they accommodate the request when feasible. However, interviews reveal Deportation Officers and Contract Detention Officers are not clear on when cross gender pat-down searches can be performed nor how to perform pat-down searches of females resulting in non-compliance. Staff gave varied answers on when cross-gender searches are allowed and responses on how to search females ranged from females are to be searched the same as males; the female breast area is not to be searched; the back of the hand is to be used on the female breast area, and the front of the hand is to be used on the female breast area. It is recommended additional search training be conducted for all staff who have detainee contact and Contract Detention Officers. It is recommended the training emphasize when cross gender pat-down searches can be performed and how to search female detainees.

§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 review of ICE Directives 11062.2 and 11087.1 reveal they specify requirements for staff to ensure detainees with disabilities or who are Limited English Proficient (LEP) are able to have meaningful access to all agency/facility aspects of preventing, detecting and responding to sexual abuse and assault incidents.

Review of the PAQ reveals DFOHR utilizes ERO Language Access Resource Center for interpretative services. Additionally, observation and interviews confirm several staff speak Spanish. During the tour, the telephone number and instructions for calling the ERO Language Access Resource Center was observed posted in the processing area. Observation of the holding-cells reveals PREA information along with telephone numbers to call to report sexual abuse or assault are posted in both English and Spanish. The material is in a format that allows for effective communication.

Interviews of Deportation Officers, Contract Detention Officers, and the PSA Compliance Manager confirm staff are aware of the availability of the ERO Language Access Resource Center and the location of instructions for calling the service, and some staff indicate they have used the service. For hearing impaired detainees staff indicate a telecommunications devise for the deaf (TDD) is not on-site, but available at a nearby detention facility. Staff indicate they would read to detainees with vision impairments and contact a supervisor for assistance in obtaining braille. For detainees with intellectual disabilities, staff indicate they would explain the PREA material to the detainee or contact a supervisor for further assistance and guidance. Staff interviews confirm staff do not utilize minors, alleged abusers, detainees who witness the alleged abuse, nor detainees who have a significant relationship with the alleged abuser, for interpretations on sexual abuse matters.

§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 review of ICE's hiring and promotion decisions included review of the PAQ along with documents provided by ICE's Personnel Security Unit (PSU) Unit Chief. The documents reviewed included sections of Executive Order 13764-Amending the Civil Services Rules, and Executive Order 13488 and Executive Order 13467 to Modernize the Executive Branch-Wide Governance Structure and Processes for Security Clearances, Suitability and Fitness for Employment and Credentialing and Related Matters. The review confirms the agency does not hire or promote anyone who may have contact with detainees who has engaged in sexual abuse, has been convicted of engaging or attempting to engage in sexual abuse, or who has been civilly or administratively adjudicated to have engaged in such activity. The PSU Unit Chief confirms applicants for hire or promotion are asked directly about such misconduct in their application. Documentation provided also confirms contractors who may have contact with detainees are vetted for sexual misconduct or allegations and are asked directly about such misconduct in their application; DFOHR does not utilize volunteers. All staff and Contract Detention Officers who may have contact with detainees have a thorough background investigation conducted, with re-checks conducted every five years for staff. Review of documentation confirms material omissions or providing false information are grounds for termination.

Review of the PAQ confirms background checks have been performed on all staff and contract workers at DFOHR and rechecks are conducted in the required time frames. Additionally, the PSU Unit Chief confirms ICE provides information on substantiated allegations of sexual abuse involving former employees when requested from an institutional employer who is considering hiring the former employee, unless prohibited by law. Documentation in the PAQ confirms DFOHR does not contract with other facilities for the housing of their detainees.

§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:

Review of ICE Directive 11087.1 confirms when upgrading a facility or technology, staff are required to consider the effect of the upgrade on the ability to protect detainees from sexual abuse. Review of the PAQ and direct observation confirm DFOHR has 21 cameras to aide staff in preventing sexual abuse of detainees. Observation of the cameras and monitor reveal the pictures are clear and there are no blind spots. An interview with the AFOD and PSA Compliance Manager confirm DFOHR has not had any upgrades or expansion of the facility or camera system. However, the facility is in the process of upgrading the camera system. An interview with the SDDO overseeing the camera upgrade confirms sexual abuse prevention is being taken into consideration during the upgrade process.

§115.121 – Evidence protocols and forensic medical examinations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

Review of ICE Directives 11062.2 and 11087.1 reveal the policies describe the evidence protocol the agency is to follow when investigating allegations of sexual abuse. Directive 11062.2 indicates when an incident occurs in ERO custody, the Field Office Director is to ensure the facility complies with the investigation mandates established by Performance Based National Detention Standards 2011 Standard 2.11, which further detail the evidence protocol.

A review of ICE Directive 11062.2 and an interview with the PSA Compliance Manager reveal sexual abuse allegations for detainees in ERO custody are to be referred to the local law enforcement agency having jurisdiction. Sexual abuse allegations at DFOHR are referred to the Dallas Police Department and JIC is simultaneously notified. JIC refers all sexual abuse allegations to DHS OIG for the first right of refusal. If DHS OIG declines the case, ICE OPR will handle the administrative investigation.

Review of ICE Directive 11087.1, along with interviews of Deportation Officers, Contract Detention Officers and the PSA Compliance Manager confirm victims of sexual abuse at DFOHR are provided access to medical services at no cost to the victim. Victims would be taken to Parkland Memorial Hospital and a review of Parkland's website (www.parklandhospital.com) confirms Parkland has a Sexual Assault Nurse Examiner (SANE) program. The SANE program also provides access to advocacy services. DFOHR has not had any allegations of sexual abuse in the extended review period resulting in no document review.

The standard requires when the agency is not responsible for investigating sexual abuse allegations, the agency is to request the investigating agency follow the requirements of the standard. Information provided by the PSA Compliance Manager reveals DFOHR has not requested the Dallas Police Department follow the requirements of the standard resulting in non-compliance. It is recommended the Dallas Police Department, and any other agency that may investigate sexual abuse allegations at DFOHR, be asked to follow sections (a) through (d) of the standard.

It is also recommended staff training clarify Directives 11062.2 and 11087.1 contain the evidence protocol the agency is to follow when investigating sexual abuse allegations. This recommendation results from staff interviews revealing staff are not clear if the agency has an evidence protocol.

§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:

Review of ICE Directive 11062.2 reveals all incidents of sexual assault are to be investigated by federal, state, or local law enforcement, DHS OIG and/or OPR. The Directive lists the responsibilities of the agency and investigative entities and includes timeframes for the retention of investigative documents. The Directive requires the Agency PSA Coordinator be promptly notified of all sexual abuse investigations.

An interview with the DFOHR PSA Compliance Manager reveals all sexual abuse allegations are referred to the Dallas Police Department. JIC is simultaneously notified and provides oversight for field investigations. JIC refers sexual abuse allegations to DHS OIG, and if DHS OIG declines the case, it is referred to OPR for criminal and/or administrative investigation. The policy describes the duties and responsibilities of the various entities, and details timeframes for retention of all sexual abuse incidents. The PSA Compliance Manager confirms victims of sexual abuse are provided timely access to U nonimmigrant status information. No allegations of sexual abuse have occurred at DFOHR during the extended review period.

§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 review of ICE Directive 11062.2 reveals it specifies PREA training requirements. Initial training is required for all staff who have contact with detainees, with biennial training required. All training is to be documented. The standard also requires training for all contract workers and volunteers who have detainee contact.

Document review of staff training curriculum and signature pages of staff attending training verify staff have been trained on PREA. Document review and an interview with the Contracting Officer Representative (COR) confirms contract staff receive training on PREA procedures. DFOHR does not utilize volunteers. Interviews with the COR, SDDO responsible for training, Deportation Officers and Contract Detention Officers confirms all staff and contractors have been trained and understand their responsibilities and duties to help detect, prevent and respond to sexual abuse of detainees.

An interview with the SDDO responsible for training indicates while PREA training is not part of ICE's required annual training, DFOHR provided PREA refresher training, for all staff and Contract Detention Officers in January 2018. A review of the training material verifies it is comprehensive and covers all areas required by the standard. It is recommended ICE include PREA refresher information in the annual training requirements.

§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:

Review of the ICE website (www.ice.gov) confirms the zero-tolerance policy on sexual abuse is available to the public. Observation during the tour of DFOHR confirms PREA information in English and Spanish is readily available to detainees. The information posted includes notification of ICE's zero tolerance policy towards sexual abuse; self-protective measures detainees can take, and the various ways to report sexual abuse. Detainee interviews confirm detainees are aware of the PREA information posted in the holding-cell windows. DFOHR does not issue handbooks to detainees.

§115.134 – Specialized training: Investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

A review of ICE Directive 11062.2 policy confirms specialized training for OPR investigators who conduct investigations into allegations of sexual abuse and assault is required. The OPR PSA Compliance Manager for Detention provided the training outline for Special Investigative Training and a review confirms the training covers interviewing sexual abuse and assault victims, sexual abuse evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and effective cross-agency coordination of investigations.

Information received from the OPR PSA Coordinator for Detention and review of PAQ documentation confirms specialized training is provided to OPR Criminal Investigators. However, an interview with the PSA Compliance Manager reveals the SDDOs at DFOHR conduct preliminary investigations of sexual abuse incidents. The SDDOs take statements from victims, alleged abusers and witnesses, and collect evidence such as video footage and memorandums. The responsibilities and duties described by the SDDO are often duties performed by an investigator. A review of training material provided by the OPR PSA Coordinator for Detention and interview with the PSA Compliance Manager confirm the SDDOs have not received

specialized training for investigating sexual abuse investigations resulting in non-compliance with the standard. It is recommended the SDDOs receive specialized training for investigators.

§115.141 – Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

ICE Directive 11087.1 requires detainees be assessed for risk of sexual victimization before being placed together in a holding room. DFOHR does not hold detainees overnight and therefore is not required to assess if detainees may be at risk of being sexually abusive. The Directive provides criteria to consider in making the assessment, and review of the ICE risk classification assessment confirms all areas required by the standard to be considered are included on the form.

Observation of the processing of two detainees, along with interviews with Deportation Officers, reveal staff do not make an assessment of risk of sexual victimization before placing detainees together in a holding room. When staff were asked how they determine which holding room to place a detainee in, the responses included separating detainees by sex, those with medical issues, and those who are transgender. Further all of the Deportation Officers interviewed stated an assessment of a detainee's risk of being sexually abused is not made and they were unaware the risk classification assessment is to be utilized to assess a detainee's risk of being sexually abused. Additionally, staff are not asking detainees all the required questions, in particular the sexual orientation/gender identity questions. The majority of staff indicate they gather information from the biographical information sheets detainees complete which includes questions about marital status and children. Staff stated if a detainee indicates he/she is married or has children, they determine the detainee is not transgender, lesbian, gay, etc. As a result of these findings, the standard is in non-compliance. It is recommended staff be trained on the requirement to assess each detainee's risk of sexual victimization. It is recommended the training include specifying staff are to ask each detainee if they self-identify as gay lesbian, bisexual, transgender, intersex, or gender non-conforming. It is also recommended the risk classification assessment be changed to include a determination if a detainee is at risk of sexual victimization.

§115.151 – Detainee reporting.

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

Notes:

A review of ICE Directive 11087.1 reveals detainees are to be provided instructions on how they can privately report incidents of sexual abuse, retaliation, or staff neglect/violations contributing to sexual abuse incidents. Detainees are also to be provided instructions on how they can contact DHS/OIG or other private or public entities to report incidents of sexual abuse.

During the tour of DFOHR, posters with PREA information were observed in each holding-cell, as well on the wall in the processing area. The posters have telephone numbers and instructions on how to call several entities to include: DHS/OIG; JIC; Texas Crisis Abuse Hotline; Texas Sexual Abuse Hotline; Dallas Catholic Charities, and Consulate Offices from numerous countries. During the tour, the Auditor attempted to place a call to various numbers, however the calls would not go through. The next day, the Auditor was informed the system was set up to utilize detainee PIN numbers, however detainees at holding facilities are not issued PIN numbers. The issue was corrected and new posters with updated instructions on how to place a call without a PIN number were placed in the various areas. The Auditor followed the updated instructions and was able to place calls to the four numbers attempted.

Observation, document review, and interviews with Deportation Officers, the PSA Compliance Manager, and detainees confirm the posters are readily available to detainees, detainees are able to make calls confidentially and anonymously, staff accept detainee reports verbally, in writing, and from third parties, and staff are aware of the requirement to document verbal reports.

§115.154 – Third-party reporting.

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

Notes:

Document review and review of ICE's webpage confirm the public is notified of how to report sexual abuse on behalf of a detainee. Interviews with Deportation Officers and the PSA Compliance Manager confirm staff are aware of their responsibility to accept third party reports of sexual abuse.

§115.161 – Staff reporting duties.

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

Notes:

Review of ICE Directives 11062.2 and 11087.1 confirms staff are to immediately report any knowledge, suspicion or information regarding sexual abuse of an individual in ICE custody, retaliation of staff or detainees who report sexual abuse, and any staff neglect or violation of responsibilities contributing to an incident or retaliation. If a detainee is under the age of 18 or considered a vulnerable person, ICE Directive 11062.2 requires notifying the appropriate state or local services agency under mandatory reporting laws.

Interviews with Deportation Officers and Contract Detention Officers confirm they are aware of the reporting requirements and aware they can make such reports outside their chain of command if necessary. Review of ICE Directives 11062.2 and 11087.1 and staff and Contract Detention Officer interviews also confirm staff understand information regarding sexual abuse is to be reported to only staff with a need to know.

§115.162 – Agency protection duties.

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

Notes:

A review of ICE Directive 11062.2 and interviews with Deportation Officers and Contract Detention Officers confirm staff are aware of the need to take immediate action to protect a detainee when they have reasonable belief a detainee is at substantial risk of imminent sexual abuse. Staff report they would place detainees in a separate holding-cell or behind staff work stations until a supervisor can be notified.

§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 review of ICE Directive 11062.2 confirms if staff receive a sexual abuse allegation that occurred at a different confinement facility, staff are to ensure the administrator at the facility where the assault is alleged to have occurred is to be notified no later than 72 hours after receiving the allegation, and the notification documented. An interview with the PSA Compliance Manager confirms she is responsible for making the notifications and she is knowledgeable of the reporting requirements and need to document the notifications. She further reported if another facility reported an allegation of sexual abuse that occurred at DFOHR, she is responsible for ensuring notifications are made in order for the allegation to be investigated. There were no allegations made during the extended review period requiring reporting to other facilities, nor reports made to DFOHR from other facilities, resulting in no document review.

§115.164 – Responder duties.

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

Notes:

A review of ICE Directive 11087.1 reveals first responders to allegations of sexual abuse are to separate the victim and abuser; preserve and protect the crime scene, and request the victim and abuser not take any actions that could destroy evidence. The Directive further states if the first responder is not a Law Enforcement Official, the responder should request the victim not take any actions that could destroy evidence.

Interviews with Deportation Officers, Contract Detention Officers, and the PSA Compliance Manager confirm staff and contractors are knowledgeable of their duty to separate the victim and abuser, protect the crime scene, and request the victim and/or abuser not take any actions that could destroy evidence.

§115.165 – Coordinated response.

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

Notes:

ICE Directive 11087.1 states the Field Office Director (FOD) is to ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse in holding facilities. An interview with the PSA Compliance Manager reveals DFOHR follows the Checklist for Responding to Allegations of Sexual Abuse or Assault in Detention Facilities. The checklist covers notifications, intervention and health care services, victim advocate services, and investigations. There were no sexual abuse allegations made during the extended review period resulting in no document review of coordinated response Checklist.

The Directive further states if a victim is transferred between facilities, the facility is to inform the receiving facility, as permitted by law, of the victim's potential need for medical or social services. An interview with the PSA Compliance Manager confirms she is aware of the requirement and would be the person making the notifications.

§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:

A review of ICE Directive 11062.2 confirms the FOD is to ensure an ICE 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.

Interviews with AFOD and COR confirms staff and contractors suspected of perpetrating sexual abuse would be removed pending an investigation; DFOHR does not utilize volunteers.

§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 states staff are not to retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault. Further, staff are to immediately report any knowledge, suspicion, or information of retaliation against detainees or staff who reported or participated in an investigation about sexual abuse, as well as any neglect or violation of responsibilities that may have contributed to retaliation.

Interviews with Deportation Officers, Contract Detention Officers, SDDOs, PSA Compliance Manager, and AFOD all confirm staff are aware of retaliation being prohibited and their reporting duties on 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 states all investigations of alleged sexual abuse are to be prompt, thorough, objective, and conducted by specially trained, qualified investigators. Further, an administrative investigation is to be conducted at the conclusion of criminal investigations. The policy delineates procedures for administrative investigations which includes all six areas required by the standard. Investigations are not to be terminated solely due to the departure of the alleged abuser or victim.

Document review of information in the PAQ confirms procedures are in place for all allegations of sexual abuse to be investigated. Interviews with the AFOD and PSA Compliance Manager confirm allegations would be properly referred to the Dallas Police Department as well as OPR and/or DHS OIG. The PSA Compliance Manager indicates the on-site SDDOs take statements from the victim, alleged abuser and witnesses, collect evidence such as videos and memorandums, and submit the information to JIC. JIC refers all sexual abuse allegations to OIG for the first right of refusal. If OIG declines, ICE OPR will handle the administrative investigation. DFOHR has not had any allegations of sexual abuse during the extended review period resulting in no case files reviewed.

§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:

A review of ICE Directive 11062.2 confirms administrative investigations are to impose no standard higher than a preponderance of evidence. Information provided by the OPR PSA Coordinator for Detention and PSA Compliance Manager confirm this is the standard of evidence utilized.

§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 review of the PAQ, along with information received from the PSU Unit Chief confirms disciplinary sanctions for staff found to have violated PREA are up to and include removal from their position. Substantiated allegations would be referred to law enforcement agencies and relevant licensing bodies as appropriate. An interview with the AFOD confirms DFOHR has not had any substantiated cases of sexual abuse against a staff member in the extended review period.

§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 review of the PAQ, along with information received from the PSU Unit Chief confirms disciplinary sanctions for contractors and volunteers found to have violated PREA are up to and include removal from their position. Substantiated allegations would be referred to law enforcement agencies and relevant licensing bodies as appropriate. Interviews with the AFOD and COR confirm DFOHR has not had any substantiated cases of sexual abuse against contractors. The DFOHR does not utilize volunteers.

§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 review of ICE Directives 11062.2 and 11087.1 confirm sexual abuse victims are to be provided unimpeded access to emergency medical treatment and crisis intervention services. The services provided are to be at no cost to the victim. Interviews with Deportation Officers, Contract Detention Officers, and the PSA Compliance Manager reveal 911 would be dialed in the event of an incident of sexual assault. Document review of information in the PAQ reveals victims would be taken to Parkland Memorial Hospital which is staffed with SANE staff. Additionally, staff interviews reveal the Field Medical Coordinator, who is the liaison between DFOHR and Parkland, would be contacted.

§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 requires incident reviews within 30 days of the conclusion of all investigations of sexual abuse allegations. A report is to be written, unless the allegation was not determined to be unfounded. The report is to contain recommendations for improvements and the FOD is to implement the recommendations or document reasons for not doing so.

Interviews with the AFOD and PSA Compliance Manager confirm incident reviews would occur locally along with an annual review, and staff are knowledgeable of the timeframes and requirements. Review of an incident review checklist confirms it is detailed and specifies the requirements of the standard. No allegations of sexual abuse have occurred at DFOHR during the extended review period resulting in no incident reviews.

§115.187 – Data collection.

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

Notes:

Review of ICE Directive 11062.2 and information in the PAQ reveal sexual assault data is collected and reviewed on an annual basis. ICE Directive 11062.2 sets out the requirements of this standard. All sexual abuse data collected is to be maintained for at least 10 years after the date of initial collection. An interview with the PSA Compliance Manager confirms staff are knowledgeable and comply with data collection requirements.

§115.193 – Audits of standards.

Outcome: Not low risk

Notes:

DFOHR is at high risk due to all standards not being met. DFOHR's physical characteristics are found to be favorable, and there have been no substantiated sexual abuse allegations during the review period.

§115.201 – Scope of audits.

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

Notes:

During the PREA audit of DFOHR, the Auditor was able view all policies, memos, and other documents necessary to make assessments on PREA compliance. All areas of the facility were observed and revisited as necessary. Interviews of staff, contractors and detainees were accommodated in private areas without delay, and the Auditor was able to interview staff on various shifts. The audit notices were posted and no correspondence was received prior to nor during the on-site audit.

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.

Wendy J. Roal Warner

April 6, 2018

Auditor's Signature & Date

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Wendy J. Roal Warner	Organization:	Creative Corrections, LLC.
Email: (b) (6), (b) (7)(C)	[REDACTED]	Telephone number:	(309) 241-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Dallas Field Office
ICE Field Office Director:	Simona L. Flores
PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	8101 N. Stemmons Freeway, Dallas, Texas 75247
Mailing address: (if different from above)	

INFORMATION ABOUT FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Dallas Field Office Hold Room		
Physical address:	8101 N. Stemmons Freeway, Dallas, Texas 75247		
Mailing address: (if different from above)			
Telephone number:	(214) 424-7800		
Facility type:	ICE Holding Facility	If other, describe:	

Facility Leadership

Name of Official/Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(214) 424-(b) (6), (b) (7)(C)
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:	(214) 424-(b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

The Prison Rape Elimination Act (PREA) Audit of the Dallas Field Office Hold Room (DFOHR), Dallas, Texas, was conducted February 13-14, 2018, by Wendy Roal Warner, a certified PREA auditor with Creative Corrections. The PREA Audit Report noted five standards in non-compliance. A Corrective Action Plan (CAP) was initiated and evidence of corrective action was submitted over the preceding months. All standards are now in compliance and this serves as the CAP Final Determination for DFOHR.

115.113: Information provided in the CAP confirms DFOHR developed a comprehensive detainee supervision guideline that takes into consideration all areas required in the standard. DFOHR has a sufficient supervision guideline and video surveillance equipment to help protect detainees from sexual abuse. This standard is now in compliance.

115.115: Information provided in the CAP confirms all staff and contract workers have received refresher training on conducting pat searches, with an emphasis on cross-gender searches and searches of transgender detainees. Documentation of the training was provided along with signatures of staff and contract workers verifying their completion of the training. This standard is now in compliance.

115.121: Information provided in the CAP confirms DFOHR has requested the Dallas Police Department follow the requirements in the standards when conducting investigations of sexual abuse/assault at DFOHR. This standard is now in compliance.

115.134: Information provided in the CAP confirms 12 supervisory staff at DFOHR have completed Investigating Incidents of Sexual Abuse and Assault training. This standard is now in compliance.

115.141: Information provided in the CAP confirms all processing staff have received training and reviewed documentation on completing thorough assessments to determine if detainees are at risk of sexual victimization or abusiveness prior to placing together in holding rooms. This standard is now in compliance.

115.193: As a result of the corrective action for standard 115.113, DFOHR is now deemed at 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 relied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit.

§115. 113 - Detainee supervision and monitoring

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

Notes:

At the time of the on-site audit, staff interviews revealed DFOHR did not have a comprehensive detainee supervision guideline. During the CAP DFOHR developed a staffing plan reflecting five contract Detention Officer positions. A memo completed by the Assistant Field Office Director (AFOD) indicates four of the Contract Detention Officer positions are filled and the fifth position is expected to be filled within 90 days. The staffing plan is supplemented through extensive use of video surveillance equipment and security checks conducted every 15 minutes. The staffing plan takes into consideration the areas required by the standard. This standard is now in compliance.

§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:

At the time of the on-site audit, interviews with staff and contract Detention Officers revealed staff were not clear on procedures for conducting cross-gender pat searches. During the CAP, DFOHR conducted mandatory training for all staff and contract workers who have detainee contact. The training emphasized conducting cross-gender pat searches and searches of transgenders. Additionally, ICE Operations of ERO Holding Facilities Directive 11087.1 was emailed to all staff as refresher training, along with the ERO Holding Facilities Procedures poster. Documentation via signature of staff and contract workers attending the training was provided. This standard is now in compliance.

§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:

At the time of the on-site audit, documentation and staff interviews revealed the Dallas Police Department, who has responsibility for investigating sexual abuse incidents at DFOHR, had not been asked to follow the provisions of the standard. During the CAP, DFOHR submitted documentation confirming telephone and email contact has been made with the Dallas Police Department requesting they follow the provisions of the standard when involved in sexual abuse investigations at DFOHR. This standard is now in compliance. It is noted while not a requirement for compliance, DFOHR included this area in refresher training. The training provides an overview of employee responsibilities regarding zero tolerance, employee roles and requirements in fulfilling the policy, identifying prohibited behavior, detecting signs of sexual abuse and assault, responding to reported incidents with an emphasis on victim needs, ensuring confidentiality, and supporting investigative processes.

§115. 134 - Specialized training: Investigations

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

Notes:

At the time of the on-site audit, staff interviews revealed supervisors are responsible for initial, preliminary interviews of sexual abuse/assault allegations, however they had not received specialized training as required by the standard. During the CAP, training certifications were submitted verifying 12 supervisory staff completed the Investigating Incidents of Sexual Abuse and Assault training course. This standard is now in compliance.

§115. 141 - Assessment or risk of victimization and abusiveness

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

Notes:

At the time of the on-site audit, documentation, observation and staff interviews revealed staff were not assessing each detainee's risk of sexual abuse victimization or abusiveness as required by the standard. During the CAP, DFOHR submitted documentation verifying all processing staff received training on the requirement to assess each detainee for their risk of being sexually abused or abusive towards other detainees. Additionally staff were provided Directive 11087.1, the Special Vulnerabilities Quick Reference Guide, and the Transgender Care Quick Reference Guide. This standard is now in compliance.

§115. 193 - Audits of standards

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

Notes:

At the time of the initial PREA Audit Report, DFOHF was found not at low risk due to not meeting all of the standards. As all standards are now in compliance, the risk level is changed to 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.

Wendy J. Roal Warner

September 20, 2018

Auditor's Signature & Date