

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



**Homeland  
Security**

**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Howard J. Sweeney	<b>Organization:</b>	Nakamoto Group, Inc.
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	919-749-(b) (6), (b) (7)(C)

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	Los Angeles Field Office
<b>ICE Field Office Director:</b>	David A. Marin
<b>PREA Field Coordinator:</b>	Andre G. Quinones
<b>Field Office HQ physical address:</b>	300 North Los Angeles Street, (b) (6), (b) (7)(C) Los Angeles, CA 90012
<b>Mailing address: (if different from above)</b>	Same as above

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

<b>Basic Information About the Facility</b>			
<b>Name of facility:</b>	Los Angeles Staging Facility		
<b>Physical address:</b>	300 North Los Angeles Street, Suite B-18, Los Angeles, CA 90012		
<b>Mailing address: (if different from above)</b>	Same as above		
<b>Telephone number:</b>	(213) 830-4927		
<b>Facility type:</b>	<input type="checkbox"/> Holding	<input checked="" type="checkbox"/> Staging	
<b>Facility Leadership</b>			
<b>Name of Officer in Charge:</b>	Arthur E. Edwards	<b>Title:</b>	Assistant Field Office Director
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(213) 830-(b) (6), (b) (7)(C)
<b>Facility PSA Compliance Manager</b>			
<b>Name of PSA Compliance Manager:</b>	Andre G. Quinones	<b>Title:</b>	Assistant Field Office Director
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	(714) 712-(b) (6), (b) (7)(C)

## AUDIT FINDINGS

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

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

The on-site PREA (Prison Rape Elimination Act) audit of the Los Angeles Staging Facility (LASF), Los Angeles, California, was conducted March 14-15, 2017. The audit was completed by H. J. Sweeney, a certified auditor with Nakamoto Group Inc. This was the first PREA audit for this facility. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire to the auditors. The documentation consisted of U.S. Immigration and Customs Enforcement (ICE) and ICE Health Service Corps (IHSC) policies and procedures, as well as other supporting documents.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: Team Lead (b) (6), Contract Officer Representative (b) (6), (b) (7), Assistant Field Office Director (AFOD) Arthur Edwards, PSA Compliance Manager (b) (6), (b) (7) and other ICE and facility support staff. The detainee population at LASF is always fluid, as detainees are arriving and departing throughout the work day. Detainees are not housed at LASF, but held for processing, for less than 12 hours and then transferred to another facility. A comprehensive tour of the facility was completed. The tour included the intake processing area, holding cells (tanks), the medical services department and other facility support areas. Due to the extremely short length of stay, there are no housing units, education, library, food service, education or recreation areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for detainees and staff. Detainees are able to use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. Postings regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all holding cells, the health services unit, and throughout the facility. Audit notifications were also located in the same areas. There were no letters received by the auditor as a result of the audit notifications.

LASF is a staging facility operated by ICE that processes detainees within 12 hours. Over the prior 12 months, LASF processed 5960 males and 511 female detainees. During this time, 11 juvenile detainees were sent to the facility but not processed like adult detainees. Juvenile detainees are held in a room outside the LASF main staging facility and never held with adult detainees. Juvenile detainees are held just long enough to be relocated to a hotel or residential family facility. The facility is located in the sub-basement of the Federal Building in Los Angeles, California. Male and female detainees are held in separate holding areas. The facility employs (b) (6) sworn ICE law enforcement officers that have contact with detainees. The facility also employs (b) (6) contract security personnel. ICE Health Service Corps (IHSC) provide medical care within the facility and IHSC staffing is sufficient to have medical providers on site at all times. LASF has (b) (6) video cameras that are continuously monitored by security personnel in the control room.

A total of twenty two staff interviews were conducted during the audit. The interviews included ICE officers and supervisors, contract security staff and supervisors and IHSC providers and supervisors on all shifts. All were aware of the agency's zero tolerance policy and knew their responsibilities to protect detainees from sexual abuse/harassment and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed which included the AFOD, the PSA Coordinator, the IHSC Health Services Administrator, a mental health provider and Registered Nurses. All interviewed staff and contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status. The auditor confirmed that White Memorial Medical Center will both conduct forensic examinations and help coordinate victim advocate services, upon request by the facility. The Los Angeles Police Department's Sex Crime Unit confirmed they would conduct criminal investigations involving allegations of sexual assault. Ten detainees, all males, were interviewed and were randomly selected from the holding cells. No female detainees were available for interviews. The interviewed detainees were of various ages, nationalities and ethnic backgrounds. None of the interviewed detainees self-identified as LGBTI. No detainees self-identified as being intersex or transgender. All but three of the detainees were limited English proficient and were interviewed using a telephonic language interpretation service. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms, and stated they felt safe at the facility. No detainees refused to be interviewed.

As there were no allegations of sexual abuse, assault or harassment during the audit period, there were no investigative files to be reviewed and no incident review conducted.

**SUMMARY OF OVERALL FINDINGS:**

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

When the on-site audit was completed, a close-out meeting was held with Field Office Director (FOD) David Marin, Team Lead (b) (6), (b) (7) Contract Officer Representative (b) (6), (b) (7) Assistant Field Office Director (AFOD) Arthur Edwards, PSA Compliance Manager (b) (6), (b) (7) and other ICE official and facility support staff. The facility staff were courteous, cooperative and professional. The observed staff/detainee interactions were observed to be appropriate. Observations during the tour confirmed that the facility was clean and appropriately staffed with ICE personnel, security officers and IHSC health care providers. There were no blind spots identified and video cameras were used to continuously monitor almost every area where detainees are located, except during health care encounters, or when in a state of undress.

The standards used for this audit became effective in March 2014. Twenty-nine standards were found to "Meet" the standards, two standards were determined to be "Not-Applicable," and no standards were found as "Does Not Meet". No corrective action plan is required. The auditor was provided with extensive and lengthy documents files prior to and during the audit to support the findings of the audit. At the conclusion of the audit, the auditor thanked the FOD, AFOD and the facility staff for their preparation, hard work and dedication to the PREA audit process.

<b>SUMMARY OF AUDIT FINDINGS</b>	
<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	29
<b>Number of standards not met:</b>	0

## PROVISIONS

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

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### Notes:

ICE Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention addresses the requirements of the standard. Written policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting, and responding to such conduct. The Assistant Field Office Director (AFOD) appointed a Prevention of Sexual Assault (PSA) Manager who reports to the AFOD on PREA issues. The PSA Manager, when interviewed, confirmed he has sufficient time and authority to oversee compliance of the facility's PREA program. Zero tolerance posters, in English and Spanish, are displayed throughout the facility. Interviews with employees and contract staff confirmed their awareness of the zero tolerance policy and approach to preventing, detecting, and responding to sexual abuse.

### §115.113 – Detainee supervision and monitoring.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### Notes:

ICE Policy 11087.1, Operations and ERO Holding Facilities and the ICE/ERO/Custody Programs - Holding Facility Self-Assessment Tool address the requirements of the standard. Observations and the review of ICE employee and contractor staffing plans and the extensive use of video monitoring confirmed that the facility ensures the sufficient supervision of detainees to protect detainees against sexual abuse. The review of policy and interviews with facility personnel confirmed that the facility's physical layout, composition of the detainee population, prevalence of sexual abuse/assault allegations and findings of incident reviews are used to determine staffing plans and placement of video monitoring equipment.

### §115.114 – Juvenile and family detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

#### Notes:

LASF does not house juvenile and family detainees. Per interviews with the AFOD and PSA Manager, over the previous 12 months, 11 juveniles have been booked into LASF. Both indicated that is standard operating procedure for juveniles to be booked into LASF for the purpose of accountability and to track movement within the Los Angeles Area of Responsibility. Examples: while in transit from facility to airport for removal, en route to a juvenile detention center or to a hotel room pending a permanent housing solution, and/or juveniles detained at the airport and transferred to the Los Angeles Staging Facility solely to be reunited with a family member. Juvenile are not processed or held with adult detainees.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### Notes:

ICE Policy 11087.1 addresses the requirements of the standard. Policy states that cross-gender strip searches or cross-gender visual body cavity searches are not to be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. The facility does not hold juvenile detainees. The facility reported there was no cross-gender visual body cavity or strip search conducted during the audit period. As confirmed by observation during the tour, detainees are able to perform bodily functions without being observed by staff. Staff interviews confirmed their knowledge of cross-gender viewing and search policies and procedures and that pat-down searches are not performed for the sole purpose of determining the genital status of a transgender or intersex detainee.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

#### Notes:

ICE Policy 11087.1 addresses the requirements of the standard. LASF takes appropriate steps to ensure detainees with disabilities and detainees with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the institution's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts and bulletin board postings are printed in both English and Spanish. During in-processing procedures, staff use the Indigenous Language Flow Chart to determine the detainees' primary language. The facility has a contract with ERO Language Service, a 24 hour telephonic interpretation service, to provide translation services for detainees who do not speak English or Spanish.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

CFR 731.101, Adjunctive Guidelines for Determining Eligibility for Access to Classified Information, Executive orders 10450 and 12968, and ICE Directives 6-7.0 and 6-8.0 address the requirements of the standard. The review of policies, staff interviews and review of employment documents confirmed that all components of this standard have been met. Contractors receive background investigations in accordance with the Personnel Security Investigations for Contract Personnel Directive. Security, background clearances for employees and contractors are repeated at least every five years.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

**Notes:**

ICE Policy 11087.1 addresses the requirements of the standard. LASF has not acquired a new facility or made a substantial expansion to existing facilities since May 6, 2014. This is their first PREA audit. The facility as installed and updated their video monitoring system since May 6, 2014. When updating the system, the facility considered how such technology may enhance the holding facility's ability to protect detainees from sexual abuse.

**§115.121 – Evidence protocols and forensic medical examinations.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention addresses the requirements of the standard. As there have been no allegations of sexual abuse/assault or harassment during the audit period, the facility has neither conducted a criminal nor administrative investigation. As confirmed by telephone interview, detainee on detainee criminal investigations would be referred to the Los Angeles Police Department's Sexual Assault Unit. Sexual abuse/assault allegation involving ICE employees or contractors are referred to Office of Professional Responsibility (OPR). for investigation. Administrative investigations would first be referred to the DHS-OIG for acceptance and assignment.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2, ICE Directive 6-1.0 and Directive 17001.1 address the requirements of the standard. As the facility has not had an allegation of sexual abuse, assault or harassment during the audit period, sections B-(1) and (2), C (1) and (2), D-(1) and E (1) are not applicable. Policies establish protocols and procedures to ensure that each allegation of sexual abuse is investigated by the agency or referred to an appropriate investigative authority. The agencies protocol is posted on its Web site.

**§115.131 – Employee, contractor and volunteer training.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2 addresses the requirements of the standard. The review of training documents, training logs, PowerPoint training presentations and staff interviews confirmed that all ICE employees and contractors received PREA training that includes each element of the standard. Medical and mental health staff receive specialized training that includes detecting and assessing signs of sexual assault and abuse, preservation of physical evidence, responding effectively and professionally to victims and how to report sexual assault/abuse.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

As confirmed by observation and detainee interviews, during intake, each detainee receives a brochure describing ICE’s Sexual Abuse and Awareness policy. The brochure identifies the key elements of the program and informs detainees of the zero-tolerance policy regarding sexual abuse/assault and multiple ways to report any such incidents. The information is available in English and Spanish.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

**Notes:**

As there were no allegations of sexual abuse, assault or harassment during the audit period, there were no related investigations.

**§115.141 – Assessment for risk of victimization and abusiveness.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11087.1 addresses the requirements of the standard. The review of medical intake screening documents, ICE Custody Classification Work Sheets and interviews with staff and detainees confirmed that all detainees are assessed by ICE officers and IHSC staff during in-processing procedures for their risk of being sexually abused or being sexually abusive towards other detainees. Prior to arrival to LASF, ICE staff screen detainees for the risk of being sexually assaulted or having a history of sexually abusive prior to arriving to the facility. Together, the ICE and IHSC screenings consider, to the extent that the information is available, (1) Whether the detainee has a mental, physical, or developmental disability; (2) The age of the detainee;

**§115.151 – Detainee reporting.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11087.1 addresses the requirements of the standard. A review of documentation and staff/detainee interviews indicated that there are multiple methods (verbally to staff; in writing via a letter to ICE, the DHS OIG or consulate; or by telephone call to a hot line, information line, consulate or crisis center). Many of the methods permit anonymous/private reporting and reporting by a third party for detainees to report sexual abuse. The PSA Manager and AFOD would document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. The ICE Sexual Abuse and Assault Awareness Brochure provides detailed information on reporting methods via telephone and email.

**§115.154 – Third-party reporting.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11087.1 addresses the requirements of the standard. As confirmed by the observation of postings throughout the facility and by interviews with staff and detainees, the facility has established methods to receive third-party reports of sexual abuse at LASF via telephone or email. The agency websites, (<https://www.ice.gov/contact> and <http://www/ice/gov/PREA>) list telephone numbers for third party reporting. Detainees are informed about the availability of third party reporting via the Sexual Abuse and Assault Awareness brochure and postings in the facility.

**§115.161 – Staff reporting duties.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2 addresses the requirements of the standard. The review of policy and memorandums confirms that the agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred to any detainee, retaliation against detainees or staff who reported or participated in an investigation about such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff may report misconduct outside of their chain of command by calling or writing the Joint Intake Center (JIC) or calling or writing the Office of the Inspector General (OIG). Employees may also use the anonymous third party methods of reporting available to detainees. Employee and contractor interviews confirmed their awareness of reporting methods.

**§115.162 – Agency protection duties.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2 addresses the requirements of the standard. Policy requires agency employees who have a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, to take immediate action to protect the detainee. Interviews with ICE staff and contractors confirmed their awareness of the requirement.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2 addresses the requirements of the standard. Policy requires that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility must contact the administrator of the facility where the alleged abuse occurred. The notification must be completed as soon as possible but no later than 72 hours after becoming aware of the allegation and the notification must be documented. An interview with the PSA Manager and AFOD confirmed their awareness of the requirement. During the audit period, LASF received no sexual abuse/assault or harassment allegations from detainees confined at other facilities.

**§115.164 – Responder duties.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11087.1 addresses the requirements of the standard. All ICE staff and contractors interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse/harassment. They also stated they would separate the potential victim from the alleged predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their immediate supervisor and health care providers. Supervisors would continue to protect the detainee and notify the AFOD and PSA Manager. Interviews with staff and an examination of staff and contractor training records confirmed compliance to this standard.

**§115.165 – Coordinated response.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11087.1 addresses the requirements of the standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of ICE personnel, IHSC medical and mental health providers, the PSA Manager, the AFOD and when required, community resources from the local hospital and victim advocacy groups. If a victim of sexual abuse is transferred between facilities, LASF would inform the receiving facility of the incident and the victim's potential need for medical or social services. There were no transfers of sexual abuse victims between facilities during the audit period.

**§115.166 – Protection of detainees from contact with alleged abusers.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2 addresses the requirements of the standard. ICE staff and contractors suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact pending the outcome of an investigation. An Interview with the AFOD confirmed a process was in place for removing staff and contractors from duties including detainee contact pending completion of an investigation involving an sexual abuse/assault or harassment involving staff or contractors. There have been no allegations of sexual abuse/assault or harassment of detainees involving staff or contractors.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2 addresses the requirements of the standard. Policy states that employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. There have been no allegations of retaliation during the audit period. Staff interviews confirmed they were aware of the prohibition regarding retaliation.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Directives 1-18.0 and 6-1.0, Internal Delegation Order 04-008 and DHS Delegation Number 7030.2 address the requirements of the standard. LASF would refer all criminal investigations of detainee on detainee sexual assault allegations to the Los Angeles Police Department's Sexual Assault Unit. Criminal investigations of ICE employees or contractors regarding detainee sexual assault allegations would be referred to the OIG and/or ICE Office of Professional Responsibility (OPR). Administrative investigations would be referred to ICE/ERO and ICE OPR. There were no criminal or administrative investigations during this auditing period. Interviews with the AFOD and other ICE personnel confirmed that the facility would fully cooperate with any outside agency who conducts an investigation.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

**Notes:**

ICE Policy 11062.2 addresses the requirements of the standard. The review of policy and staff interviews confirmed that when an administrative investigation is conducted, the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

**Notes:**

ICE Policy 11062.2 and ICE OPR Responsive Actions to Disciplinary Sanctions for Staff Requirements address the requirements of the standard. Staff are subject to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse or violating agency sexual abuse policies. Policy requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. Policy requires the agency to make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies.



**§115.177 – Corrective action for contractors and volunteers.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11062.2 and ICE OPR Responsive Actions to Disciplinary Sanctions for Staff Requirements address the requirements of the standard. Any contractor or volunteer suspected of perpetrating sexual abuse is prohibited from contact with detainees. The agency also considers whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards. The agency is responsible for promptly reporting sexual abuse allegations and incidents involving alleged contractor or volunteer perpetrators to an appropriate law enforcement agency as well as to the Joint Intake Center or another appropriate DHS investigative office in accordance with DHS policies and procedures.

**§115.182 – Access to emergency medical services.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11087.1 addresses the requirements of the standard. IHSC medical personnel are on site at the LASF at all times and would provide detainee victims of sexual abuse timely, unimpeded access to emergency medical treatment. Interviews with the Health Services Administrator and five nurses confirmed, when required, detainees would be transported to White Memorial Medical Center for crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Such services would 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.

**§115.186 – Sexual abuse incident reviews.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

ICE Policy 11087.1 addresses the requirements of the standard. Policy requires the FOD to conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. Such review shall ordinarily occur within 30 days of the agency receiving the investigation results from the investigative authority. The FOD is responsible for implementing the recommendations for improvement, or document the reasons in a written justification. Both the report and response shall be forwarded to the ICE PSA Coordinator.

**§115.187 – Data collection.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

**Notes:**

ICE Policy 11062.2 addresses the requirements of the standard. The facility AFOD is responsible for maintaining all case records associated with claims of sexual abuse and assault in a secure area, in accordance with these standards and applicable agency policies, and in accordance with established schedules. An interview with the AFOD confirmed that sexual assault records would be maintained in a locked filing cabinet, in his office that is locked, when not occupied. The records would be maintained for 10 years after the initial collection. As there have been no allegations of sexual abuse/assault or harassment at LASF, actual compliance could not be verified.

**§115.193 – Audits of standards.**

- Low risk
- Not low risk

**Notes:**

As all of the standards were found to be compliant or non-applicable, LASF is considered as low risk.

**§115.201 – Scope of audits.**

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

The auditor was able to access and observe all areas of the facility. The auditor was provided with all relevant documents and conducted private interviews with detainees. Audit notices were posted in each holding cell, giving the detainees an opportunity to confidentially correspond with the auditor. The auditor did not receive any correspondence from the detainees at Los Angeles Staging Facility.

## ADDITIONAL NOTES

**Directions:** Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

115.115 - The review of training documents and interviews with ICE and contract security personnel confirmed that they were educated in the proper procedures for conducting pat-down searches, cross-gender pat-down searches and searches of transgender and intersex detainees. As confirmed by observation, all pat-down searches were conducted in a professional and respectful manner, and in the least intrusive manner possible.

115.116 - In matters relating to allegations of sexual abuse, unless the detainee expresses a preference for another detainee to provide interpretation, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, interpretation services, or other means for LEP detainees; or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the standard. A teletype phone device (TTY) was not available in the facility and has not been required in the past. Per the PSA Manager, the LASF would use a device in the adjacent Federal Building, if required.

115.117 - The review of employee and contractor employee files confirmed that completion of security clearance. Copies of the completed clearances are not available for review. However, documents indicating completion of initial and five year clearances were reviewed. The review of policy and employee interviews confirmed that the agency does not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has 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); who has been convicted 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 who has been civilly or administratively adjudicated to have engaged in such activity. Employees and contractors have a continuing affirmative duty to report such conduct. Material omissions from interviews and self-reported evaluations is grounds for termination.

115.121 - When appropriate, at no cost to the detainee, and only with the detainee's consent, alleged detainee victims of sexual assault are transported to White Memorial Medical Center to undergo a forensic medical examination and evidence gathering by a Sexual Assault Nurse Examiner (SANE). Per interviews with facility and hospital personnel, sexual assault victim advocates would be provided, when requested.

115.141 - the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; and whether the detainee has any convictions for sex offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the detainee has self-identified as having previously experienced sexual victimization; and the detainee's own concerns about his or her physical safety. LASF ICE personnel review the screening documents as part of the in-processing. In-processing screening occurs within 12 hours of the detainees arrival. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to the mental health staff for additional assessment. Screening information is transmitted on a need-to-know basis and never to other detainees. Vulnerable detainees are held in the least restrictive manner possible but separate from potential abusers. This is usually in another holding cell or office. The PSA manager identified the holding cell or office where vulnerable detainees would be housed and both appeared to offer a safe environment without excessive restrictions. Both ICE and IHSC screening information was reviewed to confirm compliance with the standard.

115.161 - Information related to a sexual abuse report is not disclosed 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 and management decisions. Information is only shared on a need-to-know basis. Although the facility does not hold juvenile detainees, over the previous 12 months, 11 juveniles have been booked into LASF. Juveniles are booked into LASF for the purpose of accountability and to track movement within the Los Angeles Area of Responsibility. Examples: while in transit from facility to airport for removal, en route to a juvenile detention center or to a hotel room pending a permanent housing solution, and/or juveniles detained at the airport and transferred to the Los Angeles Staging Facility solely to be reunited with a family member. Juvenile are not processed or held with adult detainees. Policy does state that if the alleged victim is under the age of 18 or determined after consultation with the relevant OPLA Office of Chief Counsel to be a vulnerable adult under a State or local persons statutes, report the allegation to the designated State or local services agency as necessary under applicable mandatory reporting laws.

115.164 - Policy requires that if the first responder is not a law enforcement staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence.

115.171 - Administrative investigations would not be conducted by LASF personnel. The departure of the alleged abuser or victim from the employment or control of the agency would not provide a basis for terminating an investigation.

115.176 - There were no allegations of sexual abuse/assault or harassment involving ICE employees during the audit period.

115.177 - As ICE does not have an internal process for reporting to relevant licensing bodies, IHSC human resources personnel would make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known. There were no allegations of sexual abuse/assault or harassment involving contractors or volunteers during the audit period.

115.186 - As there were no allegations of sexual abuse/assault or harassment during the audit period, there were no incident reviews or reports.

115.187 - The DHS Office of Inspector General maintains the official investigative file related to claims of sexual abuse investigated by the DHS Office of Inspector General.

**ADDITIONAL NOTES**

[Empty box for additional notes]

**AUDITOR CERTIFICATION:**

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

\_\_\_\_\_  
**Auditor's Signature**

04/04/2017  
\_\_\_\_\_  
**Date**