

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



# Homeland Security

## AUDIT DATES

<b>From:</b>	March 23, 2021	<b>To:</b>	March 25, 2021
--------------	----------------	------------	----------------

## AUDITOR INFORMATION

<b>Name of auditor:</b>	Margaret L. Capel	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(479) 521- (b) (6), (b) (7)(C)

## PROGRAM MANAGER INFORMATION

<b>Name of PM:</b>	(b) (6), (b) (7)(C)	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (7)(C)	<b>Telephone number:</b>	(202) 381- (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>	San Diego Field Office
<b>Field Office Director:</b>	Gregory J. Archambeault
<b>ERO PREA Field Coordinator:</b>	SDDO (b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	880 Front Street, Suite 3300
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.

## INFORMATION ABOUT THE FACILITY BEING AUDITED

### Basic Information About the Facility

<b>Name of facility:</b>	Imperial Regional Detention Facility
<b>Physical address:</b>	1572 Gateway Rd, Calexico, CA
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.
<b>Telephone number:</b>	760 618 7200
<b>Facility type:</b>	D-IGSA
<b>PREA Incorporation Date:</b>	Click or tap to enter a date.

### Facility Leadership

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Facility Administrator
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(760) 618 (b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	PSA Compliance Manage
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(760) 618 (b) (6), (b) (7)(C)

## ICE HQ USE ONLY

<b>Form Key:</b>	29
<b>Revision Date:</b>	02/24/202002/24/202002/24/2020
<b>Notes:</b>	Click or tap here to enter text.

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The Prison Rape Elimination Act (PREA) audit of the Imperial Regional Detention Facility (IRDF) in Calexico, California was conducted March 23 – 25, 2021. The facility is operated by Management Training Corporation (MTC). Lead Auditor Margaret L. Capel, a Department of Homeland Security (DHS) and Department of Justice (DOJ) certified PREA Auditor contracted through Creative Corrections, LLC and (b) (6), (b) (7)(C) a DHS and DOJ certified PREA Auditor and the DHS Immigration and Customs Enforcement (ICE) PREA Program Manager for Creative Corrections, LLC conducted the three day audit to determine the facility's compliance with the DHS PREA standards. The Lead Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) and Assistant Program Manager (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The Program Manager's role is to provide oversight to the ICE PREA audit process and liaison with the ICE ERAU section during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. The facility processes detainees who are pending immigration review or deportation. During the on-site audit, the facility housed detainees from 30 different nationalities, with the top three nationalities being from Mexico, India, and Bangladesh. The facility does not house juveniles, females, or family detainees. This was the second DHS (ICE PREA audit of this facility. The first DHS PREA audit was completed in 2018.

The point of contact for the audit was (b) (6), (b) (7)(C) Team Lead, Inspection and Compliance Specialist (ICS), ICE, Office of Professional Responsibility (OPR), External Review and Analysis Unit (ERAU). About two weeks prior to the audit, the Team Lead provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), facility and agency policies, exhibits, and other pertinent documents. The documentation was provided through the ICE ERAU SharePoint. All the documentation was reviewed by the Lead Auditor, prior to the on-site visit. The Lead Auditor provided a tentative schedule for the on-site visit, and provided a listing of staff, detainees, and special populations rosters that the Auditors would need the first day of the on-site audit.

The Team Lead was not on-site during the audit however, provided assistance remotely as needed. The Team Lead opened the entry briefing at 8:00 a.m. on the first day of the on-site visit. In attendance were:

(b) (6), (b) (7)(C) ICS, ICE/OPR (telephone)  
(b) (6), (b) (7)(C) DHS Certified PREA Auditor, Creative Corrections (CC)  
(b) (6), (b) (7)(C) ICE PREA Program Manager, DHS Certified PREA Auditor (CC)  
(b) (6), (b) (7)(C) Facility Administrator  
(b) (6), (b) (7)(C) Assistant Facility Administrator  
(b) (7)(C) Prevention of Sexual Abuse (PSA) Compliance Manager  
(b) (6), (b) (7)(C) Compliance Manager  
(b) (6), (b) (7)(C) Lieutenant  
(b) (6), (b) (7)(C) Warden's Secretary

The IRDF has a PREA incorporation date of September 12, 2014. The IRDF has a design capacity of 782 but the population count was 275 on the first day of the on-site visit. The facility has three multiple cell housing units and nine open bay housing units. There are 32 segregation cells and 14 medical unit beds. The facility houses ICE detainees exclusively. The facility houses both male and female adult detainees but does not house juveniles or family units. In the last year the facility booked 1,276 detainees into the facility, with the average detainee population of 368. The average time in custody is 129 days.

According to the pre-audit questionnaire (PAQ), the facility employs 293 staff, 196 of whom are security personnel. The facility employs 142 male security staff and 54 female security staff. The security staff work three shifts: (b) (7)(E) . (b) (7)(E)

Camera are monitored from the control center by detention officers. Video footage is maintained for 45 days. (b) (7)(E)

MTC employs 26 medical personnel, to include 2 mental health staff. Medical staff are not trained to conduct forensic examinations. Forensic examinations are provided by Pioneers Memorial Hospital in Brawley California. The facility utilizes contractors to provide commissary services and mobile x-ray services. The facility utilizes volunteers to provide religious programs and utilizes the Sure Help line volunteers to provide advocacy services to the facility.

The Auditors inspected all areas of the facility accessible to detainees. The Auditors inspected the intake area which provides a waiting (holding) room for incoming detainees equipped with a television. The PREA orientation video is played while detainees are awaiting processing. The video is available in English and Spanish and provides closed captioning. The shower area provides for privacy from view by opposite gender staff while changing clothing and showering. Individual holding cells are utilized while detainees are being processed and awaiting housing assignment. (b) (7)(E)

The intake area has ICE National Detainee Handbooks available in 11 languages as well as the ICE Break the Silence and ICE Detainee Helpline posters.

The medical area is equipped with six negative pressure rooms, dental exam rooms, a triage area, medical observation cell, offices, and medical cells. The medical cells did not allow privacy while using the toilet. The Facility Administrator had opaque film partially placed over an area of the window, which provides for privacy while using the toilet but still allows the staff to observe the detainee.

Housing areas A, C, E, G, and L were on quarantine for COVID precaution procedures. The Auditors did not tour these housing areas or interview detainees assigned to these housing areas. There are nine open bay dorms and three double occupancy celled housing units. All Housing units have outside recreation areas utilized by detainees assigned to that specific housing area and detainees have scheduled time to utilize the large outside recreation area. (b) (7)(E)

(b) (7)(E) There are privacy curtains in the shower areas that afford privacy while changing clothes and showering. One detainee showed the Auditor that there was no place in the shower area to place clean clothing for changing, so detainees often run to their bunk area with only a towel to prevent having to wear wet clean clothes. The Auditor inspected the shower area and confirmed there was no area for detainees to place their clean clothing, to remain dry. The Auditor spoke with the Facility Administrator about this complaint. Before the conclusion of the on-site visit, the Facility Administrator had installed plastic fasteners for detainees to hang clean clothing without getting wet. The housing areas are all two levels and provide showers on the top and bottom floors. Showers are equipped with curtains that allow for privacy in the torso area but allow the officer to observe the head and feet and confirm detainees are showering individually. The officer's desk is positioned in the housing area opposite the shower area but still allows the officer to monitor the shower area. Transgender detainees shower individually in the upper shower area. Vulnerable detainees who require closer observation are given bed assignments closest to the officer's desk on the top and bottom floors. The ICE Zero Tolerance poster, Break the Silence poster, and ICE Detainee Helpline poster are posted on bulletin boards in each housing area.

The Special Management Unit (SMU) provides 32 cells to house detainees assigned to administrative segregation and those assigned to disciplinary detention. There were no detainees housed in SMU on protective custody for PREA related concerns. There are six showers and detainees shower individually. The showers have curtains that afford privacy of the torso area. The ICE Zero Tolerance poster, Break the Silence poster, and ICE Detainee Helpline poster are also posted on bulletin boards in SMU.

(b) (7)(E) The library had a small collection of leisure reading and PREA information in several different languages (Arabic, Bengali, Hindi, Urdu, Mandarin, Russian, Portuguese, Chinese) to accommodate LEP detainees. The librarian explained that she takes a portable copier to each housing unit daily to provide any copies requested by detainees.

During the on-site inspection, the Auditors noted blind spots in several areas of the facility: classrooms, commissary, barbershop, utility room, chapel, and the recreation office. Following the on-site visit, the facility installed half dome security mirrors in each of these locations. The facility provided photographs of each area, showing the mirrors which eliminated the previously identified blind areas. In all areas utilized by detainees, the Auditors found PREA related posters on bulletin boards explaining the facility's zero tolerance policy, reporting options, and contact information for community support organizations.

The PREA allegations spreadsheet, created by ERAU and provided to the Auditor prior to the audit, listed two allegations. The facility's allegation spreadsheet provided during the on-site visit indicated 11 reported allegations. The facility reported all 11 allegations to the Field Officer Director (FOD) and Contracting Officer's Representative (COR) as documented in the investigative file review. Following the on-site visit, the Auditor requested from the Team Lead further information to reconcile the difference in the allegation numbers. The difference was nine allegations that the facility reported to the COR and FOD that were not forwarded to the JIC. Of the eleven allegations the facility reported, all allegations occurred at the facility. Three of the allegations did not meet the criteria for PREA per the agency. Of these allegations, the facility completed a SAAPI Assessment Worksheet which indicated each incident was not PREA related. This worksheet as well as facility reports and supporting evidence (videos, photos, and the like) was forwarded to the FOD. The facility is informed through the FOD if the incident should be investigated as a PREA incident.

The remaining eight investigations were staff-on-detainee allegations and each were determined to be unfounded. An administrative investigation was completed for each allegation. One additional investigation file was reviewed that was outside the audit period, to review the coordinated response including retaliation monitoring, outside medical care, and emotional support services. This investigation involved a staff-on-detainee allegation that was unsubstantiated. As a result the employee was denied access to the facility. There were four allegations that were potentially criminal, and each were referred to the Imperial County Sheriff's Office (ICSO) for investigation. The ICSO determined none of the referred cases involved criminal activity.

The Auditor confirmed seven background checks through ICE Personal Security Unit (PSU). These background checks included: a contractor, volunteer, medical staff, a five-year employee, security supervisor, and random security staff. The background checks were completed and included verification of five-year background checks.

The out-briefing was conducted on March 25, 2021. In attendance were:

(b) (6), (b) (7)(C) ICS, ICE/OPR (telephone)  
(b) (6), (b) (7)(C) Assistant Field Administrator  
(b) (6), (b) (7)(C) DHS PREA Auditor  
(b) (6), (b) (7)(C) Program Manager, Creative Corrections, DHS PREA Auditor  
(b) (6), (b) (7)(C) Facility Administrator  
(b) (6), (b) (7)(C) Assistant Facility Administrator  
(b) (6), (b) (7)(C) PSA Compliance Manager  
(b) (6), (b) (7)(C) Chief of Security  
(b) (6), (b) (7)(C) Compliance Manager  
(b) (6), (b) (7)(C) Lieutenant  
(b) (6), (b) (7)(C) Receptionist

The Auditors thanked the facility for coordinating the interviews and providing additional documentation requested. Overall, the Auditors were impressed with the cleanliness of the facility, the training department, and the PSA Compliance Manager. The Auditors noted problems in the orientation of new LEP detainees, particularly those who did not speak English or Spanish and with the agency providing notification to the JIC of PREA allegations. The Auditors noted that to determine compliance, the Lead Auditor will review the totality of the information received through the on-site visit, observations, interviews, and document review.

## 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.

### **Exceeds Standards**

115.31 Staff Training  
115.32 Other Training  
115.35 Specialized training: Medical and Mental Health Care

### **Meets Standards**

115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator  
115.13 Detainee supervision and monitoring  
115.15 Limits to cross-gender viewing and searches  
115.17 Hiring and promotion decisions  
115.18 Upgrades to facilities and technologies  
115.21 Evidence protocols and forensic medical examinations  
115.34 Specialized training: Investigators  
115.41 Assessment for risk of victimization and abusiveness  
115.42 Use of assessment information  
115.43 Protective custody  
115.51 Detainee reporting  
115.52 Grievances  
115.53 Detainee access to outside confidential support services  
115.54 Third party reporting  
115.61 Staff and agency reporting duties  
115.62 Protection duties  
115.63 Reporting to other confinement facilities  
115.64 Responder Duties  
115.66 Protection of detainees from contact with alleged abusers  
115.67 Agency protection against retaliation  
115.68 Post-allegation protective custody  
115.71 Criminal and Administrative Investigations  
115.72 Evidentiary standard for administrative investigations  
115.76 Disciplinary sanctions for staff  
115.77 Corrective action for contractors and volunteers  
115.78 Disciplinary sanctions for detainees  
115.82 Access to emergency medical and mental health services  
115.83 Ongoing medical and mental health care for sexual abuse victims and abusers  
115.87 Data Collection  
115.201 Scope of audits

### **Does Not Meet Standard**

115.16 Accommodating detainees with disabilities and detainees who are limited English proficient  
115.22 Policies to ensure investigation of allegations and appropriate agency oversight  
115.33 Detainee Education  
115.65 Coordinated Response  
115.73 Reporting to detainees  
115.81 Medical and mental health assessments; history of sexual abuse  
115.86 Sexual abuse incident reviews

### **Not applicable**

115.14 Juvenile and family detainees

## 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:**

##### Documents Reviewed:

IRDF Standard Operating Procedure (SOP) - Sexual Abuse and Assault and Prevention and Intervention (SAAPI)  
IRDF SAAPI SOP and IRDF SAAPI SOP Amendment approval by ICE Field Office

(c) The facility has a zero tolerance for sexual abuse which is established in IRDF Standard Operating Procedure (SOP) – Sexual Abuse Assault Prevention and Intervention which states, "The IRDF has zero tolerance for all forms of sexual abuse and assault. The IRDF will provide a safe and secure environment for all detainees, employees, contractors, and volunteers, free from the threat of sexual abuse or assault, by maintaining a Sexual Abuse and Assault Prevention and Intervention (SAAPI) program that ensures effective procedures for preventing, reporting, responding to, investigating and tracking incidents or allegations of sexual abuse or assault." The policy further states, "Sexual abuse or assault of detainees by other detainees, or by employees, contractors, or volunteers is prohibited and subject to administrative, disciplinary, and criminal sanctions. In all instances where allegations of sexual abuse or sexual assault are made, the IRDF will investigate thoroughly and hold all negligent parties, accountable for their actions, up to and including, criminal prosecution."

The facility SAAPI SOP policies were approved by the FOD on February 10, 2020 and the SAAPI SOP Amendment was approved by the Supervisory and Detention and Deportation Officer (SDDO) at the San Diego Field Office on March 16, 2021.

(d) The facility employs a full time PSA Compliance Manager. The SAAPI SOP states, "The IRDF Facility Administrator has designated the PSA Compliance Manager to serve as the facility's point of contact for the ICE/ERO PSA Coordinator. The PSA Compliance Manager will have sufficient time to and authority to oversee the IRDF's efforts to comply with the facility's sexual abuse prevention and intervention policies and procedures. The PSA Compliance Manager will:

1. Assist with the development of written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program, and keep them current;
2. Assist with the development of initial and on-going training protocols;
3. Serve as a liaison with other agencies;
4. Coordinate with the gathering of statistics and reports on incident of sexual abuse and assault, as detailed in the section "Data Collection" later in this standard;
5. Will conduct administrative investigations for all allegations of sexual abuse and assaults;
6. Review the results of every investigation of sexual abuse and assist in conducting an annual review of all investigations in compliance with the Privacy Act to assess and improve prevention and response efforts;
7. Review IRDF's practices to ensure required levels of confidentiality are maintained;
8. Assist the Facility Administrator in preparation of the staffing plan, to include facility line drawings with assigned posts, cameras (type and direction), and blind spot identification /mitigation methods.
9. Plan and develop programs to assist in the compliance with all PREA mandates; and
10. Maintain required PREA documentation, demonstrating the IRDF's compliance with all PREA mandates."

The Auditor reviewed the facility organizational chart which shows the PSA Compliance Manager reports directly to the Facility Administrator. The PSA Compliance Manager explained his duties included providing PREA orientation to all incoming detainees, conducts the reassessments, provides PREA training to newly hired staff and annual refresher PREA training with all staff, conducts the administrative investigations for all PREA allegations, conducts all 30, 60, and 90 day retaliation monitoring, serves on the Transgender Care Committees and Incident Review committees; conducts mock PREA incidents for staff training purposes, serves as the point of contact for all PREA related issues for the facility and other PREA related issues. An additional investigator has been trained and will be able to assist the PSA Compliance Manager with administrative investigations. He feels he has enough time to complete his responsibilities at the current population level.

Interview with staff and the Facility Administrator also confirmed the PSA Compliance Manager has the authority to complete his duties.

The facility meets the requirements for this standard.

### **§115.13 - Detainee supervision and monitoring.**

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

#### **Notes:**

Documents Reviewed:

IRDF SAAPI SOP Amendment  
Exhibit 1 – Staffing Plan  
Exhibit 2 – Post Orders  
Exhibit 3 – Staffing Plan Review  
Exhibit 4 – Unannounced Rounds  
Facility Floor Plan

(a) The facility employs 196 detention staff to include supervisors. All security positions were filled at the time of the site visit. The PSA Manager explained that it is not uncommon for the facility to receive 100 applications for one opening. The facility has trained on-call detention officers to fill in during absences and the facility hires from this pool of individuals when vacancies occur. The facility staffing provides adequate supervision of detainees. The facility's staffing plan provides for (b) (7)(E) officers per shift for housing supervision, as well as, control room officers. Each shift provides a minimum of one officer per housing unit, with an additional staff assigned during 1<sup>st</sup> and 2<sup>nd</sup> shift. (b) (7)(E) lieutenants are assigned to 1<sup>st</sup> shift and (b) (7)(E) lieutenant on 2<sup>nd</sup> and 3<sup>rd</sup>. There are two sergeants for each shift except the 3<sup>rd</sup> shift which has one sergeant. There are (b) (7)(E) officers assigned to Receiving and Discharge (R & D) on the first shift and two on the remaining shifts. The facility also provides officers for segregation, medical unit, medical unit observation, transportation, visitation, library, recreation, utility officers, gang intelligence, armory, back gate, front lobby, asylum officer, barbershop, court officers, and outside security details. The staffing plan included a relief factor for applicable positions. At the time of the on-site visit the facility detainee population was 275. The staffing plan was reviewed November 5, 2020 with recommendations to upgrade the video monitoring technology at the facility, specifically the camera system. The request to upgrade the facility's camera system was approved and the facility is awaiting installation. The Auditor also reviewed the facility's organizational plan. The Chief of Security is responsible for supervision of all security staff through security supervisors. The Chief-of-Security reports to the Deputy Warden of Operations, who reports to the Facility Administrator. All called housing units, medical holding rooms, and the holding rooms in receiving and discharge have intercoms that connect to the central control center.

The Facility Administrator explained that the facility has a pool of on-call staff available to fill posts as needed. The on-call pool staff receive the new hire training and PREA training provided to all staff as well as annual refresher training. The facility selects new staff from this pool of trained employees. The Facility Administrator and PSA Compliance Manager both confirmed they did not have any difficulties filling positions and noted they usually have over 100 applications for any vacancy, except medical. The Facility Administrator stated the facility's contract requires no more than 5% vacancy rate at any time. The PSA Compliance Manager stated the facility does not utilize a staff-to-detainee ratio when determining adequate staffing levels.

The Auditor's review of the completed investigations by the facility did not indicate any issues with staffing or supervision. Video monitoring is utilized throughout the facility. The facility has approval to replace all existing cameras, add additional cameras and replace digital video recorders (DVR). The physical layout of the facility is such that detainee housing, service and program areas are easily accessible within the building. During the on-site inspection, the Auditors noted blind spots in several areas of the facility: classrooms, commissary, barbershop, utility room, chapel, and the recreation office. Following the on-site visit, the facility installed half dome security mirrors in each of these locations. The facility provided photographs of each area, showing the mirrors which eliminated the previously identified blind areas.

(b) The facility's comprehensive guidelines are detailed in the facility's post orders. The post orders include 35 pages of instructions for daily activities as well as emergency response for fire, major disturbances, sexual abuse and assault reporting and response procedures, hostage taking, disabled detainees, and grievances. These orders include the requirement that detention officers conduct an inspection and patrol of the housing unit, irregularly, every 30 minutes. Detention officers reported they conduct unannounced rounds on an irregular basis at a minimum of every 30 minutes and log these rounds in their logbook. Detention officers reported they are conducting rounds to ensure detainees are safe, checking cells, showers, and doors. Officers also reported they were looking for unusual activity and ensuring detainees are not in unauthorized areas. The Auditors checked video footage and logbooks and confirmed detention officers were conducting unannounced rounds as required. The PSA Compliance Manager explained the facility complies with the Performance Based National Detention Standards (PBNS) which requires post orders to be reviewed annually. The post orders were last reviewed in December 2020 by the Facility Administrator which are reviewed annually.

(c) The Facility Administrator explained the facility meets the ICE Performance-Based National Detention Standards (PBNS) which requires adherence to generally accepted detention and correctional practices and explained there had been no judicial findings of inadequacy. He explained that the physical layout of the facility allows the shift supervisors to conduct rounds in a reasonable time period. He further explained that the detainee length of time in custody and detainee custody levels effect staffing decisions as well, with higher level custody detainees requiring closer supervision. He stated following the completion of any sexual abuse investigation, the facility conducts incident reviews to determine if there are ways the facility could improve the sexual safety of detainees.

The PSA Compliance Manager stated the facility conducts a review of all sexual abuse allegations to determine if there are ways to improve the effectiveness of the SAAPI program, including staff supervision. He explained that some detainees, were unfamiliar with searches of any kind, and felt violated when they were pat-searched. In response, the facility strategically painted footprints on the floor in the housing area where detainees are to be pat-searched. (b) (7)(E)

(d) The IRDF SAAPI SOP Amendment states, "Frequent unannounced security inspections will be conducted to identify and deter sexual abuse of detainees. Inspections will occur on all shifts. The IRDF staff are prohibited from alerting others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of the facility. The IRDF's staff members will document unannounced visits by supervisors or departmental staff in appropriate logbooks. Such visits must be documented as a PREA unannounced visit."

Security supervisors and management staff document, in red ink, unannounced rounds and visits to the housing areas in the Housing Unit Logbook. A review of the logbooks, as well as interviews with detention officers and security supervisors demonstrated unannounced security inspections are conducted for every shift. The Auditor conducted 14 random interviews with security supervisors and detention officers from each shift. All security staff reported they conducted unannounced rounds. The Auditors checked video footage and logbooks and confirmed security supervisors were conducting unannounced rounds as required.

During the facility tour, the Auditors discovered the two laundry supervisors checked out the laundry key and locked themselves in the laundry with the keys. The Shift Supervisor did not have access to the laundry to conduct unannounced security inspections, except through the emergency key box, which the Auditors determined was not adequate to conduct unannounced security inspections. The facility added the laundry key to the shift supervisor's key ring allowing for unannounced security inspections of the laundry area.

The facility meets the requirements for this standard.

#### **§115.14 - Juvenile and family detainees.**

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

**Notes:**

Documents Reviewed:

PAQ  
Exhibit 5 – Memorandum from Facility Administrator  
Facility Roster with age

(a)(b)(c)(d) The PAQ and a memorandum from the Facility Administrator state the facility does not house juveniles or family units. The Auditor reviewed a detainee facility listing which provided the age of the detainees. The roster confirmed there were no juvenile detainees housed at the facility.

This standard is 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:**

Documents Reviewed:

IRDF SAAPI SOP  
IRDF Searches of Detainees SOP  
Exhibit 6 - Memorandum Regarding Cross-gender Searches  
Exhibit 7 – Search Training Slides, Pre-service and In-service training logs and certificates  
PAQ

(b)(c)(d) The IRDF SAAPI SOP states, "All pat searches will be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs, including consideration for officer safety. Pat-down searches will be conducted in an area under monitored surveillance. Pat-down searches conducted in non-monitored surveillance areas will require a minimum of two detention officers, second officer will serve as a witness."

The IRDF also states, "The IRDF staff will adhere to the following gender protocol when pat searching detainees:

- Male detainees will be searched by male officers.
- Female detainees will be searched by female officers.
- Transgender detainees, will be permitted to choose the gender of the officer conducting the pat search."

The IRDF SAAPI SOP also states "Cross-gender pat searches will only be conducted in exigent circumstances and must be fully documented, explaining the reasons for the cross-gender pat search. Staff will document the reasons for each cross-gender pat search in the Record of Search log and in an Incident Report (IR), placing a copy of the IR in the detainee's detention file."

During the facility tour the Auditors noted footprints had been strategically painted on floor in the detainee living areas. The Facility Administrator explained they had received some allegations from detainees who had never experienced pat searches in the past and felt the search was improper. The investigations determined the allegations were unfounded. To address this issue, the facility placed footprint markers on the floors showing detainees where to stand during pat searches. (b) (7)(E)

The Auditors interviewed 14 security staff to include security line staff, and security supervisors from each shift. Intake officers were interviewed from 2<sup>nd</sup> and 3<sup>rd</sup> shift. All security personnel reported they received training regarding how to conduct a cross-gender pat search but have never witnessed or conducted a cross-gender pat search or body cavity search. Detention officers reported cross-gender pat searches must be approved by a supervisor. Shift supervisors reported all cross-gender pat searches must be approved by the Facility Administrator.

(e) The IRDF SAAPI SOP also states, "A strip-search is a search that requires a person to remove or arrange some or all of their clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia. IRDF staff will not routinely require a detainee to remove clothing or require a detainee to expose private parts of his/her body to search for contraband. A strip-search will only be conducted when there is reasonable suspicion that contraband may be concealed on the person, and with supervisory approval. Staff of the same gender as the detainee will perform the search, except when circumstances are such that a delay would mean the likely loss of contraband. In the case of an emergency, IRDF staff of the same gender as the detainee will be present to observe a strip search performed by an officer of the opposite gender. Any strip searches conducted by an officer of the opposite gender must be fully documented, explaining the reasons for the cross-gender strip search."

"When it becomes necessary to strip-search a detainee(s), staff will adhere to the following gender protocol:

- Male detainees will be strip-searched by male officers.
- Female detainees will be strip-searched by female officers.
- Transgender detainees, will be permitted to choose the gender of the officer conducting the strip-search. Any strip-search of a transgender detainee will be conducted in private and whenever possible, medical personnel will be present to observe the strip-search of a transgender detainee."

Body cavity searches are addressed in the IRDF Searches of Detainees SOP which states, "Should the need arises for a detainee to have a body cavity search, the Facility Administrator in consultation with the clinical medical authority will make arrangements to refer the detainee to the contracted emergency department for further evaluation."

**Recommendation:** The facility's policies do not address visual body cavity searches. The Auditor understands the facility has not had any occasion to conduct a visual body cavity search of a detainee, but the policy must address these searches, providing direction to staff as to when, if ever, a visual body cavity search could be conducted and the requirements of such a search.

The Auditors interviewed 14 detention officers and security supervisors. All reported they had never witnessed a cross-gender pat-strip, or body cavity search. With one exception of one supervisor, all staff interviewed reported they had conducted and observed same gender pat-searches; but denied conducting or witnessing a same gender strip or body cavity search. The one security supervisor reported conducting a strip search however, it was at another facility.

(f) The IRDF SAAPI SOP states, "Each time a strip-search is conducted, the articulable facts supporting the conclusion that reasonable suspicion exists will be documented on a Record of Search form. Each strip-search will be documented on the Record of Search log. When staff of the opposite gender conducts a strip-search which is observed by a staff member of the same gender as the detainee, staff will document the reasons for the opposite gender strip-search in the Record of Search log and in an incident report (IR), placing a copy of the IR in the detainee's detention file. Shift supervisors will annotate such instances within their shift report."

The Facility Administrator stated in a memorandum and in the interview that there had been no instances of cross-gender searches in the past 12 months.

(g) The IRDF SAAPI SOP states, "Detainees will be able to shower, perform bodily functions and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when viewing is incidental to routine checks or cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement." The policy defines exigent circumstances as, "any set of temporary or unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility or a threat to the safety or security of any person."

During the facility tour, the Auditors found the detainee cells allowed for full view of the toilet from the cell door. This was also the case with the medical observation area. During the audit, the Facility Administrator had tinted film applied to part of the cell door windows to allow the officer to see the detainee's torso but obscure the genitalia area, thus eliminating the potential cross-gender viewing. The Auditors found the window to provide the required privacy required by the standards. The showers and toilet areas in the other areas all provided the required privacy. The intake housing area provides privacy as well for incoming detainees.

The IRDF SAAPI SOP also states, "IRDF staff of the opposite gender will announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing." Most detainees reported opposite gender staff announce their presence when entering areas where detainees may be changing clothes, performing bodily functions, or showering. Most reported they are provided privacy when showering, changing clothing, and performing bodily functions. A couple of detainees noted the privacy issue from the toilet in the cell areas, but this was addressed prior to the close of the on-site visit (see above). During the interviews, the security staff consistently reported detainees are provided privacy as detailed above.

(h) The IRDF is not a family residential facility. This section of the standard is not applicable.

(i) The IRDF SAAPI SOP states, "The IRDF staff will not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainees, by reviewing medical records, or if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner."

At the time of the on-site visit, there were no transgender detainees assigned to the facility to interview. Security staff during the interviews consistently reported they have never witnessed or conducted a search or examination of a detainee to determine their gender.

(j) The Training Manager confirmed that all security staff are trained in proper procedures for conducting pat-down searches, including cross-gender pat-searches and searches of transgender and intersex detainees. He described the search procedures and explained the training includes how to conduct pat-searches in the least intrusive manner possible and in a professional, respectful manner, which included informing the detainee in advance of the areas the officer will be searching. He added that officers are trained to conduct pat-searches in full view of the cameras for officer safety.

The Auditor reviewed the training film utilized by the facility to train security staff in proper cross-gender and transgender pat-searches provided through the PREA Resource Center and developed by the Moss Group. Security staff were able to describe the proper techniques for proper cross-gender pat-searches and transgender searches.

The facility meets the requirements for this standard.

#### **§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.**

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

#### **Notes:**

Documents Reviewed:  
IRDF SAAPI SOP  
Exhibit 8 – Facility Detainee Handbook  
Exhibit 9 – ICE Zero Tolerance Poster  
Exhibit 10 – ERO Language Line Services Flyer

(a)(b) The IRDF SAAPI SOP states, "The IRDF will take appropriate steps to ensure detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech difficulties) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf or hard of hearing or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the IRDF will:

1. Provide access to in-person, telephonic, or video interpretive services that enable effective, accurate and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; and
2. Providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication."

The IRDF SAAPI SOP further states, "The IRDF will take steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient, including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary." The Facility Detainee Handbook states, "A disability is a physical or mental impairment that substantially limits one or more of an individual's major life activities, (e.g. seeing, hearing, caring for oneself, walking, standing, breathing, communicating, speaking, major bodily functions, etc.) or a record of such a physical or mental impairment. If you have a disability and require accommodations, aids, services, and/or assistance to access the facility's programs, activities, and services, you may submit a detainee request or if urgent speak with a staff member. The facility will review your request and where reasonably appropriate and approved, provide you with the necessary accommodations, aids, or services."

This information is also provided to detainees in the ICE National Detainee Handbook. The Auditors confirmed that facility has copies of the ICE National Detainee Handbook in the following languages: Arabic, Chinese, Creole, English, French, Hindu, Portuguese, Punjabi, Russian, Spanish, and Vietnamese. The PSA Compliance Manager developed an orientation handout in Arabic, Bangladesh, Chinese, French, Hindu, Korean, Portuguese, Punjabi, Russian, Spanish, Tamil, Tigrinya, Urdu, and Vietnamese. This handout provides information on the facility's zero-tolerance for sexual abuse, all sexual activity at the facility is prohibited, to include sexual touching or sexual communication between detainee and detainee or detainee and staff. The handout also provides information for reporting sexual abuse to any staff member, housing unit officer, and how to report sexual abuse allegations through the ICE Detention Reporting Information Line (DRIL) line, OIG, and OPR. PREA related posters are visible to detainees in their housing areas and include the ICE ERO Zero Tolerance Poster (in English and Spanish) which provides a phone number for reporting sexual abuse to ICE Detention Reporting Information Line (DRIL), the Office of Inspector General (OIG), which is anonymous, and the poster provides the name of the PSA Compliance Manager. Contact information for the PSA Compliance Manager is in the Facility Detainee Handbook. The Sexual Assault Awareness pamphlet information (English and Spanish) is provided in the Facility Detainee Handbook and provides contact information for the Sure Helpline Rape Center to include a 24-hour hotline, address information. The pamphlet is also posted on bulletin boards throughout the facility. This pamphlet also provides an address to write the PSA Compliance Manager. Detainee interviews and detainee file reviews revealed PREA information is not being provided in a language understood by the detainee during the intake process as required. The files showed limited English proficiency (LEP) detainees other than Spanish receive the information in English and interpretation services are not utilized. Although the facility has ICE National Detainee Handbooks in numerous languages, these handbooks are not provided to LEP detainees unless Spanish is their language.

The Facility Administrator stated the facility does not house deaf or blind detainees. If received these detainees would be transferred to a facility that could better meet the detainees' needs.

Intake staff reported and the Auditors confirmed the facility has a PREA video (includes closed captioning) and written PREA information available that would benefit detainees with low or limited vision and/or hearing or reading disabilities. A few security personnel reported some experience working with detainees with low or limited vision or hearing limitations. Most officers were aware of the PREA video which provides audio for low or limited vision detainees and written PREA information available in the detainee handbooks and on posters throughout the facility for detainees with low or limited hearing. Most security staff reported having experience working with detainees with intellectual, psychiatric, or speech disabilities, with most staff reporting they would contact medical or mental health staff for assistance. Other options mentioned was speaking slowly, repeating, or simplifying the information, and asking questions to ensure the detainee understands the information. Intake staff also confirmed that a PREA video is available with audio and closed captioning

The facility provided a listing of disabled detainees, at the beginning of the audit. There were two detainees listed with communication disabilities. One detainee was restricted to a quarantined housing area and the other detainee refused the interview.

**Does Not Meet:** The facility does not provide LEP detainees with PREA information during intake in a language they understand. The facility must provide PREA information to detainees in a language they understand through an interpreter or written form.

**Recommendation:** The facility may consider enlarging the print in the handbooks for detainees who have low or limited vision and making an audio recording of the PREA orientation and handbooks for detainees who have low or limited hearing or who cannot read.

(c) Related to allegations of sexual abuse the IRDF SAAPI SOP states, "Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by an alleged abuser, detainees who witnessed the alleged abuse, and a detainee who has a significant relationship with the abuser is not appropriate in matters related to sexual abuse."

The PSA Compliance Manager also serves as the main investigator for the facility. An additional security supervisor (female Lieutenant) has also recently been trained to assist with investigations. Both investigators speak both English and Spanish. The facility also has access to interpretation services. The facility provided a resource flyer titled, DHS ICE ERO Language Services which provides information for facility and medical staff to access translation, interpretation, and sign language services if necessary. The investigation reports did not indicate if an interpreter was utilized during the investigatory interviews.

Of the security personnel interviewed all reported they would not allow a minor, the abuser, or a friend of the abuser interpret for a detainee victim of sexual abuse. Two of the 14 security staff interviewed would allow a detainee witness to interpret for a detainee. Only 1 of the 14 security staff interviewed would allow another detainee to interpret for a detainee victim, which is allowed under certain circumstances as outlined in the facility policy and PREA standards.

**Recommendation:** The facility should provide refresher training for security staff regarding the facility policy and PREA standard for utilizing other detainees to interpret for detainee victims, if the detainee expresses the preference and the agency determines such interpretation is appropriate and consistent with DHS policy.

The facility does not meet the requirements for this standard.

#### **§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:**

Documents Reviewed:

HQ 5-CFR.831

Executive Order 10450

ICE Directive 6.7.0

ICE Directive 6.8.0

MTC Policy 903E.02 – MTC Sexual Safety in Prison (PREA)

(a)(b)(c)(d) The Auditor reviewed Executive Order 10450, ICE Directives 6-8.0 - ICE suitability screening requirements for Contractor Personnel and 6-7.0 – ICE Personnel Security and Suitability Program which require contractors to undergo a thorough background investigation to determine suitability for employment and retention. Executive Order 10450 Security Requirements for Government Employment, Office of Personal Management Section Part 731 and ICE Directives 6.7.0 and 6.8.0 requires “the facility and agency, to the extent permitted by law, to refuse to hire or promote anyone who may have contact with detainees, and decline to enlist the services of any contractor or volunteer who may have contact with detainees, who has been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the standard.” The Unit Chief of the ICE OPR Personnel Security Unit (PSU), informed Auditors who attended video training in Arlington, Virginia in September-October 2020, that candidate suitability for all employment applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Applicants are questioned directly about any such previous misconduct both during their background check and during the job interview process and a positive response to any of those specific questions are grounds for unsuitability including material omissions or making false or misleading statements in the application. The Federal Statute 731.105 and ICE Directives 6, 7.0 and 6.8.0 require “the facility and agency to conduct criminal background checks on all staff and contractors who may have contact with detainees prior to being allowed entrance into the facility. It further requires a background recheck be conducted every five years on all employees and unescorted contractors.”

The MTC Policy 903E.02 states, “MTC prohibits hiring or promoting staff who have contact with inmates who have engaged in sexual abuse and/or sexual harassment. Material omissions or the provision of materially false information from the staff is prohibited as detailed in MTC Policy 203.01.B.8.b. 18 Rules of Conduct. Contractors having contact with inmates require a background check before enlisting services and every five years of continuous service in accordance with MTC Policy 13.20 Purchase Policy. Facilities shall either conduct criminal background checks every five years for current employees who may have contact with inmates or have in place a system for otherwise capturing such information for current employees.”

The Human Resource Manager confirmed that the facility will not hire or promote anyone who has engaged in sexual abuse. She explained that ICE provides an initial National Crime Information Center (NCIC) check of all prospective employees and contractors. If the NCIC check is unremarkable, the facility is able to hire the applicant pending a more thorough background investigation. If the completed background check finds information that would make the employee ineligible for hire, they are removed from employment.

The Auditor confirmed seven background checks through ICE. These background checks included: a contractor, volunteer, medical staff, a five-year employee, security supervisor, and random security staff. The background checks were completed and included verification of five-year background checks.

The facility has contractors who provide services on a limited basis to the facility: Keefe provides commissary services and Trident Radiology provides mobile radiology services. The facility had over 50 active volunteers but due to safety measures taken in response to the global pandemic, volunteers have been restricted from entering the facility for over a year. The Auditor reviewed files for one volunteer and one contractor. In both cases a criminal background check was completed prior to utilizing the individual at the facility. Following the audit, the facility provided additional documentation of criminal background checks completed for volunteers.

The Auditor reviewed seven personnel files consisting of five employees, a contractor, and a volunteer. This included a newly hired employee, a full-time employee with a five-year background check, a contractor, a promotional employee, an employee with previous institutional experience, and a volunteer. The record demonstrated an NCIC check was completed prior to hiring the employee. Five of the files indicated they had not received the ICE background investigation. The HR Manager explained these background checks are “backed up” and sometimes the process can take months. The Auditor noted one file in which the ICE background check was requested seven months ago. The HR Manager explained that an employee or contractor employment would be terminated if they did not clear the ICE background investigation.

The Auditor requested verification of background investigations of seven individuals to include a contractor, a volunteer, and a mental health staff through the ICE Personnel and Security Unit (PSU). The PSU verified initial and five-year background checks for each individual.

The HR Manager confirmed that all applications for employment and promotion and subsequent interviews ask the applicant directly about their history of sexual abuse. The HR Manager also confirmed that the facility makes its best efforts to contact previous institutional employers to obtain information on substantiated allegations of sexual abuse or any resignations pending an investigation of sexual abuse. This is also done during the ICE background investigations.

All staff, contractors, and volunteers have a continuing duty to immediately report any knowledge, suspicion, or information regarding an incident or allegation of sexual abuse occurring at the IRDF, any staff neglect or violation of responsibilities that may have contributed to an incident of sexual

abuse, and retaliation against detainees, staff, contractor or volunteer who reported such an incident. The continuing duty to report is included in the IRDF SAAPI SOP and is covered annually in the PREA refresher training.

**Recommendation:** The facility should consider having a process for staff, volunteers, and contractors to sign acknowledging their continuing duty to report, for example when PREA training is provided initially and annually thereafter.

(e)(f) The policy MTC 903E.02 stated and the HR Manager confirmed that material omission regarding sexual abuse or providing false information is grounds for termination of employment or withdrawal of an offer of employment. She also stated if an institutional employer requests a reference check about a former employee's history of sexual abuse, she will provide the information requested.

The facility meets the requirements for this standard.

#### **§115.18 - Upgrades to facilities and technologies.**

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

##### **Notes:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 11 – Memorandum -Upgrades to Facilities and Technologies

(a)(b) The IRDF SAAPI SOP states, "When designing or acquiring any new facility, or in planning any substantial expansion or modification to the existing facility, the IRDF will consider the effect of the design, acquisition, expansion or modification upon its ability to protect detainees from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology at the facility, the IRDF will consider how such technology may enhance its ability to protect detainees from sexual abuse by eliminating any blind spots, as much as possible." The facility provided a memorandum from the Facility Administrator stating the IRDF has not designed or modified new or existing areas within the last year.

(b) (7)(E)

The Auditor viewed the cameras from the control center where they are monitored and found none of the cameras allowed viewing of detainees who were performing bodily functions, showering, or changing clothing. The system provides recording capability for 45 days. The Facility Administrator explained the facility received approval to upgrade the camera system throughout the facility, replacing existing cameras, adding additional cameras, and replacing DVR's.

The facility meets the requirements for this standard.

#### **§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:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 12 – Memorandum of Understanding (MOU) with California Coalition Against Sexual Assault (CALCASA) and Sure Helpline

Exhibit 13 – MOU with Pioneers Memorial Healthcare District

Exhibit 14 – MOU with ICSO

ICE PREA Allegation Spreadsheet

Facility PREA Investigation spreadsheet

(a) The IRDF SAAPI SOP outlines the uniform evidence protocol for maximizing the potential for obtaining usable physical evidence for administrative and criminal prosecutions to include: securing the crime scene and any available video footage, separating the victim and abuser, instructing the victim and abuser not to wash, defecate, brush teeth, smoke, change clothing, drink, urinate or eat and access to a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) certified examiner obtain usable forensic evidence. The facility investigator explained he reviews each detainee's past history, and interviews the alleged victim and abuser, after consultation with ICE. PREA allegations may be investigated through OPR, (OIG and/or the ICSO. Agency policy 11062.2 Sexual Abuse and Assault Prevention and Intervention outlines the agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not accepted or assigned by DHS OIG, OPR, or local law enforcement agency, the case would be referred to ERO for assignment and completion of an administrative investigation.

The facility does not house juveniles or family units, so those subsections are not applicable to this facility. The PSA Compliance Manager who also serves as the facility investigator.

(b)(d) The PSA Compliance Manager confirmed the facility has a (MOU, effective September 1, 2020, between the facility and the California Coalition Against Sexual Assault (CALCASA) and Sure Helpline, referred to as the Rape Crisis Center (RCC), to provide a victim advocate for detainee victims during the forensic exam and investigative interviews, follow-up, and on-going emotional support services to include confidential, regular telephone calls, confidential correspondence, and in-person crisis counseling provided by the RCC to the detainee victim.

The IRDF SAAPI SOP states, "In the event of a sexual assault, IRDF will contact SHCC (Sure Helpline) who will provide a victim advocate. The SHCC victim advocate will be able to provide emotional support, crisis intervention, information, and referrals. The IRDF will inform the detainee prior to providing them services through SHCC, of the extent to which such communications will be monitored and the extent to which reports of abuse will be

forwarded to authorities in accordance with mandatory reporting laws.” Detainee victims are provided support and services through community programs. The policy does not specify that these services should be provided to detainees at their request.

The Auditor spoke with a representative from Sure Helpline who stated their organization provides advocacy services for detainees during the forensic exam and investigatory interviews, as well as individual and group counseling at the facility, crisis intervention through the 24-hour crisis line, and assists mental health staff to make referrals when necessary to other countries. She explained that all services were confidential. The 24-hour crisis line does not require the detainee to provide any identifying information. The Auditor called the Sure Helpline and confirmed the detainee does not have to provide any identifying information to access the services.

The MOU between the facility and the Pioneers Memorial Hospital provides that a victim advocate can be present during the forensic examination process if requested by the victim.

The Auditors requested a listing of detainees who had reported a sexual abuse at the facility. There was one detainee still housed at the facility, but the detainee refused to be interviewed.

**Recommendation:** In the event of a sexual assault, the standard requires these services be provided “as requested by a victim”. The facility should inform the detainee victim of the available services, and contact the Sure Helpline advocates, if requested by the victim. The Auditor recommends amending the policy to reflect this requirement.

(c) The IRDF SAAPI SOP states, “All treatment services, both emergency and on-going, will be provided to the victim without financial cost and regardless of whether the names the abuser or cooperates with any investigation arising out of the incident. The IRDF’s medical department will provide such victims with medical and mental health services consistent with the community level of care.”

The facility has an MOU with the Pioneers Memorial Hospital to provide forensic examination services for detainee sexual assault victims from the facility. The Pioneers Memorial Hospital is part of a Sexual Assault Response Team (SART) which includes members of law enforcement, to include IRDF, and advocacy groups. The hospital agrees to provide the services of a SANE to provide forensic examinations. The hospital has a SART examination area that is separate from the emergency room. The MOU states the facility is responsible for any costs related to the forensic examination. The Health Services Administrator (HSA) explained that all services provided to detainee victims are free. The Auditor reviewed and confirmed the services covered in the MOU include forensic examinations of detainee sexual assault victims by a SANE. The Auditors reviewed the sexual abuse allegation investigations for the past year and found none of the detainee victims required a forensic examination.

The Auditor spoke with a nurse in the emergency room at Pioneers Memorial Hospital. She reported the emergency room provides forensic examinations of rape victims. The examinations are completed by a full-time on-call SANE. The hospital requires a police report to conduct a forensic examination.

(e) The facility has an MOU with the Imperial County Sheriff’s Office (ICSO). The MOU states, “the Imperial County Sheriff’s Office is charged with the preservation of peace and investigating public offenses committed within its jurisdiction, which extends to privately operated detention facilities located within the county of Imperial.” The PSA Compliance Manager also provided an email sent from the PSA Compliance Manager to the ICSO requesting ICSO to follow the requirements of this standard to utilize a uniform evidence protocol, utilize available community resources to include victim advocacy services, arrange for the detainee victim to receive a forensic examination by a SAFE/SANE examiner, allow the presence of a victim advocate for support to the victim during forensic examinations and investigatory interviews. The PSA Compliance Manager stated the facility has a very good working relationship and communications with the ICSO.

The facility meets the requirements for this standard.

## **§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.**

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

### **Notes:**

#### Documents Reviewed:

- 11062.2 – Sexual Abuse and Assault Prevention and Intervention
- IRDF SAAPI SOP
- Exhibit 14 – MOU with ICSO
- ICE Website
- Exhibit 15 – MTC Website
- Exhibit 16 – Memorandum – PREA incidents referred to ICSO
- ICE PREA Allegation spreadsheet
- Facility PREA Allegation spreadsheet

(a)(d)(e)(f) The SAAPI SOP states, “The IRDF will ensure that each allegation of sexual abuse or assault is investigated by an appropriate criminal or administrative investigative entity, and shall cooperate with all investigative efforts to ensure a thorough and objective investigation. The Facility Administrator will report the incident to the ICE FOD, via the Contracting Officer Representative (COR). Any case that appears to potentially support criminal prosecution will be referred to the Imperial County Sheriff’s Office for investigation.” The SOP further states, “At any time, a detainee alleges sexual assault or abuse, IRDF will coordinate a sensitive response and initiate an administrative investigation. All investigations, administrative or criminal, into alleged sexual assault will be prompt, thorough, objective, fair and conducted by qualified investigators. The IRDF’s PSA Compliance Manager will be responsible to conduct an administrative investigation for all allegations of sexual assault or abuse.” All sexual abuse allegations are reported by the facility to the COR who reports the allegation to the FOD. The FOD reports the allegation to the Joint Intake Center (JIC) who assesses allegations to determine which allegations fall within the PREA purview. OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. If refused, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and

procedures and coordination with law enforcement and the facility staff. In November 2020, ICE instructed the facility to refer any sexual abuse allegation to the ICSO for investigation. The facility established an MOU with the ICSO to investigate sexual abuse allegations for the facility.

The Facility Administrator explained that all allegations of sexual abuse are referred to the ICSO. The facility provides any video evidence and reports related to the incident; and provides office space for interviewing. He added that he meets monthly with the PSA Compliance Manager, lieutenants, and sergeants to review any PREA cases and to review their response to PREA allegations.

The PSA Compliance Manager is also the facility investigator and completes an administrative investigation of all sexual abuse allegations. He stated all staff are trained in the facility's response to sexual abuse allegations. He is contacted immediately and begins his investigation. He ensures all allegations of sexual abuse are referred to the ICSO and provides any supporting evidence and written and/or video documentation for the ICSO investigators. Of the 11 allegations listed by the facility, all reported sexual abuse allegations were administratively investigated by the facility and the investigation closed. The PSA Compliance Manager stated and understood the officially closing of a case if after the investigation by JIC, OPR, or DHS OIG. The Auditor reviewed eight staff-on-detainee investigations and each were determined to be unfounded by the facility's administrative investigation. There were four allegations that were potentially criminal, and each were referred to the ICSO for investigation. The ICSO determined none of the referred cases involved criminal activity. The facility complies with this portion of the standard with the completion of an administrative investigation on all reported allegations. The agency did not ensure an administrative and/or criminal investigation was completed on all reported allegations. The agency did not conduct any investigations.

Through the Auditor's review of the investigative files it was demonstrated the facility is notifying the COR and FOD of all alleged allegations. Upon the review of the ICE allegation spreadsheet and during the reconciliation of the facility's and agency's alleged allegations spreadsheet, it was determined by the agency that the COR or FOD did not report the allegations to the JIC as required by standard and policy. The facility complies with this portion of the standard, but the agency is non-compliant.

**Does Not Meet (a):** Although the facility reported all allegations to the COR and FOD, The agency is non-compliant with this subpart of the standard. The agency did not ensure an administrative and/or criminal investigation was completed on all sexual abuse allegations.

**Recommendation (e) and (f):** Although the facility reported all allegations to the COR and FOD, the FOD did not report the allegations to the JIC, OPR or DHS OIG for investigation. To ensure reported allegations are made to the JIC, OPR, or DHS OIG, the facility should report to these agencies as well as the FOD and COR.

(b) The ICE Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention outlines the agency's responsibilities in response to allegations of sexual abuse or assault, which includes coordination with the FOD and the facility to secure evidence, coordinate investigations with the federal, state, or local law enforcement and facility incident review personnel, documentation of investigations, notification to the detainee of the results of the investigation, and the role of the FOD in the investigation process. This policy requires the agency to maintain sexual abuse and assault data collected to be maintained for at least ten years.

The IRDF SAAPI SOP states, "The IRDF will retain reports for as long as the alleged abuser is detained or employed by the facility, plus five years."

The PSA Compliance Manager and Facility Administrator explained that all sexual abuse investigations are secured in the Facility Administrator's Office and are retained for 10 years.

(c) The Auditor reviewed the agency and facility protocols posted on their websites. The ICE website, [www.ice.gov/prea](http://www.ice.gov/prea) includes information on the agency's PREA overview, PREA policies, reporting methods with addresses and phone numbers, IRDF SAAPI SOP standards, ICE National Detainee Handbook, ICE Zero Tolerance Poster, and DHS-prescribed Sexual Assault Awareness pamphlet. The facility protocols for handling sexual abuse allegations is posted on the MTC website: [www.mtctrains.com/prea](http://www.mtctrains.com/prea).

### **§115.31 - Staff training.**

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

#### **Notes:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 17 – 2020-2021 Training Plan

(a)(b)(c) The IRDF SAAPI SOP requires that all staff receive PREA training. The policy requires the training to include each of the nine topics required by the standard but also includes instruction that sexual abuse and/or assault is never an acceptable consequence of detention; working with vulnerable populations and addressing their potential vulnerability in the general population; the investigation process and how to ensure evidence is not destroyed; prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; instruction of reporting knowledge or suspicion of sexual abuse and/or assault. The policy requires annual PREA in-service training, which exceeds the requirements of the standard to provide in-service PREA training every two years. The policy requires the IRDF Training Manager to document and maintain records of training.

The Training Manager provided the training plan and examples of in-service training rosters, training certificates, and individual in-service training logs, for the Auditor's review. The Training Manager stated all staff who have contact with detainees are trained to prevent and respond appropriately to all allegations of sexual abuse. This training includes the nine elements required by this standard. He stated the training is provided for all newly hired employees and in refresher training which is provided annually, which exceeds the requirement of the standard. The Auditor interviewed 15 security staff, to include detention officers, security supervisors, and intake staff. All staff acknowledged received pre-service PREA training and refresher PREA training annually. The security staff interviewed were knowledgeable about the facility's zero-tolerance policy, the appropriate prevention and response to sexual abuse allegations.

The Facility Administrator added that first responders are provided response cards which they carry on their person advising them of appropriate actions to take in the event they receive a report of sexual abuse. The Training Manager also stated the facility conducts simulated PREA incidents to allow staff experience in responding properly to sexual abuse incidents. The Auditor suspects the simulated PREA incident conducted for training have proven beneficial and contribute to staff knowledge of how to properly respond to a sexual abuse incident. The Auditor reviewed five security staff training records. The training records demonstrated that each employee had received pre-service PREA training and, if applicable, refresher training annually.

The facility provides annual PREA training to staff which exceeds the requirement of this standard through annual training, first responder cards, and simulated training exercises.

### **§115.32 - Other training.**

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

#### **Notes:**

Documents Reviewed:

IRDF SAAPI SOP  
Exhibit 18 – ICE PREA Training slides for volunteers and contractors  
Contractor and volunteer training file

(a)(b)(c) The IRDF SAAPI SOP requires that all volunteers and contractors receive initial and annual PREA training. The policy requires the training to include each of the nine topics required by the standard but also includes instruction that sexual abuse and/or assault is never an acceptable consequence of detention; working with vulnerable populations and addressing their potential vulnerability in the general population; the investigation process and how to ensure evidence is not destroyed; prevention, recognition and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; instruction of reporting knowledge or suspicion of sexual abuse and/or assault. The policy requires annual PREA in-service training, which exceeds the requirements of the standard. The policy requires the IRDF Training Manager to document and maintain records of training.

The Auditor reviewed the training slides for the PREA training provided to contractors and volunteers. The training explains PREA and the facility's zero-tolerance policy. The training also includes their responsibilities under ICE and the facility's program to prevent, detect, intervene, and respond to sexual abuse of detainees. The Training Manager explained that the PSA Compliance Manager provides the training to contractors and volunteers.

The facility provided examples of in-service training rosters, training certificates, and individual in-service training logs which demonstrated that contractors and volunteers were properly trained prior to providing services to detainees and again annually in refresher training. At the conclusion of the training, the contractor and/or volunteer signs acknowledging receipt of the training and their responsibilities under PREA. The Auditor reviewed training files for a contractor and a volunteer and found the training was provided within the acceptable time frames.

The facility provides pre-service and annual refresher training to all active volunteers and contractors, with the exception of the past year in which volunteers were prohibited from entering the facility, due to the COVID pandemic.

The facility provides contractor and volunteer refresher training annually which exceeds the requirements of the standard.

### **§115.33 - Detainee education.**

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

#### **Notes:**

Documents Reviewed:

IRDF SAAPI SOP  
Exhibit 8 – Facility Detainee Handbook  
Exhibit 9 – ICE Zero Tolerance Poster and DHS Sexual Assault Awareness Notice  
Exhibit 19 – Memorandum – PREA Video available on-site  
Exhibit 20 – Dorm Card (completed)  
Exhibit 21- Sexual Assault Awareness Information pamphlet

(a)(b) The IRDF SAAPI SOP states, "Upon admission to the IRDF, all detainees will be notified of the facility's zero-tolerance policy for all forms of sexual abuse and assault through the orientation program, the Facility Detainee Handbook, and ICE/ERO National Detainee Handbook and provide with information out the IRDF's IRDF SAAPI SOP program. The IRDF's orientation process will include at a minimum:

1. The IRDF's zero-tolerance policy for all forms of sexual abuse or assault;
2. The name of the IRDF's PSA Compliance Manager and information about how to contact him/her;
3. Prevention and intervention strategies;
4. Definitions and examples of detainee on detainee sexual abuse and assault, staff on detainee sexual abuse and assault and coercive sexual activity;
5. Explanations of methods of reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact (line officer), their consular official, the DHS/OIG and ICE/OPR investigation process
6. Information about self-protection and indicators of sexual abuse and assault;
7. Prohibition against retaliation, including an explanation that reporting an assault, will not negatively impact the detainee's immigration proceeding; and
8. The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling.

Detainee notification and orientation will be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills."

The Facility Detainee Handbook states, "A disability is a physical or mental impairment that substantially limits one or more of an individual's major life activities, (e.g. seeing, hearing, caring for oneself, walking, standing, breathing, communicating, speaking, major bodily functions, etc.) or a record of such a physical or mental impairment. If you have a disability and require accommodations, aids, services, and/or assistance to access the facility's programs, activities, and services, you may submit a detainee request or if urgent speak with a staff member. The facility will review your request and where reasonably appropriate and approved, provide you with the necessary accommodations, aids, or services."

During the facility tour the Auditors confirmed there was a PREA orientation video available to incoming detainees. The video is in Spanish and English and provides closed captioning. The Auditors confirmed that facility has copies of the ICE National Detainee Handbook in the following languages: Arabic, Chinese, Creole, English, French, Hindi, Portuguese, Punjabi, Russian, Spanish, Vietnamese. The PSA Compliance Manager developed an orientation handout in Arabic, Bangladesh, Chinese, French, Hindi, Korean, Portuguese, Punjabi, Russian, Spanish, Tamil, Tigrinya, Urdu, and Vietnamese. This handout provides information on the facility's zero-tolerance for sexual abuse, all sexual activity at the facility is prohibited, to include sexual touching or sexual communication between detainee and detainee or detainee and staff. The handout also provides information for reporting sexual abuse to any staff member, housing unit officer, and how to report sexual abuse allegations through the DRIL line, OIG, and OPR. The handout also informs detainees these calls are free and unmonitored, and the detainee can report anonymously. The detainee is informed they can report sexual abuse in writing through their tablet. The handout informs detainees if they engage in abusiveness at the facility, the abuser will face punishment by the facility, possible criminal charges, and the abusive behavior may affect the detainee's immigration case. The handout asks the detainee if they understood the information they have read, answers any questions from the detainee through the language line, and provides a detainee signature. The handout informs the detainee to read the Facility Detainee Handbook (which is only available in English and Spanish) and ICE National Detainee Handbook.

The Auditor interviewed 21 detainees, 15 of whom were LEP. Detainees who did not speak English or Spanish reported they did not receive handbooks in their language, but several mentioned receiving the handout developed by the PSA Compliance Manager in their language. The Auditor reviewed 15 random detainee files, 13 of the records indicated the detainee spoke a language other than English. Of these detainees six spoke Spanish and the records indicated the detainee was interviewed in Spanish. Two of the files indicated the detainee spoke Gujarati and Arabic but staff did not note the language used in the interview and did not indicate if a language line was utilized. There were six records that showed the detainee spoke a foreign language (Tamil, India, Armenian, Russian, Bengali, Nepali) but that the intake interview was conducted in English. Detainees sign acknowledging that they received the Facility Detainee Handbook and the ICE National Detainee Handbook, but it does not indicate the language of the issued handbooks. Several of the detainees who did not speak English or Spanish reported receiving PREA orientation through a handout provided by the PSA Compliance Manager.

**Does Not Meet (a)(b):** The facility does not provide notify and inform detainees, who do not speak English or Spanish, about the agency's and facility's zero-tolerance and PREA information in a language the detainee can understand. The facility must provide PREA information to LEP detainees in written form or through an interpreter in a language the detainee can understand.

(c) The facility documents the detainee's participation in the intake orientation process on the detainee's dorm card. The dorm card is a form that documents the facility information provided to the detainee, which is maintained in the detainee file. The dorm card reads, "I have received both Detainee Handbooks and I have seen the Detainee Orientation Video. The handbooks include the Rules and Regulations and Rights and Responsibilities while detained under custody of Imperial Regional Detention Facility located in Calexico, California." The paragraph is repeated in Spanish. The detainee signs the dorm card acknowledging receipt of the orientation material and viewing the Detainee Orientation Video.

The Auditor interviewed 15 LEP detainees. Of this group, seven detainees spoke Spanish and only six of these detainees reported they received information and handbooks in Spanish. The remaining eight detainees, seven reported they did not receive handbooks in their language (although there are handbooks available in intake in several languages). Two LEP detainees reported receiving handbooks in English, which they could not read. The PSA Compliance Manager has created a handout for detainees, in several languages which provides some but not all of the necessary PREA information. Of the non-English, non-Spanish speaking detainees interviewed, four recall receiving a handout from the PSA Compliance Manager. Intake staff document on the dorm card that detainees have received handbooks but does not indicate the language of the handbook. The facility must be able to demonstrate that detainees are provided PREA orientation material in a form or language that the detainee can understand.

**Does Not Meet (c):** The facility must accurately and completely document the detainee's participation in the intake process. The current process does not indicate if a language line interpreter was utilized to conduct interviews and does not document that the detainee was provided orientation material in a language or format they can understand, with the exception of the PSA Compliance Manager handout provided in the languages noted above.

(d)(e) The facility posts a Sexual Abuse Awareness notice (English and Spanish), on bulletin boards in the housing areas. This notice provides the name and phone numbers of the Sure Helpline Center and the Sure Helpline Rape Center (24-hour coverage) and the address to the Sure Helpline Center. The facility included the Sexual Abuse Awareness information in the Facility Detainee Handbook and provides the DHS-prescribed Sexual Assault Awareness pamphlet during the orientation process. The facility also posts the ICE Zero-Tolerance Poster which provides the name of the PSA Compliance Manager.

**Recommendation:** Information for contacting the PSA Compliance Manager should be provided on the poster or provided through other means to detainees.

(f) Information about reporting sexual abuse is included in the ICE National Detainee Handbook. As noted above, the handbooks are available but not consistently provided to the detainees. The facility does not comply with this standard subpart (f).

The facility does not meet the requirements for this 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:**

**Documents Reviewed:**

IRDF SAAPI SOP  
HQ Training  
Exhibit 23 – Investigation Training Certificates

(a)(b) IRDF SAAPI SOP states, "In addition to the general training provided to all IRDF employees, the IRDF provide specialized training on sexual abuse and effective cross-agency coordination to facility's investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training must cover at a minimum:

- a. interviewing sexual abuse and assault victims;
- b. sexual abuse and assault evidence collection in confinement settings;
- c. the criteria and evidence required for administrative action or prosecutorial referral; and
- d. information about effective cross-agency coordination in the investigation process."

The agency policy 11062.2 states OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate. The lesson plan is the ICE OPR investigations Incidents of Sexual Abuse and Assault, that covers in depth investigative techniques, evidence collections, and covers all aspects to conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency has provided training records for agency investigators on the ICE SharePoint to document compliance with the standards.

The facility provided verification of PREA investigation training for two of the facility investigators, which included the Department of Justice National Institute of Corrections entry level course and advanced course in investigating sexual abuse in a confinement setting. He also completed a specialized training provided by the California Coalition Against Sexual Assault titled PREA Specialized Training Investigating Sexual Abuse. The facility trained one additional investigator to assist the PSA Compliance Manager with investigation. The additional investigator is a female. She had just completed the training, but she has not conducted an investigation. In light of this, she was not interviewed. The PSA Compliance Manager noted a bilingual female (Spanish) was selected for investigator training to assist with investigations involving female detainees, the facility thought this would make the female detainees more comfortable during the investigation process.

The Training Manager confirmed the training completed by the facility investigators. He maintains training files for all employees, to include the investigation training completed by the facility investigators. The Auditor interviewed the PSA Compliance Manager/Investigator and he confirmed receiving the training noted above and was knowledgeable about how to conduct sexual abuse investigations. He completed all administrative investigations at the facility. The Auditors reviewed the administrative investigation reports and found them to be thorough and well written.

The facility meets the requirements for this standard.

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

**Outcome:** Exceeds Standard (substantially exceeds requirement of standard)

**Notes:**

**Documents Reviewed:**

HQ Training  
Exhibit 24 – Memorandum – Medical Services provided by MTC  
IRDF SAAPI SOP

(a)(b) Medical staff are employed by MTC and are not agency employees. These standard subsections do not apply to this facility.

(c) The IRDF SAAPI SOP states, "The IRDF medical staff will only provide care within the scope of their training and certification. Where indicated as necessary, advanced care for victims of sexual abuse/assault will be referred to outside providers. Examinations for sexual assault/abuse will be performed by the Sexual Assault Response Team (SART) at Pioneer's Memorial Hospital (PMH) in Brawley, California."

The Auditor interviewed three MTC medical staff, to include mental health staff, the HSA, and a registered nurse and reviewed the advanced training received by these staff. MTC's medical division provides advanced annual training to medical and mental health staff. Medical staff noted the training included how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims; the effects of trauma on a victim; referral procedures and other relevant topics. The Training Manager and HSA maintain documentation of this training.

The facility's IRDF SAAPI SOP to include medical policies were approved by the ICE FOD on February 20, 2020 and the IRDF SAAPI SOP Amendment was approved by the Field Office SDDO.

The facility provides this advanced training annually which exceeds the requirements of this standard.

**§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:**

**Documents Reviewed:**

IRDF SAAPI SOP  
Exhibit 25 – PREA Risk Screening form  
Exhibit 26 – PREA Reassessment  
Six Additional Requested Risk Screenings

## Six Additional Reassessments

(a) IRDF SAAPI SOP states, "In accordance with IRDF's Standard Operating Procedures "Admission and Release" and "Custody Classification System", the IRDF will assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. The IRDF will also use the information to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival will be kept separate from the general population until he/she is classified and may be housed accordingly. In some cases, segregation may be warranted."

The Classification Supervisor explained ICE provides any available information about a detainee prior to their arrival. This includes apprehension information and criminal history. He explained that this information combined with personal observations, record checks, direct questions, and completion of forms and questionnaires to complete the initial risk assessment and classification. He further explained that incoming detainees are brought to the intake area, where they remain, separated from the general population until the intake processing has been completed and the detainee properly classified.

The Auditors inspected the intake area, as part of the facility tour. The intake area provides for separation from the general population, a large waiting area for incoming detainees, individual cells for temporary housing of detainees during the intake process, a large shower area that provides privacy to detainees when showering, changing clothing or using the toilet facilities. The ICE Zero Tolerance poster, OIG Reporting poster, and DRIL Reporting poster are posted in English and Spanish, and visible to incoming detainees.

(b) The IRDF SAAPI SOP states, "The IRDF's initial screening and classifications processes will be completed within 12 hours of admission." The MTC medical policy stated, "All Detainees are screened by security staff within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior." The standard requires the initial classification process and initial housing placements be completed within 12 hours of admission to the facility. The Auditor discussed these conflicting policies with the PSA Compliance Manager. The MTC medical policy has been revised by the facility and now reads, "All Detainees are screened by security staff as per the MTC Correction Policy upon arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior."

The Classification Supervisor and Intake Officers confirmed the intake processing does not exceed 12 hours. Most detainees also reported they were in intake for less than 12 hours. The Auditor randomly checked intake records and confirmed the initial classification process and initial housing assignment is completed within 12 hours of admission.

(c)(d) The IRDF SAAPI SOP states, "Each detainee arriving at IRDF will be screened using the Screening for Risk of Sexual Victimization and Abusiveness (SRVA) form. The SRVA form will be used as a tool to identify detainees who may have a potential risk of sexual victimization or sexual abusive behavior. Information will be gathered by interviewing the detainee and by using the ICE provided documentation. I-213 Record of Deportable/Inadmissible Alien and Criminal Record Transmission or at any other time when warranted based on the receipt of additional relevant information. The initial screening will consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive."

The SOP also states "The IRDF will consider the following criteria, to the extent the information is available, to assess detainees for risk of sexual victimization:

- 1) Whether the detainee has a mental, physical or developmental disability;
- 2) Age of detainee;
- 3) Physical build and appearance;
- 4) Previously incarcerated or detained;
- 5) Nature of criminal history;
- 6) Any convictions for sex offenses against an adult or child;
- 7) Self-identification as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- 8) Having previously experienced sexual victimization; and
- 9) The detainee's own concern about his/her safety."

The risk assessment utilized by the facility assesses detainee's risk of victimization utilizing the above criteria. A detainee's risk of abusiveness is also assessed considering prior acts of sexual abuse, prior convictions for violent crimes, and a history of prior institutional violence or sexual abuse. The Auditor interviewed 21 detainees and found those detainees who do not speak English or Spanish reported they were not interviewed in their language. The Auditor reviewed 15 detainee files. Of the detainees who spoke a language other than English or Spanish (Tamil, India, Armenian, Russian, Bengali, Nepali) the records indicated the detainees were interviewed in English and no documentation indicating if an interpreter was used.

The PSA Compliance Manager redesigned the intake form following the on-site visit. The form now requires the interviewer to note the language of the detainee and identification of the interpreter if the language line was used during the intake process. The form also notes the language of the handbook provided to the detainee. The detainee and officer sign the form acknowledging that the information was provided and verification that it was provided in a language the detainee understands. The PSA Compliance Manager was asked to send three completed LEP intake forms for the week of April 4, 2021 and three completed LEP intake forms for the week of April 11, 2021. The facility provided the requested completed intake forms and risk assessments for six detainees three from each week. The Auditor found all six new intakes were interviewed in their language and the interpreter identification number was also noted on the form.

The facility takes measures to protect potential victims. The computerized data base used by the facility will not allow an identified potential victim to be housed with a potential abuser, without an override by senior staff. When the risk screening information is entered into the computerized data base, the system blocks the identified potential victims and abusers from housing placements together. The detention officer's desk in the housing areas are strategically placed to allow the officer to view the shower and dayroom areas. Potential victims are placed in cells close to the officer's desk to allow for close monitoring of these individuals. The Auditor determined the facility does make appropriate housing placement considering the detainee's risk of victimization or abusiveness, but this process is ineffective if an LEP detainee is not assessed in language they can understand. Correcting the language barrier problems in the intake area will address this concern.

(e) The Auditor reviewed the reassessment forms used to complete the 60-90 day reassessment, or according to the IRDF SAAPI SOP the form is used, "at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization." The reassessment form assessing whether the detainee fears placement in general population, and whether the detainee has been approached or threatened with sexual assault while at the facility. The reassessment form also reviews any incidents of violent offenses or reports of sexual misconduct.

The PSA Compliance Manager completes the 60-90 day reassessments. The Auditors reviewed 15 detainee files, with completed reassessments provided for six of the files who warranted a reassessment. The remaining nine detainee reassessments were not warranted by the length of time the detainee was housed at the facility. The investigative files also documented special reassessments after an allegation of sexual abuse. The reassessment form utilized by the facility does instruct the interviewer to utilize the language line for LEP detainees but does not provide an area for documenting if an interpreter was used during the interview and the language of the detainee.

Following the on-site visit the PSA Compliance Manager was asked to provide three reassessment forms for LEP detainees during the week of April 4, 2021 and three completed reassessments for the week of April 11, 2021, in which an interpreter was utilized during the interview. The PSA Compliance Manager provided a handout he uses during the reassessment interview which asks each of the required questions of the detainee to reassess their risk of sexual victimization or abusiveness. The questions are provided in the following languages: Urdu, Bengali, Tamil, Russian, Punjabi, Hindi, Portuguese, Nepal, Korean, Arabic, French, and Chinese. If further information is needed, an interpreter is utilized. The facility provided the reassessments requested for each week. The form indicates the language of the detainee but does not indicate if an interpreter was utilized during the reassessment or if the information was gathered through a reassessment form in the detainee's language.

**Recommendation:** The facility must reassess a detainee's risk of victimization or abusiveness in a language the detainee understands. The revised form should be modified to allow for verification that the detainee was reassessed in a language they could understand.

(f) IRDF SAAPI SOP states, "The IRDF will not discipline detainees for refusing to answer or for not disclosing complete information in response to questions asked pursuant to items 1, 7, 8, 9," (whether the detainee has a disability, sexual orientation or gender identity, prior sexual victimization or fear for their safety).

The Auditors interviewed two intake staff, and both stated a detainee would not be disciplined for not disclosing disabilities, prior sexual victimization, safety concerns or whether the detainee self-identifies as gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.

(g) IRDF SAAPI SOP states, "The IRDF staff will take appropriate protections on responses to questions asked pursuant to this screening, limiting dissemination, and ensuring that sensitive information is not exploited to the detainee's detriment by staff or other detainees."

The Classification Supervisor explained that detainee files are retained in the file room, which has restricted access. This room is only accessible to Receiving and Discharge Sergeants, intake, and classification staff.

The facility does not meet the requirements for this standard.

#### **§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:**

Documents Reviewed:  
IRDF SAAPI SOP  
Exhibit 27 – Risk Assessment of a Transgender Detainee

(a) IRDF SAAPI SOP states, "In accordance with IRDF Standard Operating Procedures "Admissions and Release" and "Custody Classification System", the IRDF will assess all detainees on intake to identify those who are likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. The IRDF will also use the information to inform assignment of detainees to recreation and other activities, and voluntary work."

The PSA Compliance Manager stated the Classification Supervisor considers all information provided by ICE, information obtained from the risk assessment and the detainees custody level when making housing decisions. The intake staff interviewed provided the same information but stated individualized housing and other classification related decisions are made by classification staff in consultation with medical staff.

During the facility tour, the Facility Administrator explained that the officer's desk in the housing areas are purposely placed to allow for full view of the day room, cell areas, and shower area. The desk is located on the opposite side of the room of the shower areas, but the shower curtains allow the officer to see detainee feet and head to verify that detainees are showering separately. Detainees at higher risk of victimization are placed in bunks or cells closest to the officer's desk, utilizing the bottom and top floors. The PSA Compliance Manager explained that the computerized database the facility utilizes will not allow a detainee identified as a potential victim to be housed with a detainee at risk for sexual abusiveness unless upper-level management approves the move.

(b)(c) The IRDF SAAPI SOP states, "The IRDF will provide a safe, and secure environment for all detainees, including those individuals identified as transgender or intersex detainees. The IRDF will consider the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety, when making classification and housing decisions for transgender or intersex detainees. Both medical and mental health professionals will be consulted as soon as practicable on this assessment. The IRDF will not base placement decisions solely on identity documents or the physical anatomy of the detainee, rather a detainee's self-identification and self-assessment of safety needs must always be taken into consideration as well. Housing of a transgender or intersex detainee will be consistent with safety and security considerations of the facility. Housing and programming assignments for each transgender or intersex detainee will be reassessed at least twice each year to review any threats to safety experienced by the detainee. The detainee identified as transgender or intersex will be temporarily housed, in a location away from the general

population, to include the medical observation unit or protective custody, for no more than 72 hours (excluding weekends, holidays and exigent circumstances) until classification, housing, and other needs can be assessed by the Transgender Classification Care Committee (TCCC). Placement into administrative segregation due to the detainee's identification as a transgender or intersex will be used as a last resort and when no other viable housing option exists. When operationally feasible, transgender or intersex detainees will be given the opportunity to shower separately from other detainees."

When a transgender detainee is received at the facility, they are temporarily housed in medical until the TCCC can meet and consider housing and program options. The HSA explained the transgender detainee would be housed in medical observation for no more than 72 hours until the TCCC can review the best housing and program placement for the transgender detainee. Mental health staff explained the committee considers the detainee's custody classification, least restrictive housing options, medical needs and other pertinent factors when making placement decisions for transgender detainees.

There were no transgender detainees assigned to the facility at the time of the on-site visit. The Auditor asked to review one file for a transgender detainee previous housed to review the process. The transgender detainee was placed in medical observation and seen by the TCCC within 72 hours. The Auditor reviewed an example of recommendations from the TCCC for management and housing of a transgender detainee. The following accommodations were made: the trans-female was approved for general population; she was assigned housing close to the officer; the detainee's preferred name and gender preference for pat searches was provided; approval for the detainee to wear female clothing; and instructions to staff to allow the detainee to shower individually, upstairs only. Supervisors and medical staff were instructed to ensure the information was communicated to staff during shift briefing.

The facility meets the requirements for this standard.

### **§115.43 - Protective custody.**

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

#### **Notes:**

##### Documents Reviewed:

- Special Management Unit (SMU) SOP
- IRDF SAAPI SOP
- Exhibit 28 – Memorandum – No detainees in PC

(a)(b)(c)(d) The facility's Special Management Unit (SMU) provides housing for detainee's assigned for disciplinary segregation and for administrative reasons, which is separate from the general population. The SMU is also used for detainees who require protective custody but only when there is documentation and supervisory approval that the placement is necessary to protect a detainee from harm and that no reasonable alternatives are available. Medical personnel will conduct a review of a detainee's medical and mental health status prior to placement and will conduct a daily assessment of detainees assigned to the SMU.

The SMU SOP states, "Use of administrative segregation to protect detainees with special vulnerabilities, including detainees vulnerable to sexual abuse or assault, shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees who have been placed in administrative segregation for protective custody will have access to programs, services, visitation, counsel, and other services available to the general population to the maximum extent possible." The facility policies were approved by the FOD on February 20, 2020.

The Segregation Supervisor explained that detainees of sexual abuse can be placed on protective custody if requested by the detainee and can remain for as long as the detainee feels it is necessary. Detainees assigned to SMU are reviewed weekly by the SMU Review Committee. Members of this committee include the Facility Administrator, Deputy Facility Administrator, Chief of Security, Gang Intelligence Officer, Classification Supervisor, Administration Sergeant, HSA, and mental health staff. This committee considers whether any change in the detainee's status is appropriate. The Segregation Supervisor also explained that detainees assigned to protective custody are afforded a minimum of three hours of out-of-cell time per day, seven days per week. This out-of-cell time can include use of the dayroom and the mini recreation yard. These detainees can utilize the big recreation yard afforded two hours a day twice per week. The programs and activities available to these detainees include library, visitation, television, access to counsel, phone, commissary, games, and education. Medical staff visit detainees assigned to administrative segregation daily and mental health visits the detainees 2-3 times per week.

The SMU SOP explains the review process for detainees assigned to protective custody. The procedure states, "An IRDF Shift Supervisor will conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted." The procedures further state, "An IRDF Shift Supervisor will conduct an identical review after the detainee has spent seven (7) days in administrative segregation, and every week thereafter, for the first 30 days and every 10 days thereafter, at a minimum."

The IRDF SAAPI SOP states, "Victims and vulnerable detainees will be housed in a supportive environment that represents the least restrictive housing option possible (e.g. in a different housing unit, transfer to another facility, medical housing, or protective custody, and that will to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. This placement should take into account any on-going medical or mental health needs of the victim. Victims will not be held for longer than five days in any type of administrative segregation for protective purposes, except in highly unusual circumstances or at the request of the victim. The IRDF will notify the appropriate ICE Field Office Director, via the COR, whenever a detainee victim or detainee placed due to vulnerability to sexual abuse or assault, has been held in administrative segregation for 72 hours."

The PSA Compliance Manager stated every effort is made to avoid placing a detainee in protective custody in the SMU. He stated the facility will immediately separate the victim and abuser. Detainee victims may be assigned to another housing area, housed in medical observation temporarily, or transferred to another facility. He stated protective custody would be a last resort and only done after consultation with ICE. He added if a detainee victim was assigned to protective custody, the detainee would not remain in segregation longer than five days unless the detainee victim requests to remain in protective custody.

The Facility Administrator stated the facility would consider the least restrictive housing option available for detainee victims or those assessed to be at risk of sexual victimization. Placement in medical observation is also considered. Assignment to protective custody would be a last resort.

**Recommendation:** The facility should incorporate the IRDF SAAPI SOP procedures for use of protective custody for detainee victims or detainees at risk for sexual victimization and the privileges afforded these detainees, into the IRDF SMU SOP.

(e) The SMU SOP states, "The Facility Administrator must notify the Field Office Director in writing, via the Contracting Officer's Representative (COR), as soon as possible, but no later than 72 hours after the initial placement of an ICE detainee placed in segregation if: the detainee has been placed in administrative segregation on the basis of a disability, medical or mental illness, or other special vulnerability, or because the detainee is an alleged victim of sexual assault, is identified as a suicide risk, or is on a hunger strike."

The facility reported there have been no incidents in which a detainee victim of sexual abuse or a detainee at risk for sexual victimization was placed on protective custody. There were no detainees assigned to protective custody at the time of the on-site visit.

The facility meets the requirements for this standard.

#### **§115.51 - Detainee reporting.**

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

##### **Notes:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 29 – Anonymous Call Posting; Facility Detainee Handbook excerpts

Exhibit 30 – DHS OIG Poster

(a)(b) The IRDF SAAPI SOP provides multiple means for detainees to privately report sexual abuse, retaliation for reporting sexual abuse, staff neglect, or violations of responsibilities that may have contributed to such incidents, to include: verbal reports to staff, sick call requests, formal and informal grievances, through family members, the Sure Helpline, telephonic or written reports to DHS/OIG, ICE/OPR, or ICE/DRIL, or their consular officials.

The Facility Detainee Handbook details the reporting options for detainees but does not include contacting their consular officials, but this information is provided in the ICE National Detainee Handbook. The facility also posts the DHS OIG DRIL Poster (English and Spanish) which provides confidential, anonymous options for reporting sexual abuse or assault through a toll-free number, fax, or correspondence. Detainees are also able to make anonymous, free calls to the SAFE Helpline which will report the abuse to the facility and allow the detainee to remain anonymous. The Facility Detainee Handbook also explains how to make an anonymous call.

During the on-site visit, the Auditors observed postings throughout the facility informing detainees of the facility's zero-tolerance for sexual abuse and providing contact information for making a report of sexual abuse. During the facility tour, the Auditor tested the detainee phone system to see if detainees are able to make free anonymous reports through the DRIL, OIG, and SAFE phone numbers. The DRIL line respondent stated the caller must provide their name before the DRIL will take the information. The Auditor contacted ICE and learned that the DRIL line is a confidential reporting option and the detainee is not required to provide their name and/or A-number. The person who answered the DRIL call was mistaken. There were no other problems noted with utilizing the phone system to make a report of sexual abuse. A posting in the housing units inform the detainees that "All calls are subject to recording and monitoring." Another poster states. "Press 9 to report PREA incident. False PREA reporting may result in criminal charges." The detainee may report through the facility's hotline by pressing "9" on the phone, this does require the use of the detainee's pin number. This call goes to the PSA Compliance Manager/Investigator office. All the celled housing units, medical, and the hold rooms in the receiving and discharge have intercoms that connect to the central control center that allows the detainee to report.

The PSA Compliance Manager stated detainees can report sexual abuse to facility staff, their consular, OIG, and SAFE. He added reports can be made verbally, in writing, anonymously, or by a third party. Most detainees were aware of the posters which are posted in each housing area and all program areas notifying them of reporting options. The detainees may also report an allegation through the tablet. Several detainees who did not speak English or Spanish noted that reporting information was provided to them by the PSA Compliance Manager in a handout in their language.

(c) The IRDF SAAPI SOP states, "The IRDF staff, contractors, and volunteers will accept any reports made verbally, in writing, anonymously, and from third parties. Any reports received verbally must be immediately documented."

All security staff interviewed stated they would accept sexual abuse reports made verbally, in writing, anonymously, or through a third party. Every officer was able to name at least one way that detainees could report sexual abuse to someone who does not work at the facility, with most noting the detainee could call the Sure Helpline or their family. Most of the detainees who spoke English or Spanish were aware that a detainee can make a report of sexual abuse anonymously and were aware of someone inside or outside of the facility could make a report of sexual abuse on their behalf. Most detainees who did not speak English or Spanish were not aware of these options.

Of the 11 PREA allegations, three were reported to a staff member and eight were reported through the grievance system.

The facility meets the requirements for this standard.

#### **§115.52 - Grievances.**

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

##### **Notes:**

Documents Reviewed:

MTC Grievance SOP

IRDF SAAPI SOP

Exhibit 8 – Facility Detainee Handbook

(a)(b) The Facility Detainee Handbook and the Grievance SOP encourage detainees to attempt to resolve grievances informally but do allow the detainee to file a formal or emergency grievance at any time in lieu of an informal grievance. The handling of sexual abuse/assault related grievances are addressed in the IRDF SAAPI SOP which states, "A formal grievance related to sexual abuse may be filed at any time during, after, or in lieu of lodging an informal grievance or complaint with no time limit imposed on when a grievance may be submitted."

Detainees are able to file a grievance through their tablet. Most detainees interviewed were aware that they could file a grievance related to sexual abuse. The Grievance Coordinator stated there were no time limits imposed on detainees who have been the victim of sexual abuse or assault. She explained that a sexual abuse grievance is handled as an emergency grievance.

The Auditors reviewed eight investigation files. Of these investigations, six of the allegations were filed through the grievance system. There was one sexual abuse incident reported through the grievance procedure that was not reviewed for five days. The Grievance Coordinator explained that she could not recall the specifics of the incident but believes she was off at the time, so the grievance was not reviewed until her return. She added that there is now an additional person assigned to assist with grievances, so grievances are now checked each day except for Saturdays or employee absence. Detainee grievances should be reviewed daily to determine if there are any emergency grievances (all PREA allegations submitted through the grievance system are considered emergency grievances). In response the facility provided a schedule to ensure grievances are checked daily, which was approved by the Assistant Facility Administrator and put into effect.

(c)(d)(e)(f) The IRDF SAAPI SOP also states, "In the event the IRDF receives an emergency grievance involving immediate threat to detainee health, safety or welfare related to sexual abuse or assault, staff will take immediate action and provide the at risk detainee with safe haven and notify the Shift Supervisor. The emergency grievance will be forwarded to the facility PSA Compliance Manager for investigation. The PSA Compliance Manager will provide the detainee a decision on the grievance within five days of receipt and appeals will be responded to within 30 days." The Grievance SOP states, "Medical emergencies shall be brought to the immediate attention of the Health Services Administrator (HSA) for further assessment." The IRDF SAAPI SOP states, "Alleged victims shall be promptly referred for medical or mental health services, as appropriate, and receive any necessary emergency or on-going care related to the incident. Detainees may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. IRDF staff will take reasonable steps to expedite requests for assistance from these parties."

The Grievance Coordinator explained she would immediately notify the PSA Compliance Manager of any sexual abuse or assault allegation and would also ensure the detainee was seen by medical staff. She also explained that she would assist a detainee to obtain a phone call if the detainee needed the assistance of a family member or lawyer to file a grievance. She also stated a decision on a sexual abuse grievance would be issued within five days of receipt of the grievance.

Since grievances are filed through the detainee tablets, security staff typically are not involved in the handling of grievances, and most security staff interviewed were not aware of different procedures for time sensitive grievances. Almost all of the security staff reported they would allow another detainee to assist in writing a grievance, if requested by the detainee. All security staff reported they would immediately contact their supervisor of any report of sexual abuse and the Shift Supervisor would ensure the detainee was seen by medical staff.

The IRDF SAAPI SOP states, "All grievances related to sexual abuse and assault will be forwarded to and reported to ICE/ERO on the "Daily ICE/ERO Grievance Report". The IRDF's decision on any such grievance will be forwarded to the Field Office Director via the COR." In the Auditor's review of the grievances, there was verification the FOD was notified through the COR of all sexual abuse grievances.

**Recommendation:** It is recommended the facility incorporate the grievance information found in IRDF SAAPI SOP related to sexual abuse/assault related grievances, into the Grievance SOP.

The facility meets the requirements for this standard.

#### **§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:**

Documents Reviewed:  
IRDF SAAPI SOP  
Exhibit 9 – ICE Zero Tolerance Poster; Sexual Assault Awareness Posting  
Exhibit 8- Facility Detainee Handbook

(a)(b) The IRDF has entered into an MOU with CALCASA and Sure Helpline to provide victim advocacy services which includes emotional support, crisis intervention, counseling, information, a confidential hotline which can be accessed through the detainee phone system and a victim advocate during the forensic exam and investigative interviews. The Auditor reviewed the MOU between IRDF and Sure Helpline entered into on September 1, 2020. The MOU provides victim advocacy services for detainees to include a trained sexual assault advocate during the forensic exam and investigative interviews, 24-hour confidential hotline, counseling, and supportive services. The Auditor spoke with a representative from Sure Helpline who confirmed the MOU and services provided to the facility. She explained that in addition to the advocacy services and 24-hour hotline, Sure Helpline staff also provided individual and group counseling services for sexual abuse victims.

The IRDF SAAPI SOP directs that community resources, which includes the Sure Helpline and the ICSO will be utilized on a case-by-case basis to provide valuable expertise, resources and services in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse and/or assault perpetrators.

The PSA Compliance Manager confirmed the MOU with Sure Helpline. He stated the program provides crisis intervention, counseling, legal advocacy, emotional support services, and a 24-hour confidential hotline. He explained that information concerning these services are provided to detainees in the Facility Detainee Handbook which includes the Sexual Abuse Awareness posting. This posting provides the address and phone number for the Sure Helpline to detainees and is also posted on the bulletin boards in the housing areas.

(c)(d) The facility provided the Sexual Assault Awareness posting (English and Spanish) which provides contact information for the Sure Helpline 24-hour hot line, toll free number, and mailing address. The Facility Detainee Handbook, when explaining the support the detainee can expect from the facility, states "As appropriate, the facility will contact the Sure helpline crisis center who will provide a victim advocate. The Sure Helpline Crisis Center victim advocate will be able to provide emotional support, crisis intervention, information, and referrals. The facility will enable reasonable communication between detainees and the Sure Helpline Crisis Center in as confidential manner as possible. At any time, evidence suggest that a case of sexual abuse or assault occurred, the facility will immediately report the incident to the local law enforcement agency having jurisdiction."

Of the 21 detainees interviewed, 35% recalled receiving information about community resources and the services provided. Most of these detainees spoke English or Spanish. Of the 65% of detainees who reported they did not receive the above information, 78% spoke a language other than English or Spanish. There was one detainee victim at the facility, but the detainee refused to be interviewed.

**Recommendation:** The facility should consider providing this information on the PREA information handout developed by the PSA Compliance Manager for those detainees who do not speak English or Spanish. If a detainee victim requires the use of an interpreter, the facility should ensure the interpreter provides information to the LEP detainee victim about available community resources and how to avail themselves of these services.

The Facility Detainee Handbook was amended to read: "All detainees who write a letter to Sure Helpline Center and wish to remain confidential, shall ensure the outside of the envelope indicates, "CONFIDENTIAL"."

The facility meets the requirements for this standard.

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

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

#### **Notes:**

Documents Reviewed:

- IRDF SAAPI SOP
- Exhibit 30 – DHS OIG Poster
- Exhibit 32 – Excerpts from the ICE website

The IRDF SAAPI SOP states, "The IRDF's Visitation Packet, which is available to the public, includes instructions on how to report sexual abuse/assault on behalf of a detainee. Detainees are made aware of third-party reporting through the Local Detainee Handbook and Sexual Abuse and Assault Awareness pamphlet."

The facility provided a copy of the visitation packet provided to detainee visitors. The packet contains information about several options for reporting sexual abuse on behalf of a detainee. The options provided in the packet include: report to any member of the facility; request to speak to the Sexual Assault Prevention and Intervention Program Coordinator; report by calling the facility at 760-618-7200; and write a letter to the facility: (address provided) Attn: Prevent Sexual Assault Compliance Manager. The packet also states, "The IRDF takes all reported allegations of sexual assault and abuse extremely serious. The IRDF will conduct an administrative investigation on all reported allegations of sexual assault and abuse. In all incidents, if the IRDF's investigation reveals any finding that potentially supports a criminal prosecution, the case will be referred to the Imperial County Sheriff's Office for further investigation."

The Auditor reviewed information about third-party reporting available to the public on the MTC website: [www.mtcctrains.com/prea](http://www.mtcctrains.com/prea) and on the ICE website at: [www.ice.gov/detain/prea](http://www.ice.gov/detain/prea).

The Auditor checked the reporting numbers for DRIL, ICE/OPR, OIG, and Sure Helpline. There was a problem noted when the Auditor contacted the DRIL. The Auditor was required to provide a name for the DRIL operator to proceed with the call. The Auditor checked with ICE officials and was advised that the DRIL operator the Auditor spoke with was mistaken and the DRIL will accept third-party reports and the caller does not have to leave their name.

The facility meets the requirements for this standard.

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

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

#### **Notes:**

Documents Reviewed:

- IRDF SAAPI SOP
- California Department of Social Services website

(a)(b) The IRDF SAAPI SOP states, "All IRDF staff, contractors, and volunteers, will immediately report:

1. Any knowledge, suspicion or information regarding an incident or allegation of sexual abuse occurring in the IRDF;
2. Retaliation against detainees, staff, contractor, or volunteer who reported such an incident; and
3. Any staff neglect or violation of responsibility that may have contributed to an incident or retaliation."

The IRDF SAAPI SOP also states, "The IRDF's chain-of-command for reporting allegations is as follows:

1. Shift Supervisor
2. Chief of Security
3. Prevent Sexual Assault Compliance Manager
4. Deputy Facility Administrator
5. Facility Administrator
6. ICE/ERO via the Contracting Officer's Representative

However, staff, contractors, and volunteers may report any allegations outside of the IRDF's chain-of-command structure, or directly to ICE/ERO, the Sure Helpline Crisis Center, DHS/OIG, or ICE/OPR." The policies were approved by the FOD on February 20, 2020. There was an amendment to the IRDF SAAPI SOP, which was approved by the DSSO, San Diego Field Office on March 16, 2021.

The Auditor reviewed the training slides for the initial and refresher training provided to all staff. The training informs staff of their duty to report immediately any knowledge suspicion or information of sexual abuse that may have occurred at the facility or retaliation against detainees or staff for reporting sexual abuse or participating in a sexual abuse investigation. The Auditor reviewed training documentation and verified staff have received this training when they were initially hired and annually thereafter.

A total of 14 security staff assigned to shift were interviewed. Security staff reported they would immediately notify their supervisor of any allegation of sexual abuse or assault. All security staff interviewed reported they would separate the victim from the abuser (provide safe haven), immediately notify the supervisor, preserve the crime scene, and advise the victim and abuser not to take actions that may destroy evidence. It was clear to the Auditor that the security staff have been well trained in the proper response to sexual abuse allegations and the proper reporting procedures. The Facility Administrator and all security staff interviewed stated whenever an allegation of sexual abuse is reported the staff member is to immediately notify the shift supervisor who will make further notifications. The Facility Administrator added that first responders are provided response cards which they carry on their person advising them of appropriate actions to take in the event they receive a report of sexual abuse. The Training Manager also stated the facility conducts simulated PREA incidents to allow staff experience in responding properly to sexual abuse incidents. The Auditor suspects the simulated PREA incident conducted for training have proven beneficial and contribute to staff knowledge of how to properly respond to a sexual abuse incident.

(c) The IRDF SAAPI SOP further states, "Regardless of the type of investigation, information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, will be limited to those who have a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes. Apart from such reporting, the IRDF staff will not reveal any information related to a sexual abuse or assault report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security or management decisions."

All security staff interviewed were aware of their responsibilities concerning the reporting and response to sexual abuse allegations and all staff were aware of their responsibility to limit information regarding sexual abuse or assault allegation to those individuals with a "need-to-know".

(d) The IRDF SAAPI SOP states, "If the alleged victim is considered a vulnerable adult under a State or local vulnerable person's statute, the IRDF will report that information to the Field Office Director so that ICE can report the allegation to the designated State or local services agency under applicable mandatory reporting laws."

The PSA Compliance Manager stated juveniles are not housed at the facility and there have been no incidents of abuse of vulnerable adults at the facility. The PSA Compliance Manager was certain the facility had reporting responsibilities to report any sexual abuse incidents in which a vulnerable adult was victimized but he was unsure specifically which governmental agency would be advised.

**Recommendation:** The facility should research the state laws governing mandatory reporting requirements for abuse of vulnerable adults and incorporate this information into the SAAPI plan.

The facility meets the requirements for this standard.

## **§115.62 - Protection duties.**

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

### **Notes:**

Documents Reviewed:  
IRDF SAAPI SOP  
Sexual abuse investigations

The IRDF SAAPI SOP states, "All IRDF staff (employees, volunteers, and contractors) and detainees are responsible for being alert to signs of potential sexual abuse or assault, or to situations in which sexual abuses or assaults might occur. If an IRDF staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she will take immediate action to protect the detainee." The IRDF SAAPI SOP further states, "The staff member receiving a reported allegation must immediately report the allegation to the Shift Supervisor. Staff will take immediate steps to ensure the victim(s) safety and to prevent further victimization of other detainees or staff." All staff interviewed reported they would take immediate action to protect a detainee if they had a reasonable belief the detainee was at substantial risk of imminent sexual abuse.

The Facility Administrator and all security staff interviewed stated whenever an allegation of sexual abuse is reported the staff member is to immediately notify the shift supervisor who will make further notifications. Security staff all reported they would take measures to separate the victim from the abuser and provide a "safe haven" for the victim.

The Auditors reviewed eight investigation files and staff responded appropriately when advised of the allegation. There was one exception in which the detainee submitted a sexual abuse allegation through the grievance system that was not reviewed for five days. Although the Grievance Officer did not recall the specifics, she suspects she was not working during that time period and no one checked the grievances submitted during her absence. Since that time a second person has been assigned to assist with grievances which provided someone to check grievances every day except for Saturdays. The Auditor explained that grievances must be checked daily to ensure emergencies are promptly addressed. Following the on-site visit, the facility developed and implemented a revised schedule which provides for someone to check grievances seven days per week.

The facility meets the requirements for this standard.

### **§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:**

Documents Reviewed:

IRDF SAAPI SOP  
Exhibit 33 – Memorandum – No allegations of abuse at another facility  
Memorandum – No reports from other facilities of sexual abuse at IRDF

(a)(b)(c) The IRDF SAAPI SOP states, "Upon the IRDF staff receiving a notification of an allegation that a detainee was sexual abuse or assaulted while confined at another facility, the Facility Administrator will notify the ICE Field Office Director, via the COR, and the appropriate administrator of the facility where the alleged abuse occurred as soon as possible, but not later than 72 hours after receiving the allegation. This notification will be documented using PREA Form 115.63 and maintained in the detainee's detention file. The Facility Administrator will notify the detainee in advance of such reporting."

The Facility Administrator provided a memorandum stating there were no instances in which a detainee reported an allegation of sexual abuse or assault while the detainee was housed at another facility. The facility provided an example of the notification that would be forwarded in this event. During the interview, the Facility Administrator stated he would immediately call the other facility's Facility Administrator to notify them of the allegation and follow-up the phone call with an email. He stated he would notify the FOD, corporate office, and ICSO.

(d) The IRDF SAAPI SOP states, "In the event the IRDF receives a notification from another facility that a detainee, who was previously detained at the IRDF, is alleging to have been abused or assaulted. The staff member receiving the allegation will immediately notify the PSA Compliance Manager for investigation and report to the ICE Field Director, via the COR."

The Facility Administrator stated if he received a report from another facility stating that a sexual abuse allegation may have occurred at this facility, he would immediately initiate an investigation and make all of the necessary notifications.

The PSA Compliance Manager confirmed there were no such reports during the past year and a memorandum was provided stating the facility has not received any reports from other facilities of sexual abuse that may have occurred at IRDF.

The facility meets the requirements for this standard.

### **§115.64 - Responder duties.**

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

**Notes:**

Documents Reviewed:

IRDF SAAPI SOP  
Exhibit 34 – Example of Sexual abuse report received through the Sure Helpline  
Investigation Files

(a)(b) The IRDF SAAPI SOP states under the section entitled First Responder Requirements, "The IRDF will take seriously all statements from detainees claiming to be victims of sexual abuse or assaults, and will respond supportively and non-judgmentally. Immediately upon receiving a report of an alleged sexual abuse or assault the IRDF's first response will be to:

- a. Take immediate actions and isolate (safe haven) the victim from the alleged perpetrator to ensure his/her safety.  
If the abuse occurred within a time period that still allows for the collection of physical evidence. The IRDF detention officer or non-detention staff member, if the first responder, will request the alleged victim not to take any actions that could destroy physical evidence, i.e.:
  - washing
  - defecating
  - brushing teeth
  - smoking
  - changing clothes
  - drinking
  - urinating
  - eating
- b. Refer the victim to medical, for a medical examination and/or clinical assessment for potential negative symptoms."

The IRDF SAAPI SOP further states, "The first staff member receiving a reported allegation must immediately report the allegation to the Shift Supervisor. Staff will take immediate steps to ensure the victim(s) safety and to prevent further victimization of other detainees or staff." "If identified, the first detention staff member to respond to a report of sexual abuse or his or her supervisors will preserve and protect to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence."

The Auditor interviewed 14 security supervisors and detention officers from each shift. Security staff reported they would immediately notify their supervisor of any allegation of sexual abuse or assault. Security staff also reported they would separate the alleged victim from the alleged abuser (safe haven), request the victim and abuser not to take any actions that might destroy evidence i.e. shower, brush teeth, and the like. There was one detainee at the facility who had reported a sexual abuse, but the detainee refused the interview.

The facility provided a document showing the facility received a report of sexual abuse from the staff at Sure Helpline. The document shows an investigation was initiated and notifications were made as required. The alleged victim denied making a report to Sure Helpline. The investigator continued the investigation and concluded the alleged victim did not make a call to Sure Helpline and the detainee was not a victim of sexual abuse.

The report was unfounded. The Auditors reviewed eight investigation files. The review confirmed that staff are promptly notifying their supervisor of allegations, separating the alleged victim and abuser, when applicable staff are taking steps to secure potential evidence, and documenting the incident. Staff are well trained to respond effectively to allegations of sexual abuse.

The facility meets the requirements for this standard.

#### **§115.65 - Coordinated response.**

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

**Notes:**

Documents Reviewed:  
IRDF SAAPI  
MTC Medical Sexual Abuse/Assault Policy  
Exhibit 35 – Memorandum – Coordinated Response

(a)(b) The 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 is detailed in the IRDF SAAPI SOP. The SOP defines the role of the first responders, Shift Supervisors, the PSA Compliance Manager, the ICSO; the Facility Administrator; Deputy Facility Administrator, medical and mental health staff, as well as community providers such as Pioneers Memorial Hospital for forensic examinations and Sure Helpline for advocacy services, crisis intervention, counseling, and support services.

The Facility Administrator added that first responders are provided response cards which they carry on their person advising them of appropriate actions to take in the event they receive a report of sexual abuse. The detainee is taken to medical immediately. The facility leadership and investigators are also notified immediately.

The IRDF SAAPI SOP states, "The IRDF uses a coordinated multidisciplinary team approach when responding to sexual abuse. The team consists of the following:

- IRDF Shift Supervisor
- IRDF PSA Compliance Manager
- IRDF Nurse Practitioner
- IRDF Mental Health Practitioner"

The SOP also states, "When deemed prudent, the aforementioned team will engage the resources of the Sure Help Crisis Center (SHCC) and Imperial County Sheriff's Office (ICSO) on a case-by-case basis, utilizing available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse and/or assault perpetrators to most appropriately address the victims' needs."

(c)(d) IRDF SAAPI SOP states, "When a victim is transferred between detention facilities, the IRDF, as permitted by law, will inform the receiving facility of the incident and the victim's potential need for medical or social services (unless the victim requests otherwise in case of transfer to a non-ICE facility). If the receiving facility is unknown to the IRDF, the facility will notify the Field Office Director, so that he or she can notify the receiving facility. The IRDF will utilize the Detainee Transfer/Service Request form, PREA 115.65."

The Facility Administrator provided a memorandum stating there had been no detainee victims of sexual abuse transferred to another confinement facility, in the past year.

The Facility Administrator stated if an alleged victim is transferred to another DHS facility, he would provide details about the incident and details about the victim's potential need for medical or social services. He further stated if the alleged victim was transferred to a non-DHS facility, he would provide the same information, even if the detainee requests otherwise.

**Does Not Meet:** The standard specifies if a victim is transferred from a DHS immigration detention facility to a facility not covered by 115.65 (c), the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the detainee requests otherwise. The facility policy also has this requirement. The Facility Administrator stated he would provide the information even if the detainee requests otherwise, which is in direct conflict with the facility policies and this standard subsection.

The facility does not meet the requirements for this standard.

#### **§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:**

Documents Reviewed:  
IRDF SAAPI SOP  
Investigation files (8)

IRDF SAAPI SOP states, "The IRDF staff, contractors and volunteers suspected of perpetrating sexual abuse or assault will be removed from all duties requiring detainee contact pending the outcome of an investigation. The Facility Administrator will ensure that the incident is immediately referred to the ICE Field Office Director, via the COR and the ICSO if warranted."

The Facility Administrator stated any staff member alleged to have sexually abused a detainee is immediately removed from contact with detainees and placed on outside assignments or placed on leave pending the outcome of the investigation. Volunteers and contractors are not allowed entrance to the facility until the conclusion of the investigation.

A review of the sexual abuse investigative files over the past year indicated there were no substantiated incidents of sexual abuse by a staff member. The investigation files did demonstrate alleged abusers were separated from the victim, pending the outcome of the investigation, which included placing staff on posts with no detainee contact pending the completion of the investigation. The Auditors reviewed one investigation outside the audit period to review the process of an unsubstantiated allegation against a staff member. At the conclusion of the investigation, the staff member was no longer allowed into the facility. There were no allegations against volunteers or contractors.

The facility meets the requirements for this standard.

#### **§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:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 36 – 60-90 day Monitoring

(a)(b)(c) IRDF SAAPI SOP states, "The IRDF staff, contractors, or volunteers will not retaliate against any person, including a detainee, who reports, complains about or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force. The IRDF will employ 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 who fear retaliation for reporting sexual abuse or for cooperating with investigation. For at least 90 days following a report of sexual abuse or assault, the IRDF, in concert with ICE, will monitor to see if there are facts that may suggest possible retaliation by detainees or staff and will act promptly to remedy any such retaliation. The IRDF will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."

As noted earlier, there was one detainee victim at the facility, but the detainee declined the interview.

The facility provided an example of a staff on detainee sexual abuse allegation that was unsubstantiated. The staff member was ultimately denied access to the facility. The investigation review found retaliation monitoring was conducted as required. The Auditors reviewed eight investigative files and found retaliation monitoring was provided and documented as required.

The PSA Compliance Manager is also responsible for completing the retaliation monitoring of detainees and staff. He stated he monitors for a minimum of 90 days, but this time can be extended if needed, but he would contact ICE if the retaliation monitoring needs to be continued beyond the 90-day period. He reports he reviews detainee disciplinary reports and housing or program changes to determine if these actions were retaliatory in nature. For staff he monitors disciplinary actions, negative performance reviews, and staff reassignments that appear to be retaliatory. He meets with the detainee or staff member at 30, 60, and 90-day intervals. He has developed questions related to retaliation to use for detainees who do not speak English or Spanish. If needed, an interpreter is utilized through the language line.

The PSA Compliance Manager stated there were no reports of retaliation by staff, contractors, volunteers, or detainees. The Auditors reviewed eight investigative files and found the retaliation monitoring was conducted as required.

The facility meets the requirements for this standard.

#### **§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:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 37 – Memorandum – Post Allegation Protective Custody

(a)(b)(c)(d) IRDF SAAPI SOP states, "Victims of sexual abuse will be housed in a supportive environment that represents the least restrictive housing option possible (e.g. in a different housing unit, transfer to another facility, medical housing, or protective custody) and that will to the extent possible permit the victim the same privileges he/she was permitted immediately prior to the sexual assault. This placement should take into account any on-going medical or mental health needs of the victim. Victims will not be held for longer than five days in any type of administrative segregation for protective purposes, except in highly unusual circumstances or at the request of the victim. The IRDF will notify the appropriate ICE Field Office Director, via the COR, whenever a detainee victim, or detainee placed due to vulnerability to sexual assault, has been in administrative segregation for 72 hours. Victims who are in protective custody, after having been subjected to sexual abuse will not be returned to the general population until the completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault."

The PSA Compliance Manager stated every effort is made to avoid placing a detainee in protective custody in the SMU. He stated the facility will immediately separate the victim and abuser. Detainee victims may be assigned to another housing area, housed in medical observation temporarily, or transferred to another facility. He stated protective custody would be a last resort and only done after consultation with ICE. He added if a detainee victim was assigned to protective custody, the detainee would not remain in segregation longer than five days unless the detainee victim requests to remain in protective custody.

The Segregation Supervisor reiterated the information provided by the PSA Compliance Manager. He stated detainee victims may be placed in protective custody, if they request it, for as long as they feel they need it. He explained the SMU Review Committee meets weekly to review detainees in SMU. Members of the committee include the Facility Administrator, Assistant Facility Administrator, Chief of Security, HSA, mental health staff, and

the PSA Compliance Manager if the detainee was involved in a PREA incident. He explained that detainees placed in protective custody receive three hours of out of cell time seven days per week. This out of cell time can be used on the mini recreation area off SMU, in the day room, watching television, use the phone and other recreational activities. In addition, detainees in protective custody are provided two hours of recreational time on the large yard, twice a week. He added that medical staff visit SMU detainees daily and mental health staff visit SMU detainees two to three times per week.

The Facility Administrator provided a memorandum stating in the past year no detainee victims have been placed in restrictive housing.

The facility meets the requirements for this standard.

#### **§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:**

Documents Reviewed:

IRDF SAAPI SOP

IRDF SAAPI SOP Amendment

ICE Policy 11062.2: Sexual Abuse and Assault Prevention and Intervention

(a)(b) ICE Policy 11062.2 titled Sexual Abuse and Assault Prevention and Intervention states when referencing investigation of allegations, "OPR shall: Coordinate with the FOD or SAC and facility staff to ensure evidence is appropriately secured and preserved pending an investigation, by federal, state, or local law enforcement, DHS OIG, and/or OPR.

- a) Coordinate with DHS OIG to effect timely acceptance of the case by DHS OIG or referral to OPR.
- b) Upon referral by DHS OIG to OPR, assess the allegation to determine investigative response and assignment, in accordance with ICE policies and procedures.
- c) Coordinate investigative efforts with federal, state, or local law enforcement or facility incident review personnel, in accordance with OPR policies and procedures.
- d) Conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse or assault, and may not be terminated solely due to the departure of the alleged abuser or victim from the employment or control of ICE."

The PSA Compliance Manager, who is also the facility investigator stated in November 2020 the facility was advised by ICE to refer all sexual abuse allegations to the ICSO for investigation. Although he stated criminal investigations can be conducted by ICE or ICSO. He is responsible for completing administrative investigations. Although the standards require an administrative investigation into any substantiated or unsubstantiated allegations of sexual abuse or assault, the PSA Compliance Manager completes administrative investigations for all allegations of sexual abuse or assault. He stated even unfounded allegations can reveal any issues with the facility's PREA plan, problems with the building or camera system, or failure of staff to complete their duties properly.

Following the change implemented by ICE in November 2020 the facility's SAAPI SOP was amended. The IRDF SAAPI SOP Amendment states, "At any time, a detainee alleges assault or abuse, the IRDF will report the allegation to the ICSO and coordinate a sensitive response. All investigations, administrative or criminal, into alleged sexual assault will be prompt, thorough, objective, fair, and conducted by qualified investigators. The IRDF's PSA Compliance Manager will be responsible to conduct an administrative investigation for all allegations of sexual assault or abuse, once the ICSO completes its investigation."

The Auditors reviewed eight investigation reports. Each report was completed by the staff investigator, who is trained to complete PREA administrative investigations. The Auditor reviewed the staff investigator's training record and found he had received basic and advanced PREA investigator training through the National Institute of Corrections (NIC). The Investigator administrative investigations for each allegation. These reports were prompt, thorough, objective, and well written. Investigations that were potentially criminal were referred to ICSO as required.

(c) The written procedures for conducting administrative investigations is contained in the IRDF SAAPI SOP and the IRDF SAAPI SOP Amendment. These procedures require the PSA Compliance Manager to conduct an administrative investigation for all allegations of sexual abuse or assault. The procedures require the administrative investigations to include preservation or direct and circumstantial evidence (assistance is requested from the ICSO when collecting DNA evidence); interviewing alleged victims, suspected perpetrators and witnesses; review detention files for all detainees involved in an allegation of sexual abuse or assault; review prior reports and complaints of sexual abuse/assault involving the alleged abuser; credibility assessment of the alleged victim, abuser, and witnesses (without regard to their status as detainee, staff, or employee and without requiring the alleged victim to submit to a polygraph); an effort to determine if actions or failures to act contributed to the abuse; documentation of each investigation including a description of the evidence, reasoning behind credibility assessments, and investigative facts and findings; retention of the report for as long as the alleged abuser is detained or employed plus five years; coordinating and sequencing of administrative and criminal investigations to ensure the criminal investigation is not compromised by an internal administrative investigation.

The Facility Administrator stated the facility does have trained staff investigators who conduct administrative investigations into all allegations of sexual abuse or assault, following the criminal investigation. He added the investigators attempt to determine whether any failures at the facility contributed to the abuse and make recommendations. He also added the facility maintains investigation files for 10 years after the abuser has left employment or control by the facility. The PSA Compliance Manager also stated the investigation files are maintained for ten years after the abuser has left employment or control by the facility.

(e) IRDF SAAPI SOP states, "The departure of the alleged abuser or victim from the employment or control of the IRDF will not provide a basis for terminating an investigation."

The Facility Administrator stated the departure of the alleged abuser or victim from employment or control of the facility would not be a basis for stopping an investigation but at times the departure of the alleged abuser or victim may result in inconclusive findings. The PSA Compliance Manager also stated the departure of the abuser would not stop the investigation.

(f) The IRDF SAAPI SOP also states, "When ICSO investigates an alleged sexual abuse or assault, the IRDF will cooperate with the ICSO and will attempt to remain informed about the progress of the investigation."

The PSA Compliance Manager stated he maintains communication with the OPR and ICSO investigators and provides support through providing evidence, videos, and documents. He also said he ensures his investigation does not interfere with the criminal investigation. The Facility Administrator also stated the facility cooperates with outside investigators and remain informed about the progress of the investigation.

The facility meets the requirements for this standard.

#### **§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:**

Documents Reviewed:  
IRDF SAAPI SOP

The IRDF SAAPI SOP states, "The IRDF will use no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated." The PSA Compliance Manager, who is also the facility's administrative investigator, stated when he is conducting administrative investigations, he requires no standard higher than a preponderance of the evidence to substantiate a sexual abuse allegation.

The Auditors reviewed eight investigation files and found the reports to be prompt, thorough, objective, and well written. The evidence supported the administrative findings. Investigations that were potentially criminal were referred to ICSO as required. The facility maintains a very good working relationship with the ICSO and remains informed as to the progress of any potentially criminal allegation.

The facility meets the requirements for this standard.

#### **§115.73 - Reporting to detainees.**

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

##### **Notes:**

Documents Reviewed:  
IRDF SAAPI SOP  
Exhibit 38 – Letter to Consular

The IRDF SAAPI SOP states, "Following an investigation conducted by the IRDF into a detainee's allegations of sexual abuse, the IRDF will notify the Field Office Director, via the COR, of the result of the investigation and any responsive actions taken so that the information can be reported to ICE headquarters and to the detainee."

The facility provided a letter sent to a consular asking for their assistance in notifying a detainee of the result of an investigation, as the detainee had not left a forwarding address.

The Facility Administrator stated the detainee will be informed about the results of the investigation if the detainee makes a request. He stated notification of the results of an investigation is not automatic.

There was one detainee victim at the facility, but the detainee refused to be interviewed. The Auditors reviewed eight investigation files. Aside from sending a notification to the consular, there was no documentation from the agency providing notification of the results of the investigations. There was one case in which a notification was forwarded to the consular, there were five cases in which the detainee was not notified of the results of the investigation. One case involved a third-party report, which the detainee denied making a call to the third party and phone records supported his claim, so a notification was not required, the remaining case is not closed by OPR and the detainee has been released. The PSA Compliance Manager explained the facility typically does not receive a notification from ICE to provide to the detainee notifying the detainee of the results of the investigation.

**Does Not Meet:** The agency is not consistently providing notification to detainees of the results of the sexual abuse investigation. The facility provided documentation demonstrating notification to the COR of each of the administrative investigation outcomes. The agency is not consistently providing notification to detainees of the results of the investigation and any responsive action taken. The agency should provide notification to the detainee for each of the investigations in this audit year and the facility must demonstrate that new PREA investigations include notification from the agency and/or facility of the findings of the investigations.

**Recommendation:** It is recommended the facility notify the detainee of the results of the administrative investigation, which would comply with the intent of the standard. If or when notification is received from the agency it can also be forwarded to the detainee. In response to this issue the PSA Compliance Manager developed a notification form to be used by the facility, which was approved for use by the corporate office. The form is in English and meets the requirements of the standard and also includes an area to document if an interpreter was used for the notification. A Spanish version of the form is being developed.

The agency does not meet the requirements for this standard.

#### **§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:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 39 – Memorandum – Disciplinary Sanctions for Staff

(a)(b) The IRDF SAAPI SOP states, "The IRDF staff will be subject to disciplinary or adverse action, up to and including removal from their position, for substantiated allegations of sexual abuse or for violating ICE/ERO or the IRDF's sexual abuse rules, policies, or standards. Staff removed from their position is the presumptive disciplinary sanction for those who have engaged in, attempted or threatened to engage in sexual abuse, as defined under the definition of staff-on-detainee abuse."

The Facility Administrator provided a memorandum stating in the past year the IRDF has not had a staff member, terminated, resigned, or sanctioned due to a violation of sexual abuse. He also confirmed in the interview that staff is subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or for violating facility policies.

A review of the sexual abuse investigative files over the past year indicated there were no substantiated incidents of sexual abuse by a staff member. The investigation files demonstrated alleged abusers were separated from the victim, pending the outcome of the investigation, which included placing staff on posts with no detainee contact pending the completion of the investigation. The Auditors reviewed one investigation outside the audit period to review the process of an unsubstantiated allegation against a staff member. At the conclusion of the investigation, the staff member was no longer allowed into the facility.

The FOD reviewed and approved the IRDF SAAPI Policy on February 20, 2020. The IRDF SAAPI Amendment was approved by the Field Office SDDO on March 16, 2021

(c)(d) The IRDF SAAPI SOP also states, "The IRDF will report all incidents of substantiated sexual abuse by staff, and all removals of staff, or resignations in lieu of removal for violations of sexual abuse policies, to the ICSO unless the activities were clearly not criminal. The IRDF will also report such incidents of substantiated abuse, removals, or resignations in lieu of removal to the Field Office Director, via the COR, regardless of whether the activities were criminal and will make reasonable efforts to report such information to any relevant licensing bodies, to the extent known."

The Facility Administrator stated the facility reports all cases of sexual abuse or assault to the ICSO and would notify the ICSO if any staff member was terminated or resigned in lieu of termination for violating sexual abuse policies. He was unsure when asked how the facility would attempt to report staff removal or resignation in lieu of removal to relevant licensing bodies.

**Recommendation:** The facility should research the method and reporting requirements of such information to any relevant licensing bodies and incorporate these procedures into the facility's PREA plan.

The facility meets the requirements for this standard.

**§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:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 40 – Memorandum – No contractor or Volunteer Allegations or Discipline

(a)(b)(c) The IRDF SAAPI SOP states, "Any contractor or **volunteer** who has engaged in sexual abuse or assault will be prohibited from contact with detainees. The IRDF will take appropriate remedial measures and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other sexual abuse policies." The IRDF SAAPI SOP states, "Contractors suspected of perpetrating sexual abuse or assault will be removed from all duties requiring detainee contact pending the outcome of the investigation." The policy does not address volunteers suspected of perpetrating sexual abuse or assault.

The Facility Administrator provided a statement which stated there had been no incidents of volunteers or contractors alleged to have engaged in sexual abuse of a detainee or disciplined for any sexual misconduct. During the interview, Facility Administrator stated any contractor or volunteer suspected of sexual abuse would not be allowed into the facility until the investigation was completed. The facility practice is to prohibit contractors or volunteers from entering the facility if they are alleged to have engaged in sexual abuse of a detainee.

The Auditor reviewed the facility PREA investigations and found there were no allegations against a contractor or volunteer.

**Recommendation:** The facility policy should be updated to include the removal of volunteers from contact with detainees if they are suspected of sexual abuse.

The facility meets the requirements for this standard.

**§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:**

Documents Reviewed:

(a) The IRDF SAAPI SOP states, "Detainees will be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that a detainee engaged in sexual abuse or assault."

The Facility Administrator confirmed in the interview that disciplinary sanctions are commensurate with the severity of the act. The Facility Administrator also provided a memorandum stating, "In the past year, no detainee in custody at IRDF received disciplinary sanctions for violating the sexual assault policy."

The Auditor reviewed the facility investigations for the past year and found there were no discipline sanctions against detainees for violating the sexual abuse or assault policies.

(b)(c) Detainee disciplinary procedures are established in the IRDF Disciplinary SOP. The SOP provides a graduated scale of offenses and sanctions. Offenses are categorized as: Greatest offenses; High offenses; High Moderate offenses; Low Moderate Offenses with sanctions commensurate with the severity of the offense. The SOP details the procedures for the charging officer in completing the report. The disciplinary report is then reviewed by the Shift Supervisor and assigned for investigation. The disciplinary process includes a right to appeal through the grievance process. The Disciplinary SOP states, "All documents relevant to the incident, subsequent investigation, and hearing(s) will be completed and maintained by the DHO. Applicable documents will be copied and placed in the applicable detention file(s)."

The Facility Administrator confirmed that discipline sanctions are intended to encourage detainees to confirm to rules in the future. He also confirmed there are progressive levels of review, appeals, and procedures for handling detainee discipline infractions. He explained a detainee appeals a disciplinary and/or disciplinary sanctions through the grievance system. The first level of appeal is to the Facility Administrator and the second level of appeal is to ICE.

(d) The IRDF SAAPI SOP states, "If a detainee is mentally disabled or mentally ill but competent, the disciplinary process will consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."

The Facility Administrator explained that detainees who may be experiencing a mental illness are evaluated by mental health staff to determine if the mental illness may have contributed to the offense.

(e)(f) The IRDF SAAPI SOP further states, "The IRDF will not discipline a detainee for sexual contact with a staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse or assault made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation."

The Facility Administrator confirmed detainees would not be disciplined for sexual contact with a staff member unless the staff member did not consent to the sexual contact and detainees would not be disciplined for reporting a sexual abuse or assault in good faith. There was one detainee who reported a sexual abuse at the facility, but the detainee refused to be interviewed.

The facility meets the requirements for this standard.

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

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

#### **Notes:**

Documents Reviewed:

IRDF SAAPI SOP  
MTC Medical Policy 904E.310 FNI – Sexual Abuse/Assault  
Exhibit 25 – IRDF Risk Assessment  
Exhibit 42 – Mental health referrals

(a)(b)(c) The IRDF SAAPI SOP states, "If a detainee discloses or the screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, the IRDF staff will, as appropriate, ensure that the detainee is immediately referred to a qualified medical and mental health practitioner for follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee will receive a health examination no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." MTC Medical Policy 904E.310 FNI – Sexual Abuse/Assault is consistent with the IRDF SAAPI SOP.

The IRDF risk assessment provides clear instructions to the assessor to refer to mental health staff, all detainees who report a prior history of sexual victimization or sexual abusiveness. The Auditor interviewed two intake officers, and both reported if a detainee reported a prior history of sexual abuse or sexual abusiveness, they would promptly refer the detainee to the mental health staff.

The Auditor interviewed three detainees who had reported prior sexual victimization at intake. Each of the detainees reported they were seen by mental health staff. The Auditor reviewed two of these detainee files and verified the detainees were seen by mental health staff within 48 hours of the referral.

The facility provided an example of two referrals for detainees who reported prior victimization on the initial assessment on 02/17/2021. Intake staff notified medical and mental health staff by email of the detainees' history of sexual victimization. In these two examples, medical staff evaluated the detainees and made a referral to mental health staff on the same date. There were conflicting dates of referral for one detainee, but mental health staff were able to explain the conflicting dates and the Auditor confirmed the detainee was seen by mental health staff the day following the referral.

The Facility HSA explained intake staff make referrals to medical verbally or by email. The detainee is evaluated by medical staff within 12 hours and mental health referrals are usually seen the next working day, but mental health staff will see them on weekends if needed. Mental health staff reported if the risk assessment identified a sexual abuse victim or abuser, intake staff would immediately refer the detainee to mental health for an evaluation. She stated usually the detainee is seen the same day but always within 72 hours of the referral.

The Auditors reviewed 15 detainee files. There were four detainee files that indicated the incoming detainee had a history of sexual victimization or sexual abusiveness. One detainee was referred to mental health on the day of admission and seen by mental health staff the following day. One detainee was referred the day after admission and seen by mental health staff the day of the referral. One detainee was referred to mental health eight days after admission and refused mental health services. One file indicated the detainee had a history of sexual victimization but there was no indication of a referral. The detainee was seen the day after admission by mental health staff.

**Does Not Meet:** The standard requires detainees with a history of sexual victimization or abusiveness to immediately be referred to medical or mental health staff. Detainees with a history of victimization or abusiveness are not promptly referred to mental health staff, despite notations on the PREA risk assessment instructing staff to do so. The facility must demonstrate that intake staff are promptly referring detainees to medical/mental health staff for evaluation.

The facility does not meet the requirements for this standard.

### **§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:**

Documents Reviewed:

MTC Medical SOP 904E.310 FNI – Sexual Safety in Prison  
Exhibit 43 – Memorandum - Transports to PMH

(a) MTC medical policy 904E310 FNI states, "This facility does not perform any forensic exams or collect any forensic evidence. The standard protocol is to transport every alleged victim to the nearest hospital for a "rape kit" as soon as possible. All victims are immediately referred to the local emergency room for evaluation and treatment as outlined below:

In the event of a sexual assault the following shall immediately take place:

- **TRIAGE** – On-site staff will triage the patient and stabilize as necessary. The victim's acute medical and mental health needs will be addressed before they are transported off-site for evidence collection. All findings and treatment will be documented and placed in the Detainee's medical record.
- **TRANSPORT** – a Detainee who claims sexual assault will be sent to the local emergency room for further evaluation, treatment, and collection of evidence. Once the transport has taken place, a report shall be made to the Warden or designee to confirm separation of the victim from his or her assailant. Transfers will take into account safety and security concerns and the special needs of victimized detainees. Escorting staff should treat the victim in a supportive and non-judgmental way.
- **NOTIFICATION** – The staff at the community medical facility will be notified and alerted to the Detainee's condition. The medical facility will perform STD and HIV testing as medically required.
- **COMMUNITY RESOURCES** – The facility may refer the victim to a crisis center to enhance facility medical services."

This policy further states, "Prophylactic treatment and follow-up examination for sexual transmitted diseases shall be offered to all victims, as appropriate."

The HSA stated for emergencies, medical staff will triage the detainee and have the detainee transported to the hospital. For forensic examinations, the detainee victim would be transported to PMH. For mental health emergencies that cannot be managed at the facility, the detainee would be transported to a psychiatric unit at Paradise Hospital or Alvarado Parkway Institute. She also stated the facility medical staff will provide emergency contraception and sexually transmitted infections prophylaxis.

There was one detainee at the facility who had reported a sexual abuse, but the detainee declined the interview.

The Auditors reviewed eight investigation files. Each detainee victim was seen by medical after the allegation was reported. One investigative file indicates the detainee reported he was sexually harassed and abused by staff. The incident allegedly occurred in May 2020 but was not reported until July 2020. The detainee was seen by medical staff following the incident, but it was following a use of force, which the detainee alleged was a sexual harassment and sexual abuse two months later. Medical staff did not see the detainee again after the sexual abuse allegation was reported two months later.

(b) The two medical staff and one mental health staff interviewed all reported emergency medical treatment is provided to the detainee victim at no cost to the detainee and regardless if the detainee cooperates with the investigation or names the abuser. Pioneers Memorial Hospital does require a criminal police report be made before they will provide a forensic examination.

The MTC Medical Policy 904E.310FNI includes facility specific procedures, which reads, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

The facility meets the requirements for this standard.

### **§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:**

Documents Reviewed:

MTC Medical SOP 904E.310 FNI – Sexual Safety in Prisons

(a) MTC Medical Policy 904E.310 FNI provides that medical staff will triage a detainee sexual abuse victim, attending to any acute medical and/or mental health needs and stabilizing the victim for transport to PMH for forensic examination, if applicable. Community resources through Sure Helpline are available to provide crisis intervention, victim advocacy through the forensic exam and investigative interviews, on-going counseling, and support services. All victims of sexual assault or abuse are referred to mental health staff for evaluation and treatment, if applicable.

The HSA confirmed that detainee victims of sexual abuse are brought to medical and triaged prior to transport to PMH for a forensic examination. Sure Helpline staff is also utilized to provide advocacy services during the forensic examination and crisis intervention and on-going individual or group counseling. Sure Helpline staff confirmed these services are provided to the detainee and commented that the facility ensures they have access to detainees, a designated area to conduct individual and group counseling. There was one detainee at the facility who had reported a sexual abuse, but the detainee declined the interview. One investigative file indicates the detainee reported he was sexually harassed and abused by staff. The incident allegedly occurred in May 2020 but was not reported until July 2020. The detainee was seen by medical staff following the incident, but it was following a use of force, which the detainee alleged was a sexual harassment and sexual abuse two months later. Medical staff did not see the detainee again after the sexual abuse allegation was made two months later for a medical and mental health evaluation to determine if ongoing medical and/or mental health care was required.

(b)(c)(d)(e) MTC medical policy 904E.310FNI states, "Upon returning from the community medical facility, the Detainee will be referred for evaluation by a qualified mental health professional for crisis intervention counseling and long-term follow-up. The evaluation and treatment of such victims shall include, as appropriate, 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." The Medical SOP continues, "Detainee victims of sexually 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 shall receive timely and comprehensive information about lawful, pregnancy related services and timely access to all lawful pregnancy-related medical services." MTC Medical SOP also states, "Prophylactic treatment and follow-up examination for sexually transmitted diseases shall be offered to all victims, as appropriate."

The medical staff interviewed all reported detainees are provided follow-up services, treatment plans, and referral for continued care including if transferred or released. Mental health staff noted the Sure Helpline staff will assist in referring detainees for follow-up services if they are released out of the United States. All medical/mental health staff interviewed also reported detainees are provided timely and comprehensive information and access to pregnancy related information and services and are provided pregnancy and sexually transmitted infection tests, as appropriate. All staff reported the healthcare services provided are consistent with the community level of care.

(f) The two medical staff and one mental health staff interviewed all reported emergency medical treatment is provided to the detainee victim at no cost to the detainee and regardless if the detainee cooperates with the investigation or names the abuser. The MTC Medical Policy 904E.310FNI includes facility specific procedures, which reads, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

(g) MTC Medical Policy 904E.310FNI states, "The facility shall 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." The mental health staff confirmed that evaluation and treatment services are offered to detainee abusers. The services include evaluation, counseling, and psychiatric care if needed.

The Facility Administrator provided a memorandum stating the facility has not had the necessity to provide on-going medical or mental health services to victims or abusers of sexual abuse, in the past year.

The facility meets the requirements for this standard.

#### **§115.86 - Sexual abuse incident reviews.**

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

#### **Notes:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 45 – Memorandum – Sexual Abuse Incident Reviews

Exhibit 46 – 2019 – 2020 Annual PREA Report

(a)(b) The IRDF SAAPI SOP states, "The IRDF will conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault. Regardless whether the investigation results are substantiated or unsubstantiated the IRDF's PSA Compliance Manager will prepare a written report within 30 days of the conclusion of the investigation. The report will include recommendations, revealed by the allegation or investigation, to change policy or practice that could better prevent, detect, or respond to sexual abuse and assault. The IRDF will implement the recommendations for improvement or will document its reasons for not doing so in a written response. Both the report and the response will be forwarded to the Field Office Director, via the COR, for transmission to the ICE/ERO PSA Coordinator. The IRDF will also provide any further information regarding such incident reviews as requested by the ICE/ERO PSA Coordinator. The review team will consider whether the incident or allegation was motivated by: race, ethnicity, gender identity, gay, bisexual, transgender, intersex identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the IRDF."

The Facility Administrator provided a memorandum stating the facility had conducted one incident review within the allotted time after the conclusion of the investigation. At the time of the on-site visit, the facility could not verify that an incident review had been conducted at the conclusion of each sexual abuse investigation. An investigative report was completed for each allegation and in one case, the investigator made a recommendation which was implemented. The facility had not completed incident reviews since they had not received information from ICE closing the investigation cases.

The facility was non-compliant at the time of the on-site visit for not completing incident reviews. Following the on-site visit, the PSA Compliance Manager submitted a memorandum stating that on March 31, 2021, each of the sexual abuse investigations in the past year were reviewed by the

following staff: Facility Administrator, Deputy Facility Administrator, Chief of Security, mental health staff (2), Lieutenant, Classification Supervisor, Medical, Gang Investigator, and PSA Compliance Manager. There was one recommendation made in the investigative report, which was to designate pat-search areas that would allow the pat-search to be conducted in full view of the camera. The recommendations were implemented. With the completion of the incident reviews on March 31, 2021, the facility is now compliant with this subpart of the standard.

(c) The IRDF SAAPSI SOP further states, "The IRDF's PSA Compliance Manager will conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. When the IRDF has not had any reports of sexual abuse during the annual reporting period, the IRDF will prepare a negative report. The result and findings of the annual review will be provided to the Facility Administrator and the Field Office Director, via the COR, for transmission to the ICE/ERO PSA Coordinator."

The facility provided a copy of the 2019 -2020 annual PREA report. The date range of the report was from October 1, 2019 through September 30, 2020. A copy was provided to the Facility Administrator and Field Office Director. The Auditor was unable to verify that the FOD forwarded the annual report to the ICE/ERO PSA Coordinator.

**Does Not Meet:** The annual PREA report must be forwarded to the agency ICE/ERO PSA Coordinator. The Auditor reviewed documentation that the report was forwarded to the FOD by the facility. The agency should provide verification that the annual PREA report was forwarded to the agency ICE/ERO PSA Coordinator.

The agency does not meet the requirements for this standard.

#### **§115.87 - Data collection.**

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

#### **Notes:**

Documents Reviewed:  
IRDF SAAPSI SOP  
Exhibit 47 – IRDF Organizational Chart

The PSA Compliance Manager and Facility Administrator confirmed that all detainee sexual abuse investigation files are secured in the Facility Administrator's Office.

The facility meets the requirements for this standard.

#### **§115.201 - Scope of audits.**

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

#### **Notes:**

- (d) The Auditors were provided access to and allowed to observe all areas of the facility.
- (e) Although the facility provided all relevant documentation to complete a thorough audit of the facility, the agency was not able to provide verification that the Field Office notified the JIC of the reported sexual abuse allegations.
- (i) The Auditors were permitted to conduct private interviews with detainees and staff.
- (j) Detainees were provided with the notice of the audit and information for sending correspondence to the Auditor. No detainee or staff correspondence was received.

Although the agency did not provide verification the JIC was notified of sexual abuse allegations in the audit year period, the facility complies with this standard.

### **AUDITOR CERTIFICATION**

Update Audit Findings Outcome Counts by Clicking Button:

**Update Outcome Summary**

<b>SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)</b>	
<b>Number of standards exceeded:</b>	2
<b>Number of standards met:</b>	4
<b>Number of standards not met:</b>	7
<b>Number of standards N/A:</b>	1
<b>Number of standard outcomes not selected (out of 41):</b>	27

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.

*Margaret L. Capel*  
**Auditor's Signature & Date**

6/22/2021

(b) (6), (b) (7)(C)

6/25/2021

**Assistant PREA Program Manager's Signature & Date**

(b) (6), (b) (7)(C)

6/22/2021

**PREA Program Manager'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>	Sabina A. Kaplan	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(914) 474- (b) (6), (b) (7)(C)

**PROGRAM MANAGER INFORMATION**

<b>Name of PM:</b>	(b) (6), (b) (7)(C)	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(772) 579- (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>	San Diego Field Office
<b>Field Office Director:</b>	Gregory J. Archambeault
<b>ERO PREA Field Coordinator:</b>	SDDO (b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	880 Front Street, Suite 3300
<b>Mailing address: (if different from above)</b>	

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

Basic Information About the Facility			
Name of facility:	Imperial Regional Detention Facility		
Physical address:	1572 Gateway Rd, Calexico, CA		
Mailing address: (if different from above)			
Telephone number:	(760) 618 - 7200		
Facility type:	D-IGSA Choose an item.		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(760) 618 – (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(760) 618 – (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 Imperial Regional Detention Facility (IDRF) was conducted on March 23 – 25, 2021 by Margaret Capel, U.S. Department of Justice (DOJ) and U.S. Department of Homeland Security (DHS) certified PREA Auditor for Creative Corrections, LLC of Beaumont, Texas. The Auditor was provided guidance during the initial report writing and review process by the ICE PREA Program Manager, (b) (6), (b) (7)(C) and Assistant Program Manager, (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) DOJ and DHS certified PREA Auditors.

The IDRF is owned by U.S. Immigration and Customs Enforcement (ICE) and operated by Management Training Corporation (MTC). The facility processes detainees who are pending immigration review or deportation. The purpose of the March 2021 audit was to determine compliance with DHS PREA Standards. This was the second DHS PREA audit of the facility. The incorporation date for the IDRF was September 12, 2014. The audit review period included 12 months from March 2020 through March 2021. Upon completion of the audit, the IDRF was found to be non-compliant with seven standards.

The facility had 30 standards that Met, 3 standards that Exceed, 7 standards that Did Not Meet, and 1 standard that was Non-Applicable.

#### **Standards that Did Not Meet**

115.16 Accommodating detainees with disabilities and detainees who are limited English proficient  
115.22 Policies to ensure investigation of allegations and appropriate agency oversight  
115.33 Detainee Education  
115.65 Coordinated Response  
115.73 Reporting to detainees  
115.81 Medical and mental health assessments; history of sexual abuse  
115.86 Sexual abuse incident reviews

The Corrective Action Plan (CAP) period review was assigned to (b) (6), (b) (7)(C) DOJ and DHS PREA Auditor and Assistant Program Manager, contracted through Creative Corrections, LLC., for those standards found to be deficient during the facility's PREA audit. The Agency provided the Auditor the 180 Day CAP in July 2021, which was reviewed by the Auditor who provided responses to the proposed corrective actions. The 180-day CAP process began on June 22, 2021, with an ending date of December 22, 2021. The facility submitted documentation for the corrective action process on September 7, 2021 through December 17, 2021. In a review of the submitted documentation to demonstrate compliance with the deficient standards, the Auditor determined the facility has achieved compliance with all seven of the previously deficient standards.

This report is a final report based on the documentation that was submitted for review during the CAP period for those standards found to be deficient during the facility's PREA audit in March 2021. The report is being completed to detail the facility's current compliance status with the previous seven deficient standards noted on the final report.

## 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. 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:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 8 – Facility Detainee Handbook

Exhibit 9 – ICE Zero Tolerance Poster

Exhibit 10 – ERO Language Line Services Flyer

(a)(b) The IRDF SAAPI SOP states, "The IRDF will take appropriate steps to ensure detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech difficulties) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf or hard of hearing or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the IRDF will:

1. Provide access to in-person, telephonic, or video interpretive services that enable effective, accurate and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary; and
2. Providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication."

The IRDF SAAPI SOP further states, "The IRDF will take steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient, including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary." The Facility Detainee Handbook states, "A disability is a physical or mental impairment that substantially limits one or more of an individual's major life activities, (e.g. seeing, hearing, caring for oneself, walking, standing, breathing, communicating, speaking, major bodily functions, etc.) or a record of such a physical or mental impairment. If you have a disability and require accommodations, aids, services, and/or assistance to access the facility's programs, activities, and services, you may submit a detainee request or if urgent speak with a staff member. The facility will review your request and where reasonably appropriate and approved, provide you with the necessary accommodations, aids, or services."

This information is also provided to detainees in the ICE National Detainee Handbook. The Auditors confirmed that facility has copies of the ICE National Detainee Handbook in the following languages: Arabic, Chinese, Creole, English, French, Hindu, Portuguese, Punjabi, Russian, Spanish, and Vietnamese. The PSA Compliance Manager developed an orientation handout in Arabic, Bangladesh, Chinese, French, Hindu, Korean, Portuguese, Punjabi, Russian, Spanish, Tamil, Tigrinya, Urdu, and Vietnamese. This handout provides information on the facility's zero-tolerance for sexual abuse, all sexual activity at the facility is prohibited, to include sexual touching or sexual communication between detainee and detainee or detainee and staff. The handout also provides information for reporting sexual abuse to any staff member, housing unit officer, and how to report sexual abuse allegations through the ICE Detention Reporting Information Line (DRIL) line, OIG, and OPR. PREA related posters are visible to detainees in their housing areas and include the ICE ERO Zero Tolerance Poster (in English and Spanish) which provides a phone number for reporting sexual abuse to ICE Detention Reporting Information Line (DRIL), the Office of Inspector General (OIG), which is anonymous, and the poster provides the name of the PSA Compliance Manager. Contact information for the PSA Compliance Manager is in the Facility Detainee Handbook. The Sexual Assault Awareness pamphlet information (English and Spanish) is provided in the Facility Detainee Handbook and provides contact information for the Sure Helpline Rape Center to include a 24-hour hotline, address information. The pamphlet is also posted on bulletin boards throughout the facility. This pamphlet also provides an address to write the PSA Compliance Manager. Detainee interviews and detainee file reviews revealed PREA information is not being provided in a language understood by the detainee during the intake process as required. The files showed limited English proficiency (LEP) detainees other than Spanish receive the information in English and interpretation services are not utilized. Although the facility has ICE National Detainee Handbooks in numerous languages, these handbooks are not provided to LEP detainees unless Spanish is their language.

The Facility Administrator stated the facility does not house deaf or blind detainees. If received these detainees would be transferred to a facility that could better meet the detainees' needs.

Intake staff reported and the Auditors confirmed the facility has a PREA video (includes closed captioning) and written PREA information available that would benefit detainees with low or limited vision and/or hearing or reading disabilities. A few security personnel reported some experience working with detainees with low or limited vision or hearing limitations. Most officers were aware of the PREA video which provides audio for low or limited vision detainees and written PREA information available in the detainee handbooks and on posters throughout the facility for detainees with low or limited hearing. Most security staff reported having experience working with detainees with intellectual, psychiatric, or speech disabilities, with most staff reporting they would contact medical or mental health staff for assistance. Other options mentioned was speaking slowly, repeating, or simplifying the information, and asking questions to ensure the detainee understands the information. Intake staff also confirmed that a PREA video is available with audio and closed captioning. The facility provided a listing of disabled detainees, at the beginning of the audit. There were two detainees listed with communication disabilities. One detainee was restricted to a quarantined housing area and the other detainee refused the interview.

**Does Not Meet (a)(b):** The facility does not provide LEP detainees with PREA information during intake in a language they understand. The facility must provide PREA information to detainees in a language they understand through an interpreter or written form.

**Corrective Action Taken (a)(b):** The Auditor reviewed and accepted the facility submitted documentation for demonstrating compliance with 115.16. Documentation submitted included training of the Receiving and Discharge employees on July 30, 2021, 18 detainee files, and the Interpretation Services Log. Seventeen of the detainee files were in compliance by including the Acknowledgement Form, Dorm Card, and In-Processing Form, documenting the detainee received the ICE National Detainee Handbook and information through an interpreter in a language they understand. A review of the Interpretation Services Log from 6/11/2021 through 6/18/2021 further confirmed that the facility utilized the interpretation services a total of 31 times. The facility is now in compliance with standard 115.16 subsections (a)(b).

#### **§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:**

Documents Reviewed:  
11062.2 – Sexual Abuse and Assault Prevention and Intervention  
IRDF SAAP I SOP  
Exhibit 14 – MOU with ICSO  
ICE Website  
Exhibit 15 – MTC Website  
Exhibit 16 – Memorandum – PREA incidents referred to ICSO  
ICE PREA Allegation spreadsheet  
Facility PREA Allegation spreadsheet

(a)(d)(e)(f) The SAAP I SOP states, "The IRDF will ensure that each allegation of sexual abuse or assault is investigated by an appropriate criminal or administrative investigative entity, and shall cooperate with all investigative efforts to ensure a thorough and objective investigation. The Facility Administrator will report the incident to the ICE FOD, via the Contracting Officer Representative (COR). Any case that appears to potentially support criminal prosecution will be referred to the Imperial County Sheriff's Office for investigation." The SOP further states, "At any time, a detainee alleges sexual assault or abuse, IRDF will coordinate a sensitive response and initiate an administrative investigation. All investigations, administrative or criminal, into alleged sexual assault will be prompt, thorough, objective, fair and conducted by qualified investigators. The IRDF's PSA Compliance Manager will be responsible to conduct an administrative investigation for all allegations of sexual assault or abuse." All sexual abuse allegations are reported by the facility to the COR who reports the allegation to the FOD. The FOD reports the allegation to the Joint Intake Center (JIC) who assesses allegations to determine which allegations fall within the PREA purview. OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. If refused, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the investigation allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and the facility staff. In November 2020, ICE instructed the facility to refer any sexual abuse allegation to the ICSO for investigation. The facility established an MOU with the ICSO to investigate sexual abuse allegations for the facility.

The Facility Administrator explained that all allegations of sexual abuse are referred to the ICSO. The facility provides any video evidence and reports related to the incident; and provides office space for interviewing. He added that he meets monthly with the PSA Compliance Manager, lieutenants, and sergeants to review any PREA cases and to review their response to PREA allegations.

The PSA Compliance Manager is also the facility investigator and completes an administrative investigation of all sexual abuse allegations. He stated all staff are trained in the facility's response to sexual abuse allegations. He is contacted immediately and begins his investigation. He ensures all allegations of sexual abuse are referred to the ICSO and provides any supporting evidence and written and/or video documentation for the ICSO investigators. Of the 11 allegations listed by the facility, all reported sexual abuse allegations were administratively investigated by the facility and the investigation closed. The PSA Compliance Manager stated and understood the official closing of a case if after the investigation by JIC, OPR, or DHS OIG. The Auditor reviewed eight staff-on-detainee investigations and each were determined to be unfounded by the facility's administrative investigation. There were four allegations that were potentially criminal, and each were referred to the ICSO for investigation. The ICSO determined none of the referred cases involved criminal activity. The facility complies with this portion of the standard with the completion of an administrative investigation on all reported allegations. The agency did not ensure an administrative and/or criminal investigation was completed on all reported allegations. The agency did not conduct any investigations.

Through the Auditor's review of the investigative files it was demonstrated the facility is notifying the COR and FOD of all alleged allegations. Upon the review of the ICE allegation spreadsheet and during the reconciliation of the facility's and agency's alleged allegations spreadsheet, it was determined by the agency that the COR or FOD did not report the allegations to the JIC as required by standard and policy. The facility complies with this portion of the standard, but the agency is non-compliant.

**Does Not Meet (a):** Although the facility reported all allegations to the COR and FOD, the agency is non-compliant with this subpart of the standard. The agency did not ensure an administrative and/or criminal investigation was completed on all sexual abuse allegations.

**Corrective Action Taken (a):** The Auditor required the facility to provide verification that their reported PREA investigations are included on the PREA allegation sheet provided by the Team Lead by submitting all PREA allegations reported at the facility level during the CAP period. The facility provided 3 PREA cases with corresponding emails and the current PREA allegation spreadsheet provided by the Team Lead. A review of both documents confirmed compliance with standard 115.22 (a). The facility is in compliance with standard 115.22 (a).

### §115.33 - Detainee education

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

#### Notes:

Documents Reviewed:

IRDF SAAP I SOP

Exhibit 8 – Facility Detainee Handbook

Exhibit 9 – ICE Zero Tolerance Poster and DHS Sexual Assault Awareness Notice

Exhibit 19 – Memorandum – PREA Video available on-site

Exhibit 20 – Dorm Card (completed)

Exhibit 21- Sexual Assault Awareness Information pamphlet

(a)(b) The IRDF SAAP I SOP states, "Upon admission to the IRDF, all detainees will be notified of the facility's zero-tolerance policy for all forms of sexual abuse and assault through the orientation program, the Facility Detainee Handbook, and ICE/ERO National Detainee Handbook and provide with information out the IRDF's IRDF SAAP I SOP program. The IRDF's orientation process will include at a minimum:

1. The IRDF's zero-tolerance policy for all forms of sexual abuse or assault;
2. The name of the IRDF's PSA Compliance Manager and information about how to contact him/her;
3. Prevention and intervention strategies;
4. Definitions and examples of detainee on detainee sexual abuse and assault, staff on detainee sexual abuse and assault and coercive sexual activity;
5. Explanations of methods of reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact (line officer), their consular official, the DHS/OIG and ICE/OPR investigation process
6. Information about self-protection and indicators of sexual abuse and assault;

7. Prohibition against retaliation, including an explanation that reporting an assault, will not negatively impact the detainee's immigration proceeding;

and

8. The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling.

Detainee notification and orientation will be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills."

The Facility Detainee Handbook states, "A disability is a physical or mental impairment that substantially limits one or more of an individual's major life activities, (e.g. seeing, hearing, caring for oneself, walking, standing, breathing, communicating, speaking, major bodily functions, etc.) or a record of such a physical or mental impairment. If you have a disability and require accommodations, aids, services, and/or assistance to access the facility's programs, activities, and services, you may submit a detainee request or if urgent speak with a staff member. The facility will review your request and where reasonably appropriate and approved, provide you with the necessary accommodations, aids, or services."

During the facility tour the Auditors confirmed there was a PREA orientation video available to incoming detainees. The video is in Spanish and English and provides closed captioning. The Auditors confirmed that facility has copies of the ICE National Detainee Handbook in the following languages: Arabic, Chinese, Creole, English, French, Hindu, Portuguese, Punjabi, Russian, Spanish, Vietnamese. The PSA Compliance Manager developed an orientation handout in Arabic, Bangladesh, Chinese, French, Hindu, Korean, Portuguese, Punjabi, Russian, Spanish, Tamil, Tigrinya, Urdu, and Vietnamese. This handout provides information on the facility's zero-tolerance for sexual abuse, all sexual activity at the facility is prohibited, to include sexual touching or sexual communication between detainee and detainee or detainee and staff. The handout also provides information for reporting sexual abuse to any staff member, housing unit officer, and how to report sexual abuse allegations through the DRIL line, OIG, and OPR. The handout also informs detainees these calls are free and unmonitored, and the detainee can report anonymously. The detainee is informed they can report sexual abuse in writing through their tablet. The handout informs detainees if they engage in abusiveness at the facility, the abuser will face punishment by the facility, possible criminal charges, and the abusive behavior may affect the detainee's immigration case. The handout asks the detainee if they understood the information they have read, answers any questions from the detainee through the language line, and provides a detainee signature. The handout informs the detainee to read the Facility Detainee Handbook (which is only available in English and Spanish) and ICE National Detainee Handbook.

The Auditor interviewed 21 detainees, 15 of whom were LEP. Detainees who did not speak English or Spanish reported they did not receive handbooks in their language, but several mentioned receiving the handout developed by the PSA Compliance Manager in their language. The Auditor reviewed 15 random detainee files, 13 of the records indicated the detainee spoke a language other than English. Of these detainees six spoke Spanish and the records indicated the detainee was interviewed in Spanish. Two of the files indicated the detainee spoke Gujarati and Arabic but staff did not note the language used in the interview and did not indicate if a language line was utilized. There were six records that showed the detainee spoke a foreign language (Tamil, India, Armenian, Russian, Bengali, Nepali) but that the intake interview was conducted in English. Detainees sign acknowledging that they received the Facility Detainee Handbook and the ICE National Detainee Handbook, but it does not indicate the language of the issued handbooks. Several of the detainees who did not speak English or Spanish reported receiving PREA orientation through a handout provided by the PSA Compliance Manager.

**Does Not Meet (a)(b):** The facility does not provide, notify, and inform detainees, who do not speak English or Spanish, about the agency's and facility's zero-tolerance and PREA information in a language the detainee can understand. The facility must provide PREA information to LEP detainees in written form or through an interpreter in a language the detainee can understand.

**Corrective Action Taken (a)(b):** The Auditor reviewed and accepted the facility submitted documentation for demonstrating compliance with 115.33 (a)(b). Documentation submitted included training of the Receiving and Discharge employees on July 30, 2021, 18 detainee files, and the Interpretation Services Log. Seventeen of the detainee files were in compliance by including the Acknowledgement Form, Dorm Card, and In-Processing Form documenting the detainee receiving the ICE National Detainee Handbook and information through an interpreter in a language they understand. A review of the Interpretation Services Log from 6/11/2021 through 6/18/2021 further confirmed that the facility utilized the interpretation services a total of 31 times. The facility is in compliance with standard 115.33 subsections (a)(b).

(c) The facility documents the detainee's participation in the intake orientation process on the detainee's dorm card. The dorm card is a form that documents the facility information provided to the detainee, which is maintained in the detainee file. The dorm card reads, "I have received both Detainee Handbooks and I have seen the Detainee Orientation Video. The handbooks include the Rules and Regulations and Rights and Responsibilities while detained under custody of Imperial Regional Detention Facility located in Calexico, California." The paragraph is repeated in Spanish. The detainee signs the dorm card acknowledging receipt of the orientation material and viewing the Detainee Orientation Video.

The Auditor interviewed 15 LEP detainees. Of this group, seven detainees spoke Spanish and only six of these detainees reported they received information and handbooks in Spanish. The remaining eight detainees, seven reported they did not receive handbooks in their language (although there are handbooks available in intake in several languages). Two LEP detainees reported receiving handbooks in English, which they could not read. The PSA Compliance Manager has created a handout for detainees, in several languages which provides some but not all of the necessary PREA information. Of the non-English, non-Spanish speaking detainees interviewed, four recall receiving a handout from the PSA Compliance Manager. Intake staff document on the dorm card that detainees have received handbooks but does not indicate the language of the handbook. The facility must be able to demonstrate that detainees are provided PREA orientation material in a form or language that the detainee can understand.

**Does Not Meet (c):** The facility must accurately and completely document the detainee's participation in the intake process. The current process does not indicate if a language line interpreter was utilized to conduct interviews and does not document that the detainee was provided orientation material in a language or format they can understand, with the exception of the PSA Compliance Manager handout provided in the languages noted above.

**Corrective Action (c):** The Auditor reviewed and accepted the facility submitted documentation for demonstrating compliance with 115.33 (c). Documentation submitted included training of the Receiving and Discharge employees on July 30, 2021, 18 detainee files, and the Interpretation Services Log. Seventeen of the detainee files were in compliance by including the Acknowledgement Form, Dorm Card, and In-Processing Form documenting the detainee receiving the ICE National Detainee Handbook and information through an interpreter in a language they understand. A review of the Interpretation Services Log from 6/11/2021 through 6/18/2021 further confirmed that the facility utilized the interpretation services a total of 31 times. The facility is in compliance with standard 115.33 subsections (c).

#### §115.65 - Coordinated response

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

#### Notes:

Documents Reviewed:

IRDF SAAPI

MTC Medical Sexual Abuse/Assault Policy

Exhibit 35 – Memorandum – Coordinated Response

(c)(d) IRDF SAAPI SOP states, "When a victim is transferred between detention facilities, the IRDF, as permitted by law, will inform the receiving facility of the incident and the victim's potential need for medical or social services (unless the victim requests otherwise in case of transfer to a non-ICE facility). If the receiving facility is unknown to the IRDF, the facility will notify the Field Office Director, so that he or she can notify the receiving facility. The IRDF will utilize the Detainee Transfer/Service Request form, PREA 115.65."

The Facility Administrator provided a memorandum stating there had been no detainee victims of sexual abuse transferred to another confinement facility in the past year. The Facility Administrator stated if an alleged victim is transferred to another DHS facility, he would provide details about the incident and details about the victim's potential need for medical or social services. He further stated if the alleged victim was transferred to a non-DHS facility, he would provide the same information, even if the detainee requests otherwise.

**Does Not Meet (d):** The standard specifies if a victim is transferred from a DHS immigration detention facility to a facility not covered by 115.65 (c), the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the detainee requests otherwise. The facility policy also has this requirement. The Facility Administrator stated he would provide the information even if the detainee requests otherwise, which is in direct conflict with the facility policies and this standard subsection.

**Corrective Action Taken (d):** The Auditor requested that the facility provide three Detainee Transfer/Services Request Forms of detainees that have been transferred to demonstrate compliance. The Auditor has reviewed and accepted the facility's memo submitted stating no detainees that reported sexual abuse have been transferred to another facility. In addition, the facility provided a Detainee Transfer/Services Request form that clearly states that the information would not be shared should the detainee request the receiving facility not be notified. This form further requires the detainee signature. The facility is in compliance with standard 115.65 sub section (d).

#### §115.73 - Reporting to detainees

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

#### Notes:

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 38 – Letter to Consular

The IRDF SAAPI SOP states, "Following an investigation conducted by the IRDF into a detainee's allegations of sexual abuse, the IRDF will notify the Field Office Director, via the COR, of the result of the investigation and any responsive actions taken so that the information can be reported to ICE headquarters and to the detainee."

The facility provided a letter sent to a consular asking for their assistance in notifying a detainee of the result of an investigation, as the detainee had not left a forwarding address. The Facility Administrator stated the detainee will be informed about the results of the investigation if the detainee makes a request. He stated notification of the results of an investigation is not automatic.

There was one detainee victim at the facility, but the detainee refused to be interviewed. The Auditors reviewed eight investigation files. Aside from sending a notification to the consular, there was no documentation from the agency providing notification of the results of the investigations. There was one case in which a notification was forwarded to the consular, there were five cases in which the detainee was not notified of the results of the investigation. One case involved a third-party report, which the detainee denied making a call to the third party and phone records supported his claim, so a notification was not required, the remaining case is not closed by OPR and the detainee has been released. The PSA Compliance Manager explained the facility typically does not receive a notification from ICE to provide to the detainee notifying the detainee of the results of the investigation.

**Does Not Meet:** The agency is not consistently providing notification to detainees of the results of the sexual abuse investigation. The facility provided documentation demonstrating notification to the COR of each of the administrative investigation outcomes. The agency is not consistently providing notification to detainees of the results of the investigation and any responsive action taken. The agency should provide notification to the detainee for each of the investigations in this audit year and the facility must demonstrate that new PREA investigations include notification from the agency and/or facility of the findings of the investigations.

**Corrective Action Taken:** The Auditor requested that the Agency submit completed notification forms that were sent to detainees who reported sexual abuse during the CAP period to confirm compliance. The facility provided the detainee notification for the two closed PREA investigations that occurred since the on-site portion of the audit. The facility is in compliance with 115.73.

**§115.81 - Medical and mental health assessments; history of sexual abuse**

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

**Notes:**

Documents Reviewed:

IRDF SAAPI SOP

MTC Medical Policy 904E.310 FNI – Sexual Abuse/Assault

Exhibit 25 – IRDF Risk Assessment

Exhibit 42 – Mental health referrals

(a)(b)(c) The IRDF SAAPI SOP states, "If a detainee discloses or the screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, the IRDF staff will, as appropriate, ensure that the detainee is immediately referred to a qualified medical and mental health practitioner for follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee will receive a health examination no later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral." MTC Medical Policy 904E.310 FNI – Sexual Abuse/Assault is consistent with the IRDF SAAPI SOP.

The IRDF risk assessment provides clear instructions to the assessor to refer to mental health staff, all detainees who report a prior history of sexual victimization or sexual abusiveness. The Auditor interviewed two intake officers, and both reported if a detainee reported a prior history of sexual abuse or sexual abusiveness, they would promptly refer the detainee to the mental health staff.

The Auditor interviewed three detainees who had reported prior sexual victimization at intake. Each of the detainees reported they were seen by mental health staff. The Auditor reviewed two of these detainee files and verified the detainees were seen by mental health staff within 48 hours of the referral.

The facility provided an example of two referrals for detainees who reported prior victimization on the initial assessment on 02/17/2021. Intake staff notified medical and mental health staff by email of the detainees' history of sexual victimization. In these two examples, medical staff evaluated the detainees and made a referral to mental health staff on the same date. There were conflicting dates of referral for one detainee, but mental health staff were able to explain the conflicting dates and the Auditor confirmed the detainee was seen by mental health staff the day following the referral.

The Facility HSA explained intake staff make referrals to medical verbally or by email. The detainee is evaluated by medical staff within 12 hours and mental health referrals are usually seen the next working day, but mental health staff will see them on weekends if needed. Mental health staff reported if the risk assessment identified a sexual abuse victim or abuser, intake staff would immediately refer the detainee to mental health for an evaluation. She stated usually the detainee is seen the same day but always within 72 hours of the referral.

The Auditors reviewed 15 detainee files. There were four detainee files that indicated the incoming detainee had a history of sexual victimization or sexual abusiveness. One detainee was referred to mental health on the day of admission and seen by mental health staff the following day. One detainee was referred the day after admission and seen by mental health staff the day of the referral. One detainee was referred to mental health eight days after admission and refused mental health services. One file indicated the detainee had a history of sexual victimization but there was no indication of a referral. The detainee was seen the day after admission by mental health staff.

**Does Not Meet: (c)** The standard requires detainees with a history of sexual victimization or abusiveness to immediately be referred to medical or mental health staff. Detainees with a history of victimization or abusiveness are not promptly referred to mental health staff, despite notations on the PREA risk assessment instructing staff to do so. The facility must demonstrate that intake staff are promptly referring detainees to medical/mental health staff for evaluation.

**Corrective Action Taken:** The Auditor requested the facility provide the mental health notes documenting the detainees (provided with the CAP plan) were seen for the referred victimization/abusiveness. The Auditor has reviewed the facility's submitted documentation of mental health notes and previous submitted detainee intake and referral forms. All three files had referrals to mental health upon intake where the detainee acknowledged previous sexual victimization. As two of the three files confirmed the detainees were seen by Mental Health in the allotted timeframe, the facility is in substantial compliance with standard 115.81.

#### **§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:**

Documents Reviewed:

IRDF SAAPI SOP

Exhibit 45 – Memorandum – Sexual Abuse Incident Reviews

Exhibit 46 – 2019 – 2020 Annual PREA Report

(c) The IRDF SAAPI SOP further states, "The IRDF's PSA Compliance Manager will conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. When the IRDF has not had any reports of sexual abuse during the annual reporting period, the IRDF will prepare a negative report. The result and findings of the annual review will be provided to the Facility Administrator and the Field Office Director, via the COR, for transmission to the ICE/ERO PSA Coordinator."

The facility provided a copy of the 2019 -2020 annual PREA report. The date range of the report was from October 1, 2019 through September 30, 2020. A copy was provided to the Facility Administrator and Field Office Director. The Auditor was unable to verify that the FOD forwarded the annual report to the ICE/ERO PSA Coordinator.

**Does Not Meet (c):** The annual PREA report must be forwarded to the agency ICE/ERO PSA Coordinator. The Auditor reviewed documentation that the report was forwarded to the FOD by the facility. The agency should provide verification that the annual PREA report was forwarded to the agency ICE/ERO PSA Coordinator.

**Corrective Action Taken (c):** The facility provided the Auditor with a memorandum indicating that the annual PREA report has been completed. The memo along with the PREA annual report was attached to an email sent to ERO.SexualAssault. The Auditor accepts the documentation. The facility is compliant with Standard 115.86.

#### **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.

*Margaret Capel*  
**Auditor's Signature & Date**

January 6, 2022

(b) (6), (b) (7)(C)  
**Assistant Program Manager's Signature & Date**

January 24, 2022

(b) (6), (b) (7)(C)  
**Program Manager's Signature & Date**

January 25, 2022