

# PREA Audit: Subpart A DHS Immigration Detention Facilities Audit Report



# Homeland Security

## AUDITOR INFORMATION

<b>Name of auditor:</b>	Dudley Kesler	<b>Organization:</b>	Creative Corrections, LLC
<b>Email:</b> (b) (6), (b) (7)(C)		<b>Telephone number:</b>	409-866-(b) (6), (b) (7)(C)

## AGENCY INFORMATION

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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## FIELD OFFICE INFORMATION

<b>Name of Field Office:</b>	El Paso
<b>Field Office Director:</b>	William Joyce (Acting)
<b>ERO PREA Field Coordinator:</b>	SDDO (b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	1501 Montana Avenue, El Paso Texas
<b>Mailing address: (if different from above)</b>	

## INFORMATION ABOUT THE FACILITY BEING AUDITED

### Basic Information About the Facility

<b>Name of facility:</b>	El Paso Service Processing Center
<b>Physical address:</b>	8915 Montana Avenue, El Paso, Texas
<b>Mailing address: (if different from above)</b>	
<b>Telephone number:</b>	915-225-1906
<b>Facility type:</b>	SPC

### Facility Leadership

<b>Name of Official/Officer in Charge:</b> (b) (6), (b) (7)(C)	<b>Title:</b>	Officer In Charge
<b>Email address:</b>	<b>Telephone number:</b>	915-225-(b) (6), (b) (7)(C)
<b>Facility PSA Compliance Manager</b>		
<b>Name of PSA Compliance Manager:</b> (b) (6), (b) (7)(C)	<b>Title:</b>	Supervisor Detention and Deportation Officer
<b>Email address:</b>	<b>Telephone number:</b>	915-225-(b) (6), (b) (7)(C)

## AUDIT FINDINGS

### NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site PREA (Prison Rape Elimination Act) audit of the El Paso Service Processing Center (EPSPC) in El Paso, Texas, was conducted December 5-7, 2017, by Dudley Kesler and (b) (6), (b) (7)(C) Creative Corrections certified Auditors. This was the first PREA audit for this facility. Mr. Kesler conducted the documentation review, interviews with random and specialized staff, and authored this report. (b) (6), (b) (7)(C) conducted interviews of random and specialized detainees. The audit team conducted the site review together. Prior to the on-site audit, the facility provided the Auditors with agency and local policy, supporting documents, a description of the facility layout and the Pre-Audit Questionnaire. Additional documentation was provided to the Auditor on-site.

An entry briefing was held the first day of the audit to discuss the audit process and finalize the facility's tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C) Deputy Field Office Director (b) (6), (b) (7)(C) Officer in Charge (OIC) (b) (6), (b) (7)(C) Assistant Officer in Charge (AOIC) (b) (6), (b) (7)(C) Assistant Project Manager (APM) (b) (6), (b) (7)(C) Project Manager (PM) (b) (6), (b) (7)(C) and Supervisory Detention Deportation Officer – Prevention of Sexual Assault Compliance Manager (SDDO-PSA) (b) (6), (b) (7)(C). A brief question and answer session concluded the meeting.

The ERAU Team Lead, (b) (6), (b) (7)(C) provided the facility with a Notification of Audit prior to the team arriving. The notification contained information on the upcoming audit and stated that any detainee or staff member with pertinent information should send a letter containing this information to the Auditor. During the facility site review, the Auditor observed the notification in various housing areas and throughout the facility in detainee-accessible areas. The notice was also observed to be posted in areas accessible to staff only, providing them the opportunity to contact the Auditor. Prior to the onsite review, the Auditor did not receive any letters from detainees or staff at the facility.

Immediately following an entry briefing, the Auditors were given a tour of all areas of the facility, including all housing units, intake, medical, law library, recreation, segregation, and food service. The PSA Compliance Manager and ERAU Team Lead were present for the entire tour. The Assistant OIC, Department Heads and various other line staff addressed the Auditors in their respective areas. The Auditor spoke informally with staff and detainees during the tour and observed the facility configuration, locations of cameras and security mirrors, staff supervision of detainees, and the housing unit layouts including shower/toilet areas. Placement of ICE PREA-related posters and ICE PREA-related pamphlets on housing unit bulletin boards, detainee monitoring, and detainee search procedures were also observed. All housing units, except segregation, are an open dormitory style with shower and restroom areas which allow detainees to attend to bodily functions without being in view of opposite gender staff. (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C) It was later noted that the monitors automatically blank out when the camera approaches the shower and restroom areas thereby preventing cross gender viewing of detainees. There did not appear to be any areas of the facility that had been newly renovated.

EPSPC employs approximately 468 security staff who may have contact with detainees. These include 318 male and 150 female security staff. Security staff is assigned daily to (b) (7)(E)

(b) (6), (b) (7)(C) A total of 34 staff interviews were conducted. The Auditor selected names for random staff interviews by using a roster provided by the facility on the first day of the on-site review. Additional staff was randomly selected as the audit team toured the facility. Staff interviews were conducted with security staff assigned to all shifts. All interviews were conducted individually, in a private and confidential manner. All staff was approachable and open to speaking with the audit team. It was apparent during the interviews that staff felt comfortable reporting allegations up the chain of command to include reporting directly to the OIC.

The detainee population on the first day of the onsite review was 829 which was reported to be about average. A total of 32 detainee interviews were conducted including one transgender and two disabled detainees. The disabled detainees were partially blind. Of those detainees interviewed, there were 18 males and 14 females. Interviews were conducted with at least one detainee from each housing unit. (b) (6), (b) (7)(C) selected names for random detainee interviews by using a roster provided by the facility on the first day of the on-site review. Additional detainees were randomly selected as the audit team reviewed the facility. All interviews were conducted individually in a private office. Interpretation services were provided by Language Services, Associates (LSA) via telephone. Of the 32 detainee interviews, 29 required interpretation assistance because they spoke Spanish exclusively. It was apparent during the interviews the detainees felt comfortable reporting allegations up the chain of command to include reporting directly to the OIC.

The Pre-Audit Questionnaire (PAQ) provided by the PSA Compliance Manager indicated there were 26 allegations of sexual abuse that were investigated in the past 12 months. Of these reports, one was determined to be substantiated and 25 were determined to be unsubstantiated. Investigative report files for all allegations were reviewed by the audit team and determined to be complete and comprehensive.

When the on-site audit was completed, an exit briefing was held with ERAU Team Lead (b) (6), (b) (7)(C) Deputy Field Director (b) (6), (b) (7)(C) Officer in Charge (b) (6), (b) (7)(C) Assistant Officer in Charge (b) (6), (b) (7)(C), APM (b) (6), (b) (7)(C) PM (b) (6), (b) (7)(C) and SDDO-PSA (b) (6), (b) (7)(C). The Auditor provided a summary of the audit and thanked the staff for their hard work and commitment to PREA. Agency administration and staff were very open and receptive to an honest discussion of areas where PREA compliance could be strengthened. A brief question and answer session concluded the conference.

## SUMMARY OF AUDIT FINDINGS:

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

The El Paso Service Processing Center (EPSPC), of the Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO), El Paso Field Office, is a processing facility for detainees while they undergo administrative proceedings regarding their right to remain in the United States. The EPSPC supports the work of ICE operations in El Paso and surrounding areas in Texas and parts of New Mexico and supports the El Paso and Marfa Border Patrol Sectors.

The EPSPC provides resources and manpower to establish the international highway for removal of aliens who are apprehended in the interior United States. It not only transports aliens from remote areas but also removes or detains apprehended aliens from state or federal facilities.

The facility is located in East-Central El Paso, near the El Paso International Airport. It shares the land it sits on with U.S. Border Patrol Sector Headquarter facilities and an El Paso Border Patrol station. The EPSPC's original buildings were constructed in 1968. State of the art processing, dining, medical, and laundry facilities were constructed between 1996 and 1998. The Executive Office for Immigration Review (EOIR) building also constructed during this time, houses courtrooms and offices.

There were 36 standards found to Meet Compliance, two standards found Not Applicable, and three standards found Deficient.

PREA standard 115.15(g) is not in compliance and requires a corrective action plan. Staff are not announcing their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. Detainee interviews revealed staff of the opposite gender are not announcing their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. While touring the housing areas, the Auditors noted staff of the opposite gender were not announcing their presence when entering any area where detainees were likely to be showering, performing bodily functions, or changing clothing.

PREA standard 115.34 is not in compliance and requires a corrective action plan. There is a Control Detention Operations Supervisor (CDOS) at the facility who, in the opinion of the Auditor, is acting in the capacity of a facility investigator and has not received specialized training on sexual abuse and effective cross-agency coordination. The standard requires the agency or facility to provide specialized training on sexual abuse and effective cross-agency coordination to agency or facility investigators, respectively, who conduct investigations into allegations of sexual abuse at immigration detention facilities.

PREA standard 115.86 is not in compliance and requires a corrective action plan. The facility has indicated that no incident reviews were conducted at the conclusion of any investigation during the previous year. Additionally, there is no evidence that an annual review of all sexual abuse investigations and resulting incident reviews was completed.

### SUMMARY OF AUDIT FINDINGS

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	36
<b>Number of standards not met:</b>	3
<b>Number of standards N/A:</b>	2

## 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.

### §115.11 – 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:**

Policy EPC PBNDS 17-2.11: Sexual Abuse and Assault Prevention and Intervention; revised in 2017, indicates there is a zero-tolerance policy for all forms of sexual abuse at this facility. Policy also indicates that a Prevention of Sexual Assault (PSA) Compliance Manager will be appointed for each facility. The facility PSA Compliance Manager indicated, during her interview, she has enough time to perform her duties overseeing the PREA process. She also indicated she serves as the facility point of contact for the agency PSA Coordinator. Interviews with both staff and detainees indicate they are knowledgeable of the zero-tolerance policy towards sexual abuse. Detainees were especially aware of the handbook, ICE PREA posters, and pamphlets displayed in the housing areas. The zero-tolerance policy is displayed throughout the facility, as evidenced by detainee informational postings and handbooks.

### §115.13 – Detainee supervision and monitoring.

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

Policy EPC-PBNDS 17-2.4: Facility and Security Control; revised in 2017, indicates each facility will ensure it maintains sufficient supervision of detainees through appropriate staffing levels and video monitoring to protect detainees against sexual abuse. The supervision guidelines are reviewed at the facility at least annually. A review of the staff plan, as well as interviews with the OIC and the Human Resource Manager confirmed the facility has a staffing plan which provides adequate staff to ensure a safe and secure environment for staff and detainees. [REDACTED]

[REDACTED] Interviews with supervisory staff revealed that frequent unannounced security inspections are conducted on all shifts. A review of housing unit log books revealed that supervisory staff is conducting unannounced rounds on all shifts. A review of the video monitoring systems indicated detainees are properly monitored on all shifts. Detainees have access to telephones for reporting or counseling if needed. A review of all substantiated and unsubstantiated sexual abuse allegations for the last 12 months and a review of video monitoring techniques indicated adequate levels of detainee supervision are in place.

**Outcome:** Not Applicable (provide explanation in notes)

**Notes:**

There are no juvenile or family detainees housed at this facility.

**§115.15 – Limits to cross-gender viewing and searches.****Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

Policy EPC-PBND 17-2.4: Facility and Security Control; revised in 2017, establishes limits on cross-gender viewing and searches. Interviews with security staff indicated none had ever participated in or observed any cross-gender pat down searches, strip searches, or cross-gender visual body cavity searches of detainees. They also indicated cross-gender pat-down searches would be conducted only in exigent circumstances and documented. There was no reported cross-gender pat-down searches, strip searches, or visual body cavity searches conducted within the previous 12 months. All staff was aware that they are prohibited from searching or physically examining a detainee for the sole purpose of determining the detainee's genital characteristics. One trans-gender detainee indicated he is pleased with the procedures allowing him to shower separately and he considers pat-down searches to be conducted professionally. A review of training documents indicated staff has received proper training in cross-gender viewing and searches. Observations of camera monitors revealed cameras are blacked out when rotated towards the shower areas thereby preventing cross-gender viewing. Detainee interviews revealed that staff is not routinely announcing their presence when entering the housing areas. During the tour, staff was not observed announcing their presence when entering any housing unit. When the Auditor enquired why this is not being done, the response was that staff calls ahead on the radio 15 minutes before arriving, so the unit staff has sufficient time to ensure all detainees are properly dressed. It is the opinion of the Auditor this does not meet the intent of the standard. All staff need to announce their presence when entering any cross-gender housing area.

**§115.16 – 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:**

Policy EPC-PBND 17-4.8: Disability Identification, Assessments, and Accommodations; dated June 7, 2017, indicates detainees with disabilities will have an equal opportunity to participate in, or benefit from, all aspects of the efforts to prevent, detect, and respond to sexual abuse. Interviews with detainees with disabilities and detainees who are limited English proficient (LEP) indicated they were satisfied with the interpretative services available at the facility for translating written documents and interpreting spoken languages. Interviews with staff indicated all were aware of the policy against using other detainees for interpreters during investigations unless the detainee expresses preference for another detainee to provide these services and the agency deems it appropriate. The facility has a contract with Language Link to provide interpretive services for detainees who need assistance for languages other than English and Spanish. There are numerous bi-lingual staff available to interpret Spanish. The Auditor observed external speakers for hard of hearing detainees. Interviews with staff indicated any detainee who is considered LEP or blind will have the materials read to them to ensure they understand the PREA program. There were PREA investigations conducted within the past 12 months that required interpretive services for detainees who spoke Spanish only. Bi-lingual staff provided interpretive services in those cases.

**§115.17 – Hiring and promotion decisions.**

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

**Notes:**

Policy 17002.1, Directive No. 6-7.0: Personnel Security and Suitability Program; dated February 4, 2011, addresses all requirements of the standard to ensure the agency does not hire or promote anyone who may have contact with detainees, and shall not enlist the services of a contractor or volunteer who have contact with detainees, who have engaged in sexual abuse in a prison, jail, holding facility, community confinement facility or other institutions. Interviews with the Human Resources Manager, security staff, and random contractors revealed that a complete and comprehensive background investigation is conducted on all new staff, contractors, and volunteers to ensure they have no prior history of sexual abuse. This includes contacting prior employers to enquire if the applicant had been involved in a substantiated sexual abuse incident. Staff is aware the penalty for omitting or providing false information on applications or background checks can result in termination from service. The facility will provide information on substantiated allegations involving a former employee if a formal request is received from another facility. A review of documentation provided indicated staff, contractors, and volunteers are properly investigated to ensure none have a prior history of sexual abuse. This includes updated background checks every five years for any staff, contractor, or volunteer who may have contact with detainees. There were no volunteers available for interview during the audit.

**§115.18 – Upgrades to facilities and technologies.**

**Outcome:** Not Applicable (provide explanation in notes)

**Notes:**

The facility has not acquired a new facility or made substantial expansions to the existing facility since May 6, 2014.

**§115.21 – 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:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates measures needed to ensure evidence is appropriately secured and preserved. A memo dated October 26, 2017, from the Assistant OIC established a uniform evidence protocol for Sexual Abuse First Responders including preserving usable physical evidence for administrative proceedings and criminal prosecution. A memorandum of understanding with a local advocacy group, Center Against Sexual and Family Violence, dated November 29, 2017, was reviewed. A memo of understanding with Sierra Medical Center to provide medical examinations related to a sexual assault was also reviewed. Interviews with medical staff indicated all forensic medical examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) through an agreement with Sierra Medical Center. There were no reports of any forensic examinations in the previous 12 months. Any medical care needed for an alleged victim will be provided at no cost. If requested by an alleged victim, an outside or internal victim advocate will be provided. Interviews with detainees revealed that most were not aware of a local advocacy group that was available to provide counseling and support to victims. During the tour, the Auditor observed there was incorrect information on the detainee bulletin boards about the availability of community resources for expertise and support in the area of crisis intervention and victim's needs. During the audit the correct information for the current advocacy group, Center Against Sexual and Family Violence, was properly posted in all housing units.

**§115.22 – 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:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, outlines the agency's protocol to ensure each allegation of sexual abuse is investigated by the agency or facility, or referred to an appropriate investigative authority. A memo dated October 26, 2017, from the Assistant OIC established the facility's protocol to ensure each allegation of sexual abuse is investigated and referred to OPR. The facility investigative protocols will be provided to the public if requested. Interviews with staff indicated the local OPR branch is notified of all investigations whether administrative or criminal. OPR then assigns an investigator who actively participates in all investigations. A review of PREA investigative files revealed that proper investigative agencies were involved in the investigations. It was also noted that proper authorities such as the Joint Intake Center, OPR, Inspector General, FOD, and other law enforcement agencies were notified when necessary. Interviews with staff indicated documentation of all reports and referrals of allegations of sexual abuse are maintained for a minimum of five years.

**§115.31 – Staff training.**

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

**Notes:**

Policy EPC-PBND-17-7.3: Administrative and Management Staff Training; revised in 2017, details the facility training outline for staff initial and annual refresher training. Interviews with random staff revealed that each had received adequate training on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. An interview with the training coordinator indicated all training was received within one year of May 6, 2014 and refresher training is provided annually. A review of training documents revealed staff is being trained in their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures.

**§115.32 – Other training.**

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

**Notes:**

The Volunteer / Contractor training outline is current and meets all the requirements of the standard. Interviews with random contractors revealed that each had received adequate training on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. There were no volunteers available for interview during the week. A review of training documents on file revealed contractors and volunteers are being trained in their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. This includes the agency's zero tolerance policy on sexual abuse.



**§115.33 – Detainee education.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, outlines the facility's orientation program to notify the detainees about the agency's and facility's zero-tolerance policies for all forms of sexual abuse. The orientation program notifies and informs detainees of each element of the standard. Detainees receive notification and orientation about sexual abuse prevention in formats accessible to all detainees. Documentation of detainee participation in the intake process orientation is maintained in the central files. Information was posted on all of the housing unit bulletin boards about the DHS-prescribed sexual assault awareness notice and the name of the PSA compliance manager. The information about the local advocacy group was initially found to be incorrect. The correct information about the current advocacy group, Center against Sexual and Family Violence, was placed upon bulletin boards in all housing units during the week. Interviews with detainees revealed they were very aware of the policy of zero tolerance by reading handbooks, ICE PREA-related posters, and ICE PREA-related pamphlets provided during intake and posted on bulletin boards in the units. Any detainee who is determined to be LEP, deaf, visually impaired, or otherwise disabled receives special instructions from staff in a format that they can understand. Once it is determined what language the special needs detainee speaks, a staff member will utilize the Language Link system to interpret the information. The facility makes available and distributes the DHS-Sexual Assault Awareness Information pamphlet. The agency detainee handbook which includes information about reporting sexual abuse is provided to all detainees. These handbooks are available in English and Spanish. Language Link is available to interpret information to detainees who speak languages other than English or Spanish. The majority of detainees were unaware of any PREA information provided on a video during the intake process as reported by staff. The training video was reviewed by the Auditor in the intake area. The entire video is 52 minutes long, the English portion being 25 minutes and the Spanish portion being 27 minutes. The video covered a wide variety of topics including a short presentation on PREA. The video is of poor quality and the program would be improved significantly if a new, more comprehensive video were developed and implemented or if a separate video were utilized exclusively for presenting PREA policies and procedures. The Auditor recommends a new video be developed and utilized or a separate video be utilized exclusively for presenting PREA policies and procedures.

**§115.34 – Specialized training: Investigations.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, outlines the specialized training required for OPR investigators. Interviews with staff indicated OPR investigators conduct criminal and administrative investigations and have all received proper specialized training. Interviews also revealed there is a Control Detention Operations Supervisor (CDOS) at the facility who conducts the initial steps of all investigations such as conducting interviews with detainees, interviewing staff who witnessed incidents, collecting video evidence, and collecting any physical evidence available at the alleged crime scene. It is the opinion of the Auditor, this CDOS is actively participating in investigations and has not received specialized training on sexual abuse and effective cross-agency coordination. The standard indicates any investigator who participates in investigations will receive specialized training on sexual abuse and effective cross-agency coordination.

**§115.35 – Specialized training: Medical and mental health care.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, outlines the specialized training required for all medical and mental health staff. Interviews with medical and mental health staff revealed they have received proper specialized training in the requirements of the standard. A review of the training outline, slideshow used for training, and signatures of completion indicate medical and mental health staff has received proper specialized training. Topics included how to detect and assess signs of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, how and to whom to report allegations or suspicions of sexual abuse, and how to preserve physical evidence of sexual abuse. This training is provided initially and annually thereafter.

**§115.41 – 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:**

Policy EPC-PBND-17-2.2: EPC Classification System; dated April 4, 2017, outlines the agency policy for a comprehensive assessment for risk of victimization and abusiveness program. The program includes all the requirements listed in subsection "c" of the standard. Interviews with intake staff indicated a comprehensive screening process is in place to ensure all detainees are screened within 12 hours of arrival and placed in the least restrictive housing area that will provide the proper amount of security. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to the mental health staff for additional assessment. Reassessments are conducted on all detainees between 60 and 90 days of their arrival. Interviews with detainees revealed they feel the classification system is working because they feel safe in the environment where they have been placed. A review of the ICE RCA Sheet revealed the questions being asked of all new detainees are relevant and vital to assessing their risk factors. Interviews with staff indicated detainees are not disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked about whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; or the detainee's own concerns about his or her physical safety. All staff interviewed understood any information of this type is considered sensitive and is not to be exploited.

**§115.42 – Use of assessment information.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

Policy EPC-PBND-17-2.2: EPC Classification System; dated April 4, 2017, outlines the facility's policy for ensuring each detainee is placed in the safest environment possible. Interviews with classification staff indicated the information from the risk assessment is used to assign detainees to housing, recreation and other activities, and voluntary work. These determinations are individualized to ensure the safety of each detainee. Staff indicated they are very conscious of the detainee's self-identification of their gender and include that in their decision-making process. An interview with a transgender detainee indicated he requested to be placed in a female unit but was assigned to a male unit predominately occupied by detainees at a higher risk for victimization. He indicated he is allowed to shower separately and is generally pleased with his housing arrangements. A review of the screening instrument indicates it is used to determine the proper housing, bed assignment, work assignment, and other program assignments, with the goal of keeping detainees at high risk of being sexually abused separate from those detainees who are at a high risk of being sexually abusive. Medical or mental health professionals are consulted as soon as practicable on this assessment. The placement decisions are not based solely on the identity documents; physical anatomy of the detainee; or a detainee's self-identification of his/her gender. A self-assessment of safety needs of the detainee is always taken into consideration as well. The facility's placement of a transgender or intersex detainee is consistent with the safety and security considerations of the facility. Interviews with staff and a review of policy indicate placement and programming assignments for each transgender or intersex detainee are reassessed at least twice each year to review any threats to safety experienced by the detainee.

**§115.43 – Protective custody.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

Policy EPC-PBND 17-2.12: EPC Special Management Units; dated May 9, 2017, details the facility's program for utilizing special housing areas to protect detainees vulnerable to sexual abuse and assault. The policy outlines the reasons for placement of an individual in administrative segregation on the basis of a vulnerability to sexual abuse or assault. Vulnerable detainees in administrative segregation for protective custody are provided access to programs, visitation, counsel and other services available to the general population to the maximum extent practicable. Interviews with segregation staff indicated supervisory staff conducts a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. Supervisory staff also conducts a review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days. Staff indicated a maximum effort is made to limit administrative time to 30 days for PREA-related incidents. The ICE Field Office Director is notified no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. An interview with a transgender detainee revealed that he was placed in Administrative Detention for 28 days while a determination was being made on the most appropriate living unit for his needs. After being assigned to a unit designated for vulnerable male detainees, he indicated he has not encountered any problems. While touring the Disciplinary and Administrative Segregation units it was noted there is only one central corridor in each unit so male and female detainees are routinely housed in close proximity to each other. It is the opinion of the Auditor that housing detainees in close proximity with other cross-gender detainees is not a sound correctional practice.

### **§115.51 – Detainee reporting.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, details the requirements for ensuring detainees have multiple ways of reporting an alleged sexual assault. Interviews with staff and detainees revealed all were aware there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for detainees to report sexual abuse. Staff are also aware verbal reports must be documented promptly. Instructions on how detainees may contact their consular official, the DHS Office of the Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously, report these incidents are posted on bulletin boards in housing units. Detainees were all aware of the information provided in the handbook, ICE PREA-related pamphlets, and ICE PREA-related posters for reporting any incidents of abuse. A review of the detainee handbook, posters, pamphlets, and other documents posted on housing unit bulletin boards indicated there is adequate information available for detainees to report an incident of abuse if needed.

### **§115.52 – Grievances.**

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

**Notes:**

Policy EPC PBNDS 17-6.2: Grievance System; dated April 4, 2017, details the facility's program for allowing a detainee to file a grievance to report an incident of sexual abuse. This includes written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The facility shall permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. An interview with the grievance coordinator indicated there are no time limits on a detainee filing a grievance regarding an allegation of sexual abuse. The facility issues a decision on the grievance within five days of receipt and responds to an appeal of the grievance decision within 30 days. All grievances related to sexual abuse and the facility's decisions with respect to such grievances are submitted to the ICE Field Office Director at the end of the grievance process. An interview with medical staff indicated they are automatically notified when a grievance is received for an allegation of sexual abuse. A review of written policies and investigation files indicated there are adequate procedures in place to ensure any grievance is processed promptly and professionally. Facility procedures allow a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Detainees are also able to request assistance from outside sources to complete their grievance. They are also allowed to obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. Staff takes reasonable steps to expedite requests for assistance from these other parties.

### **§115.53 – Detainee access to outside confidential support services.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates that community resources and services agency will be made available to counsel and offer support to victims. A memo of understanding with the local chapter of Center Against Sexual and Family Violence, dated November 29, 2017, was reviewed. Interviews with detainees indicated that overall, they were unaware of an outside advocacy group that provides counseling and support to sexual abuse victims. The Auditor noted there was outdated and incorrect information about an outside advocacy group posted on bulletin boards in detainee housing areas. During the week, posters with the correct information about the current advocacy group, Center Against Sexual and Family Violence, were posted in all housing areas. Information to the extent that such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws is also posted.

#### **§115.54 – Third-party reporting**

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

**Notes:**

ICE Detention Reporting and Information Line; 888-351-4024, establishes a method to receive third party reports of sexual abuse. Interviews with staff and detainees indicated they are aware there are provisions for third party reporting of incidents of sexual abuse. A review of the ICE website (<https://www.ice.gov/contact/detention-information-line>) revealed information about the Detention and Information Line that the public can use to report incidents of sexual abuse.

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

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, details the requirements for staff to report any knowledge, suspicion, or information about incidents of sexual abuse. Staff confirmed during interviews they know they are responsible for immediately reporting any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participant in an investigation. Staff can report incidents of sexual abuse anonymously by methods such as the Detention Reporting and Information Line if they chose to do so. Staff are aware they are not authorized to reveal any information related to a sexual abuse report to anyone not authorized to have it. There are no juvenile detainees housed at this facility.

#### **§115.62 – Protection duties.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates staff have the authority to take immediate action to protect a detainee from imminent risk of sexual abuse. Interviews with staff revealed all were aware they have their authority and obligation to immediately protect any detainee in imminent risk of sexual abuse. All staff indicated they would act immediately to protect the detainee. They also indicated they would separate the alleged victim and predator, secure the scene to protect evidence, not allow detainees to destroy any evidence, and contact their supervisor. A review of the training outline for staff revealed they receive training on their authority to provide immediate protection to any detainee who is in imminent risk of sexual abuse.

**§115.63 – Report to other confinement facilities.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates upon being notified of a sexual abuse incident at another facility, the agency where the incident occurred will be notified within 72 hours and documented. During interviews with the OIC, it was verified that the agency where the alleged incident occurred will be notified immediately so they can begin an investigation. The ICE Field Office Director will also be notified immediately. Staff will monitor the progress of the investigation and inform the detainee of the outcome. ICE PREA-related Posters and ICE PREA-related pamphlets provide information encouraging detainees to report any incident of abuse no matter when or where it happened.

**§115.64 – Responder duties.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates all staff are required to notify their supervisor immediately, separate the alleged victim and abuser, preserve the crime scene, and ensure the alleged victim and alleged abuser do not destroy any physical evidence. Interviews with first responders, and detention staff revealed all were aware of their duties to report the incident, separate the alleged victim and abuser, preserve the crime scene and preserve any physical evidence on the victim or abuser. If the first staff responder is not a security staff member, the responder will request the alleged victim not take any actions that could destroy physical evidence and then notify security staff. A review of investigative files indicated responders followed protocols when alleged incidents of abuse were reported.

**§115.65 – Coordinated response.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, outlines all steps necessary to coordinate actions taken by first responders when an incident of sexual abuse is discovered. The facility has developed a written institutional plan to coordinate actions taken by staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Interviews with staff first responders revealed all had received training and were aware of their duties if an incident of sexual abuse is reported. If a victim of sexual abuse is transferred to another facility, information about the victim's potential need for medical or social services will be relayed. Security staff confirmed they were knowledgeable regarding their responsibilities in a coordinated response.

**§115.66 – 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:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates any staff suspected of perpetrating sexual abuse will be removed from all duties requiring detainee contact pending the outcome of an investigation. Interviews with the OIC indicated any staff, contractor, or volunteer suspected of perpetrating sexual abuse will be removed from all duties requiring detainee contact immediately pending the outcome of an investigation. A review of investigation files indicated any staff, contractor, or volunteer suspected of perpetrating sexual abuse were removed from all duties immediately pending the completion of an investigation.

**§115.67 – Agency protection against retaliation.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention dated May 22, 2014, indicates no retaliation against any person, including a detainee, who reports an incident of sexual abuse, will be tolerated. The facility employs multiple protection measures, such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff that fear retaliation for reporting sexual abuse or for cooperating with investigations. For at least 90 days following a report of sexual abuse, the facility monitors to see if there are facts that may suggest possible retaliation by detainees or staff, and acts promptly to remedy any such retaliation. Interviews with the PSA Compliance Manager and OIC verified that retaliation against anyone who reports, complains about, or participates in any investigation of sexual abuse will not be tolerated. Interviews with detainees did not reveal any incidents of retaliation. A review of investigation files did not reveal any incidents of retaliation being discovered in relation to alleged incidents of sexual abuse within the previous 12 months.

**§115.68 – Post-allegation protective custody.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates detainee victims will be placed in the least restrictive housing unit possible. An interview with the OIC revealed that alleged victims of sexual assault are always housed in the least restrictive housing unit possible to ensure their safety during the investigative period and beyond. Detainee victims are not held for longer than five days in any type of administrative segregation, except in highly unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment. The facility notifies the ICE Field Office Director whenever a detainee victim has been held in administrative segregation for 72 hours.

**§115.71 – Criminal and administrative investigations.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates all investigations into alleged sexual abuse will be conducted promptly, thoroughly, objectively and will be conducted by specially trained investigators. Interviews with staff revealed all criminal and administrative investigations are completed in conjunction with the local OPR investigative office. Interviews also revealed there is a Control Detention Operations Supervisor (CDOS) at the facility who conducts the initial steps of all investigations such as conducting interviews with detainees, interviewing staff who witnessed incidents, collecting video evidence, and collecting any physical evidence available at the alleged crime scene. Upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. The facility has developed written procedures for administrative investigations, including preservation of direct and circumstantial evidence; interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; assessment of the credibility of an alleged victim, suspect, or witness; whether actions or failures to act at the facility contributed to the abuse; documentation of each investigation by written report; and retention of the reports. A review of completed investigative files for the previous year indicated all allegations received comprehensive investigations and were properly documented. The departure of the alleged abuser or victim from the employment or control of the facility does not provide a basis for terminating an investigation.

**§115.72 – Evidentiary standard for administrative investigations.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates the agency shall not impose any standards higher than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated. An interview with the investigator revealed that the facility does not impose any standards higher than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated. A review of investigative files indicated that the facility does not impose any standards higher than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated.

**§115.73 – Reporting to detainees.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates the facility will notify the detainee as to the results of the investigation and any responsive action taken. Staff interviews revealed the facility always notifies the detainee of the results of any investigation and any responsive action taken. A review of the investigative files revealed that the facility notifies the detainee of the results of any investigation and any responsive actions taken.



**§115.76 – Disciplinary sanctions for staff.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates staff shall be subjected to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse. An interview with the human resources manager verified that staff is subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse. Removal from their position from service is the presumptive disciplinary sanction for staff that have engaged in, or attempted, or threatened, to engage in sexual abuse. All terminations for violations of agency sexual abuse policies, or resignations by staff that would have been terminated if they had not resigned, are reported to investigative agencies and any relevant professional, certifying, or licensing agencies.

**§115.77 – 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:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates any contractor or volunteer who has engaged in sexual abuse shall be prohibited from contact with detainees pending the outcome of an investigation. An interview with the human resources manager verified that any contractor or volunteer who has engaged in sexual abuse will be prohibited from contact with detainees pending the outcome of an investigation.

**§115.78 – Disciplinary sanctions for detainees.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates the facility will subject a detainee to disciplinary sanctions if they are found to have engaged in sexual abuse. The facility has a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure in place. The disciplinary process considers whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction should be imposed. The facility does not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying. Staff interviews verified that any detainee found to have engaged in sexual abuse has received disciplinary sanctions. A review of investigative files revealed that any detainee found to have engaged in sexual abuse did receive disciplinary sanctions.

**§115.81 – Medical and mental health assessment; history of sexual abuse.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates detainees with prior sexual victimization will be referred to medical or mental health practitioners. Interviews with medical and mental health staff confirm the facility has a system for collecting medical and mental health information and has the capacity to provide continued follow-up re-assessment and follow-up services. A review of the screening process indicates detainees with a prior history of sexual abuse are immediately referred to medical and mental health staff for follow-up evaluations. When a referral for medical follow-up is initiated, the detainee receives a health evaluation no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee receives a mental health evaluation no later than 72 hours after the referral.

**§115.82 – Access to emergency medical and mental health services.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention. Interviews with medical and mental health staff indicated detainee victims have access to timely, unimpeded access to emergency medical treatment and crisis intervention. There is no financial cost to the detainee for any sexual abuse related incident, related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. A review of a MOU with the Sierra Medical Center and a MOU with the local advocacy group, Center Against Sexual and Family Violence, indicate detainee victims of sexual abuse have timely, unimpeded access to emergency medical treatment and crisis intervention services. The evaluation and treatment of such victims include, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Medical and mental health services are consistent with the community level of care. Detainee victims of sexually abusive vaginal penetration by a male abuser while incarcerated are offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim receives timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services.

**§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers.**

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

**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates each facility shall offer medical and mental health evaluation and treatment to all victims of sexual abuse and alleged abusers without cost. The evaluation and treatment of such victims include follow-up services, treatment plans, and referrals for continued care following their transfer to other facilities or their release from custody. Interviews with medical and mental health staff verified that alleged detainee victims and abusers are offered medical and mental health treatment consistent with the community level of care at no cost to them. Detainee victims of sexual abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim will be offered information about and access to lawful pregnancy-related medical services. Detainee victims of sexual abuse while detained will be offered tests for sexually transmitted infections as medically appropriate. A review of the screening process used in the intake area indicated any detainees identified as being a victim of sexual abuse or any detainee with a history of being a sexual abuse perpetrator will be referred to medical or mental health staff to be evaluated or treated. The facility will attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

**§115.86 – Sexual abuse incident reviews.****Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

Policy EPC-LOP 11062.2: Sexual Abuse and Assault Prevention and Intervention; revised in 2017, indicates the facility will conduct a sexual abuse incident review at the conclusion of every investigation and when the allegation is not determined to be unfounded, a written report will be prepared within 30 days of the conclusion of the investigation. A memo from the Assistant OIC dated November 9, 2017, was provided to the auditor indicating the facility has not had an incident where a sexual abuse incident review was completed at the conclusion of an investigation during the previous year. The pre-audit questionnaire indicated there were 26 reports of abuse received during the year and all but one was not determined to be unfounded. The standard indicates an incident review will be conducted at the conclusion of any investigation where the allegation was not found to be unfounded and a written report will be completed within 30 days. Additionally, the auditor was not provided any evidence that an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention, and response efforts was completed.

**§115.87 – Data collection.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates all files associated with claims of sexual abuse will be stored in a secure area. An interview with the PSA Compliance Manager verified all files associated with claims of sexual abuse are stored in a secured area. Files associated with claims of sexual abuse were observed being stored in a secure area. A check of the ICE website revealed all aggregated sexual abuse data is made available to the public at least annually, consistent with existing agency information, disclosure policies and processes, and omitting any personal identifiers.

**§115.201 – Scope of audits.****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention; dated May 22, 2014, indicates the agency will ensure an integrated and comprehensive system of preventing and responding to sexual abuse or assault of individuals in ICE custody. This will include a through, coordinated, multidisciplinary team approach, consistent with the goals of the Prison Rape Elimination Act of 2003. The Auditors were allowed to interview staff and detainees in a confidential manner. Detainees were notified in advance of the date of the audit and provided with the address of the Auditor if any wished to notify the Auditor prior to the audit of any concerns. The Auditors were provided with a thorough tour of the facility including all areas where detainees are housed and work. The facility staff provided the Auditor with relevant documentation to complete a thorough audit of the facility.

**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.

March 15, 2018**Auditor's Signature & Date**

**PREA Audit: Subpart A**  
**DHS Immigration Detention Facilities**  
**Corrective Action Plan Final Determination**



**Homeland  
Security**

AUDITOR INFORMATION			
<b>Name of auditor:</b>	Douglas K. Sproat, Jr.	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	601-832-(b) (6), (b) (7)(C)
AGENCY INFORMATION			
<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
<b>Name of Field Office:</b>	El Paso		
<b>Field Office Director:</b>	William Joyce (Acting)		
<b>ERO PREA Field Coordinator:</b>	Supervisory Detention and Deportation Officer (b) (6), (b) (7)(C)		
<b>Field Office HQ physical address:</b>	1501 Montana Avenue, El Paso, Texas		
<b>Mailing address: (if different from above)</b>			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
<b>Name of facility:</b>	El Paso Service Processing Center		
<b>Physical address:</b>	8915 Montana, El Paso, Texas		
<b>Mailing address: (if different from above)</b>			
<b>Telephone number:</b>	915-225-1906		
<b>Facility type:</b>	SPC		
Facility Leadership			
<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Officer in Charge
<b>Email address:</b>		<b>Telephone number:</b>	915-225-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Supervisory Detention and Deportation Officer
<b>Email address:</b>		<b>Telephone number:</b>	915-225-(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.

Number of standards exceeded:	0
Number of standards met:	39
Number of standards not met:	0
Number of standards N/A:	2

## 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. 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.

### **§115. 15 - 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:**

The on-site audit revealed a deficiency in complying with subsection (g) of this standard. The facility submitted information that its Sexual Abuse and Assault Prevention and Intervention Policy and its post orders have been amended to establish the routine announcement by ERO and contract staff of their presence prior to entering areas housing detainees of the opposite gender. Such a contemporaneous announcement is in addition to 15-minute radio call; at the time of the on-site audit, only the 15-minute radio call was in effect. The Auditor reviewed the amended policy and post orders, along with viewing pictures of signage outside the door of each living unit that directs staff to make opposite-gender announcements when entering the unit. Based upon the written materials and the pictures furnished by the facility, the Auditor finds that the deficiency in Standard 115.15(g) has been addressed and that the facility is now in total compliance with the standard.

### **§115. 34 - Specialized training: Investigations**

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

#### **Notes:**

During the on-site audit, it was determined that a Control Detention Operations Supervisor who had not received the required specialized training was an integral part of the investigatory process, to include such tasks as interviewing detainees and witnesses and collecting evidence. The facility has reported that the investigatory process is now completely the province of OPR, where there is no question of the investigators having the required specialized training. Once the properly-trained OPR investigators have completed their tasks and determine a disposition regarding an allegation, the contract staff can begin any administrative actions. Additionally, the contractor has assigned an employee to be a PREA investigator, with said employee currently receiving the required specialized training for investigating sexual abuse and cross-agency coordination of investigations. The facility has indicated that a certificate of completion will be submitted as a part of the CAP when the employee finishes the training. Although such a certificate has not yet been received, the Auditor has viewed the facility's record of sexual abuse and assault investigations. There has been only a single investigation from the time of the on-site audit, and the investigation was done by OPR. The materials submitted are sufficient to establish that the facility investigations no longer involve the use of untrained personnel; they are instead being done completely by OPR until such time as the investigations can either be turned over to a properly-trained contract investigator or be done as some sort of a collaborative effort between OPR and a properly-trained contract investigator. The information sent by the facility and reviewed by the Auditor establish that this standard is now in compliance.

**§115. 86 - Sexual abuse incident reviews****Outcome:** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)**Notes:**

The on-site audit revealed that the facility did not prepare a written report as required in any of their 25 investigations deemed to be something other than "unfounded." Additionally, there was no annual review of sexual abuse investigations, a provision of the standard specifically designed to help a facility assess and improve its sexual abuse intervention, prevention, and response efforts.

The facility has now instituted certain measures to address compliance deficiencies noted for this standard during the 2017 audit. The facility's 2018 policy, Section XII—"Sexual Abuse Incident and Annual Reviews," covers review requirements for all investigations and the specific procedures for these reviews, to include a review within 30 days after the conclusion of every investigation. The policy also specifies the requirement for a written report within 30 days of the conclusion of any investigation deemed anything other than "unfounded." It also covers the requirement for an annual incident review/report. The Auditor reviewed the policy to verify the totality of its conformance with subsections (a), (b), and (c) of this standard.

The facility has worked to create and refine its "El Paso Service Processing Center—PREA Case Tracking" form to cover a wide scope of information about every investigation, from facts to reporting requirements to deadlines. It contains columns to enter a wide range of data. For instance, some of the entries on a completed form would include the parties/potential witness involved with any investigation, the closure date of the OPR investigation, and the mandatory review that must take place within 30 days of that date, the written report that must be made if a case is either "substantiated" or "unsubstantiated," and the date of a written response if the facility chooses not to implement any recommended improvements. Two of the most significant changes the Auditor noticed with the most recent iteration of the form are the recognition that a review must occur for all investigations and the addition of a column where the investigatory findings are to be classed as "substantiated" or "unsubstantiated," with those findings linked to a written report. The policy and the current form appear to demonstrate that the facility has a clear understanding of what is required by this standard, both as an ongoing process and as a tool both for improving its sexual abuse response efforts and also for compiling its annual review.

As of the end of the first week in November, 2018, the facility had recorded a single investigation for the year. The tracking form reviewed by the Auditor earlier in the year for that investigation did not contain several key pieces of information, but the latest version of the form is far more comprehensive. It appears to be reflective of what is required by the standard and the facility's policy; adherence to the policy and proper completion of the tracking form should eliminate any lapses in required reviews and the writing of reports when needed.

Based on a review of the facility's policy, a review of its newest tracking form, and a review of the facility's statement of "Corrections Made," the Auditor finds that the facility now meets the requirements of this standard.

**§115. Choose an item.****Outcome:** Choose an item.**Notes:****§115. Choose an item.****Outcome:** Choose an item.**Notes:****§115. Choose an item.****Outcome:** Choose an item.**Notes:****AUDITOR CERTIFICATION:**

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

*Douglas K. Sproat, Jr.*

November 15, 2018

**Auditor's Signature & Date**