

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



# Homeland Security

## AUDIT DATES

<b>From:</b>	8/22/2023	<b>To:</b>	8/23/2023
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## AUDITOR INFORMATION

<b>Name of auditor:</b>	Jodi Upshaw	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(409) 866- (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 #:</b>	(409) 866- (b) (6), (b) (7)(C)

## AGENCY INFORMATION

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

<b>Name of Field Office:</b>	San Francisco
<b>Field Office Director:</b>	Moises Becerra
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	630 Sansome Street San Francisco, CA 94111

## INFORMATION ABOUT THE FACILITY BEING AUDITED

### Basic Information About the Facility

<b>Name of facility:</b>	San Francisco Hold Room
<b>Physical address:</b>	630 Sansome St. San Francisco California 94111
<b>Telephone number:</b>	(415) 844-5551
<b>Facility type:</b>	Holding Facility
<b>PREA Incorporation Date:</b>	N/A

### Facility Leadership

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Assistant Field Office Director (AFOD)
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	415-844- (b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Supervisor Detention and Deportation Officer (SDDO)
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	415-716- (b) (6), (b) (7)(C)

## 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 U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the San Francisco Hold Room (SFHR) was conducted on August 22-23, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards during the audit period of November 27, 2018, through August 23, 2023.

As there were zero allegations of sexual abuse reported at SFHR for the prior 12-month period, the review was extended to capture closed investigations that occurred since the facility's last audit; however, there were none. This is the second PREA audit for SFHR. SFHR is operated by DHS ICE, Enforcement and Removal Operations (ERO). The facility holds adult male and female detainees who are targeted arrests, prison release deportations and CBP arrests. The facility does not house juveniles or family unit detainees. The facility is located in San Francisco, California.

The entry briefing was held in the SDDO's office on August 22, 2023. The ICE ERAU Team Lead (TL), (b) (6), (b) (7)(C), opened the briefing. In attendance were:

(b) (6), (b) (7)(C) Assistant Field Office Director (AFOD), ICE ERO  
(b) (6), (b) (7)(C) Supervisory Deportation and Detention Officer (SDDO), ICE ERO  
(b) (6), (b) (7)(C) TL, Inspections and Compliance Specialist (ICS), ICE OPR  
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance with those present. Four weeks prior to the audit, the ERAU TL, provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), agency policies, and other pertinent documents through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and the Document Request DHS Immigration Detentions Facilities form and placed within folders for ease of auditing. The main policies that provide facility direction for SFHR is ICE Directive 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI) and ICE Directive 11087.1 Operation of ERO Holding Facilities. All documentation, policies, and the PAQ were reviewed by the Auditor prior to the onsite audit. A tentative daily schedule was provided to the Auditor for the onsite inspection, binder review and interviews with staff and detainees. The Auditor also reviewed the facility's website, [www.ice.gov/detain/prea](http://www.ice.gov/detain/prea). The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the onsite inspection,

provided documentation, and conducting both staff and detainee interviews. No correspondence was received from any detainee, outside individual, or staff member.

The facility provided the requested information to be used for the auditor's random selection of staff to be interviewed (random and specific categories) including lists of staff by duty position and shifts. The facility reported in the PAQ that ICE works staggering shifts from 5:30 a.m. to 6:00 p.m. and G4S contract staff work staggering shifts from 5:00 a.m. to 10:00 p.m. Monday through Friday. The facility does not have volunteers who come into the facility. SFHR employs 20 staff to include ICE employees and G4S contract staff. According to the PAQ, there are 13 G4S security contract staff (11 male and 2 females) who have continuing contact with detainees. There are no contracted medical, mental health, or food service staff. The Auditor interviewed the SDDO and seven staff, two ICE officers and five G4S staff. The Auditor interviewed three detainees that were processed through the facility during the onsite inspection.

According to the PAQ, 44 male and 19 female detainees were processed into SFHR during the last year with an average stay of 8 hours. On the first day of the audit one detainee was processed into the facility and on the second day two detainees were processed into the facility. The Auditor observed the intake process for all three detainees (two males and one female) and confirmed that the detainees received a pat-down search, were placed into a holding cell until transportation was scheduled and received appropriate PREA information. Once detainees arrive, they are housed in one of eight cells within the processing area. (b) (7)(E), (b) (6) is the designated female holding cell, which is the closest cell to the processing area. (b) (7)(E), (b) (6)

The Auditor observed the DHS-prescribed Sexual Awareness Notice, SAAPI pamphlets, Consulate posters, DHS Office of Inspector General (OIG) posters with address for written correspondence, ICE Detention Reporting and Information Line (DRIL) poster and CRISIS Rape and Sexual Abuse National hotline numbers within intake area, processing area and holding room cells. The DHS-prescribed Sexual Awareness Notice and SAAPI pamphlets were displayed in English and Spanish.

Detainees arrive at the ground level and are transported to the sixth floor via an elevator. The elevator has (b) (7)(E). The detainee is then brought into the hallway where the intake holding cell is located for a pat search. Female pat searches are completed outside of the designated female holding cell. The processing area has several desks with computers that ICE staff utilize and one long desk G4S staff utilize. From the intake holding cell detainees are processed by ICE staff and given the ICE National Detainee handbook and other immigration paperwork. Detainees are moved from the processing area into a holding cell. Holding cells are located on either side of a long hallway and (b) (7)(E). One side of the hallway is a shower area with a door that detainees utilize if needed. Meals, in the form of "sack lunches" are distributed to the detainee by an Officer.

Outside of the intake holding cell is the control room. Cameras, that have the ability to pan, tilt and zoom, but do not record sound, are monitored by one officer. Video is recorded for at least 60 days until being written over. The Auditor viewed (b) (7)(E). (b) (7)(E). The detainees only have access to the intake holding cell, processing room, and holding cells.

On August 23, 2023, an exit briefing was held in the SDDO's office. The ICE ERAU TL, opened the briefing. In attendance were:

(b) (6), (b) (7)(C) AFOD, ICE ERO (via telephone)

(b) (6), (b) (7)(C) SDDO, ICE ERO

(b) (6), (b) (7)(C) TL, ICS, ICE OPR

Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor spoke briefly about limits to cross gender viewing and hiring and promotion decisions. The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, the site review notes and interviews were compiled. The Auditor thanked those in attendance and for cooperation during the audit.

## 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.

**Number of Standards Exceeded: 0**

**Number of Standards Met: 28**

§115.111 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator  
§115.113 - Detainee supervision and monitoring  
§115.115 - Limits to cross-gender viewing and searches  
§115.116 - Accommodating detainees with disabilities and detainees who are limited English proficient  
§115.117 - Hiring and promotion decisions  
§115.121 - Evidence protocol and forensic medical examinations  
§115.122 - Policies to ensure investigation of allegations and appropriate agency oversight  
§115.131 - Employee, contractor, and volunteer training  
§115.132 - Notification to detainees of the agency's zero-tolerance policy  
§115.134 - Specialized training: Investigations  
§115.141 - Assessment for risk of victimization and abusiveness  
§115.151 - Detainee reporting  
§115.154 - Third-party reporting  
§115.161 - Staff reporting duties  
§115.162 - Agency protection duties  
§115.163 - Reporting to other confinement facilities  
§115.164 - Responder duties  
§115.165 - Coordinated response  
§115.166 - Protection of detainees from contact with alleged abusers  
§115.167 - Agency protection against retaliation  
§115.171 - Criminal and administrative investigations  
§115.172 - Evidentiary standards for administrative investigations  
§115.176 - Disciplinary sanctions for staff  
§115.177 - Corrective action for contractors and volunteers  
§115.182 - Access to emergency medical services  
§115.186 - Sexual abuse incident reviews  
§115.187 - Data collection  
§115.201 - Scope of Audits

**Number of Standards Not Met: 0**

**Number of Standards Not Applicable: 2**

§115.114 - Juvenile and family detainees  
§115.118 - Upgrades to facilities and technologies

**Facility Risk Rating**

§115.193 - Audits of standards - Low Risk (all standards met)

## 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.

### **§115.111 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator**

**Outcome:** Meets Standard

**Notes:**

(a): The facility provided ICE Directive 11062.2 for compliance review which states, "ICE has a zero-tolerance policy for all forms of sexual abuse or assault. It is ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody, including with respect to screening, staff training, detainee education, response and intervention, medical and mental health care, reporting, investigation, and monitoring and oversight, as outlined in this Directive, in the requirements of PBNDS 2011 Standard 2.11, and in other related detention standards and ICE policies." During the onsite audit the Auditor observed the DHS-prescribed Sexual Awareness Notice in English and Spanish posted in the intake area, processing room and inside the holding cells. The Auditor interviewed three SDDOs and five contract staff. All staff interviewed confirmed they were knowledgeable regarding the Agency's zero-tolerance policy.

**Corrective Action:**

No corrective action needed.

### **§115.113 - Detainee supervision and monitoring**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): The facility provided ICE Directive 11087.1 for compliance review which mandates, "The FOD shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing, the FOD shall take into consideration: The physical layout of each holding facility, The composition of the detainee population, The prevalence of substantiated and unsubstantiated incidents of sexual abuse and assault; The findings and recommendations of sexual abuse and assault incident review reports; and any other relevant factors, including but not limited to, the length of time detainees spend in custody at the holding facility. The FOD shall ensure detainees placed in holding cells are subject to direct supervision, which shall include (b) (7)(E) checks at least every 15 minutes." In addition, ICE Directive 11087.1 further states, "The FOD shall at least annually review the application of this policy at each holding facility within his or her [Area of Responsibility] (AOR) to ensure ongoing compliance." The Auditor was provided with the facility staff roster for ICE and G4S staff. Facility staff work staggering shifts from 5:00 a.m. to 10:00 p.m. from Monday through Friday. The Auditor reviewed the most recent facility HFSAT dated April 11, 2023. This document, combined

with the ICE Directive 11087.1 comprises the facility's comprehensive supervision guidelines. During the onsite audit the Auditor noticed staff conducting rounds and visually observing detainees in the holding cells.

**Corrective Action:**

No corrective action needed.

**§115.114 - Juvenile and family detainees**

**Outcome:** Not Applicable

**Notes:**

(a)(b): The facility provided ICE Directive 11087.1 for compliance review which mandates, "The FOD shall ensure that unaccompanied minors, elderly detainees, or family units are not placed in hold rooms, unless they have demonstrated or threatened violent behavior, have a history of criminal activity, or pose an escape risk. Detainees not placed in a hold room shall be seated in a designated area outside the hold rooms, under direct supervision and control. If the physical layout of the holding facility precludes holding such individuals outside the hold room, they may be held in a separate room. The FOD shall ensure that minors are detained in the least restrictive setting appropriate to his or her age and special needs, provided that such setting is consistent with the need to protect the minor's well-being and that of others, as well as with any other laws, regulations, or legal requirements. Unaccompanied minors will generally be held apart from adults. The unaccompanied minor may temporarily remain with a non-parental adult family member where: The family relationship has been vetted to the extent feasible, and it has been determined that remaining with the non-parental adult family member is appropriate, given the totality of circumstances. To the extent practicable, unaccompanied minors who may be vulnerable due to their young age should be held separately from older minors." SFHR reported in the PAQ they only hold adult male and female detainees. Interviews with the SDDO and five G4S staff confirmed that family units and juveniles are not held at the facility. The Auditor finds this standard is not applicable.

**Corrective Action:**

No corrective action needed.

**§115.115 - Limits to cross-gender viewing and searches**

**Outcome:** Meets Standard

**Notes:**

(b)(c)(d)(e)(f): The facility provided ICE Directive 11087.1 for compliance review which mandates, "Strip and Visual Body Cavity Searches-The FOD shall ensure that when pat down searches indicate the need for a more thorough search, an extended search (i.e., strip search) is conducted in accordance with ICE policies and procedures, including that: All strip searches and visual body cavity searches are documented; Cross-gender strip searches or cross-gender visual body cavity searches are not conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners; and Visual body cavity searches of minors are conducted by a medical practitioner and not by law enforcement personnel. The FOD shall ensure that detainees are permitted to shower (where showers are available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks, or is otherwise appropriate in connection with a medical exam or monitored bowel movement under medical supervision. The FOD will also ensure that ERO personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering,

performing bodily functions, or changing clothing. The FOD shall ensure that ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records (if available), or, if necessary, learning that information as part of a broader medical examination conducted in private, by a medical practitioner.” During the onsite audit the Auditor observed two areas with direct viewing into detainee toilet areas; these areas were detainee holding cells (b) (7)(E) and the intake holding cell, which the facility immediately fixed by adhering paper barriers to the windows. The Auditor reviewed a memorandum from the facility stating that they have not conducted any strip searches or visual cavity searches in the prior year. The facility also submitted a Strip Search / Body Cavity Search Form for review. This form had blocks for the date and time, detainee name and A number, gender of detainee, block to check if it was a strip or body cavity search and a block for the staff assigned to complete the search. The Auditor reviewed the Agency training curriculum “Cross-Gender, Transgender, and Intersex Searches” and confirmed it was compliant with subsection (f) of the standard. The Auditor was provided and reviewed a document that listed ICE staff name and completion date for Cross-Gender, Transgender and Intersex Searches. The facility also submitted training certifications for all G4S staff entitled Cross-Gender, Transgender and Intersex Searches. The Auditor observed one male and one female pat search during the onsite audit. The searches were performed by staff of the same gender as the detainee and was accomplished in a professional, respectful manner and the least intrusive as possible. The Auditor also observed the female taken to a different area away from the intake holding cell for completion of her pat search. The Auditor observed facility logs that confirmed checks are completed every 15 minutes. Interviews with five G4S staff confirmed that strip searches or body cavity searches are not conducted at the facility, but should one occur, it would be documented on the form provided to the Auditor. Interviews further confirmed that that searching or physically examining a detainee for the sole purpose of determining the detainee’s gender is not allowed. During the onsite audit, the Auditor observed camera sight lines, potential blind spots, and camera locations. The Auditor additionally observed (b) (7)(E) the intake holding cell and holding cells. The footage contained gray areas over the toilets that provided privacy for the detainee during use.

RECOMMENDATION: The Auditor recommends that SFHR implement a permanent solution to prevent viewing of the toilet areas in the (b) (7)(E) and holding cells (b) (7)(E)

**Corrective Action:**

No corrective action needed.

**§115.116 - Accommodating detainees with disabilities and detainees who are limited English proficient**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): The facility provided ICE Directive 11087.1 for compliance review which mandates, “The FOD shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in and benefit from processes and procedures in connection with placement in an ERO holding facility, consistent with established statutory, regulatory, DHS and ICE policy requirements. The FOD shall take reasonable steps to ensure meaningful access to detainees who are limited English proficient, consistent with established regulatory and DHS and ICE policy requirements.” The facility also provided policy 11062.2 which states, “Appropriate steps in accordance with applicable law to ensure that detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind, or have low vision those who have intellectual, psychiatric, or



speech disabilities) have an equal opportunity to participate in, and benefit from all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse and sexual assault. In matters related to allegations of sexual abuse or assault, ensure the provision of in-person or telephonic interpretation that enable effective, accurate, and impartial interpretation by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS Policy.” During the onsite audit the Auditor observed the DHS-prescribed SAAPI Information pamphlet in English or Spanish provided to detainees. The facility had the capability to provide the ICE National Detainee Handbook in 14 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish and Vietnamese. The facility also had the capability to provide the DHS-prescribed SAAPI pamphlet in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The DRIL posters were posted in English and Spanish. The Auditor observed the ERO Language line posters in the processing area. The Auditor reviewed the HFSAT dated April 11, 2023, which confirms that the facility has not housed any special needs detainees. Cases that may have special needs transferring through SFHR from jails or prisons are vetted prior to transfer to determine if medical needs can be met while in custody. These cases are held the minimum amount of time necessary to find permanent housing or to be released. Interview with PSA Compliance Manager the Designee on Accommodating a Detainee with Disabilities or those who are LEP (limited English proficient) confirmed that a vetting process is in place for transferring detainees with disabilities in that, information would be disclosed prior to transfer to ensure SFHR had needed resources to accommodate the detainee. Interviews with five G4S staff confirmed that should a detainee have a vision disability information would be read to them or if a detainee was hearing impaired information would be provided in a written format. Interviews further confirmed that should a detainee have an intellectual or psychiatric disability facility staff would speak slower or utilize language that is easily understood to the detainee. Interviews with staff also confirmed they would not allow another detainee to interpret for another in matters relating to allegations of sexual abuse unless the detainee expresses a preference for another detainee to provide interpretation, and the agency determines that such interpretation is appropriate and consistent with DHS policy.

**Corrective Action:**

No corrective action needed.

**§115.117 - Hiring and promotion decisions**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): The facility provided 5 CFR 731, E.O. 10450, ICE Directive 6-7.0 and ICE Directive 6-8.0 for compliance review which mandate, “The agency shall not hire or promote anyone including a contractor or volunteer that has contact with detainees who has engaged in or attempted to engage in, been convicted of in sexual abuse in a prison, jail, holding facility community confinement facility, juvenile facility or other institution or who has been civilly or administratively adjudicated to have engaged 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. When the agency is considering hiring or promoting staff, it shall ask all applicants about previous misconduct described above in written applications or interviews. The agency shall also impose a continuing affirmative duty to disclose any misconduct. Before hiring any new employee, who may have contact with

detainees, a background investigation for suitability of employment shall be conducted and an updated background investigation shall be completed for employees every five years.” These documents collectively require anyone entering into or remaining in government service undergo a thorough background examination for suitability and reinvestigations every 5 years. The background investigation, depending on the type of work, is thorough to include education checks, criminal records check, neighbor, and residence checks, financial checks, and prior employment checks. The policy documents outline misconduct and criminal misconduct being grounds for unsuitability, including material omissions or making false or misleading statements in the application. The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all 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. Based on information provided in an email by the OPR PSO (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. Based on the memorandum dated November 8, 2021, issued by the ICE Acting Deputy Director, Employee Obligation to Report Corruption and Misconduct, ICE employees are obligated to report criminal and other allegations of employee and contractor misconduct, specifically including “sexual assaults, sexual harassment, or non-sexual harassment of [...] detainees.” The Auditor submitted five ICE and five G4S contractor names to PSO to determine compliance with background investigations. All 10 staff members were current on background investigations. The Auditor was advised there were no G4S human resource (HR) files onsite for review. The G4S Site Manager immediately coordinated with the corporate office to obtain hiring information pertaining to previous misconduct required under subsection (a) of this standard, hiring or promotion questions of misconduct required under subsection (b) of this standard and material omissions required under subsection (e) of the standard. All information was forwarded to the Team Lead to upload for the Auditor to determine compliance with this standard. The Auditor was then able to review staff applications, an extensive Background Screening Report from G4S on each contract employee that were conducted prior to hire, and signed copies of sexual misconduct questions. Interviews with G4S staff confirmed their awareness of the agency’s requirements to disclose any misconduct outlined in provision (a) of this standard. SFHR did not have any promotions within the audit period.

**Corrective Action:**

No corrective action needed.

**§115.118 - Upgrades to facilities and technologies**

**Outcome:** Not Applicable

**Notes:**

(a)(b): The facility provided ICE Directive 11087.1 for compliance review which mandates, “When designing or developing any new ERO holding facility and in planning any substantial expansion or modification of existing holding facilities, the FOD, in coordination with the Office of Facilities Administration, Office of the Chief Financial Officer, shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse and assault. When installing or updating a video

monitoring system, electronic surveillance system, or other monitoring technology in a hold room, the FOD, in coordination with the Office of Facilities Administration, Office of the Chief Financial Officer, shall consider how such technology may enhance the agency's ability to protect detainees from sexual abuse and assault". SFHR has not designed or acquired a new holding facility or planned a substantial expansion or modification of the existing holding facility based on a review of the PAQ and interview conducted with the SDDO. Additionally, a video monitoring system, electronic surveillance system or other monitoring technology has not been installed or updated during the audit period. Therefore, subsections (a) and (b) of the standard are not applicable.

**Corrective Action:**

No corrective action needed.

**§115.121 - Evidence protocol and forensic medical examinations**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): The facility provided ICE Directives 11087.1 and 11062.2 for compliance review which require, "The FOD ensures that the facility complies with the investigation mandates established by PBNDS 2011 Standard 2.11, as well as other relevant detention standards and contractual requirements, including by, when feasible, securing and preserving the crime scene and safeguarding information and evidence consistent with established evidence protocols; conducting a prompt, thorough, and objective investigation by qualified investigators; arranging for the victim to undergo a forensic medical examination, where appropriate; and ensuring that the presence of the victim's outside or internal victim advocate, as requested by the victim, is allowed for support during forensic exams and investigatory interviews. Where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the FOD shall arrange for or refer an alleged victim detainee to a medical facility to undergo a forensic medical examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified health care personnel. If, in connection with an allegation of sexual abuse or assault, the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available, consistent with security needs. If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, the facility requests the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, the facility ensures that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating." ICE Directive 11062.2, states, "When feasible, secure and preserve the crime scene and safeguard information and evidence, consistent with ICE uniform evidence protocols and local evidence protocols in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." ICE Directive 11062.2 further states, "When a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault 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 ICE Enforcement and Removal Operations

ERO FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted.” A review of agency policy confirmed the agency will follow a uniform evidence protocol which is developmentally appropriate for juveniles as applicable. Interview with the PSA Compliance Manager, the Designee on Provision for Forensic Medical Examinations, confirmed the San Francisco Police Department (SFPD) would assist with investigations of sexual assault and sexual abuse allegations occurring at the SFHR. There were no allegations of sexual abuse reported at SFHR during the audit period. ICE Directive 11087.1, states in part that; “The FOD shall coordinate with the ERO [Headquarters] HQ, and the Agency PSA Coordinator, in utilizing, to the extent available and appropriate, community resources and services that provide expertise and support in areas of crisis intervention and counseling to address victims’ needs.” The policy also states that “where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee’s consent, the FOD shall arrange or refer an alleged victim detainee to a medical facility to undergo a forensic medical examination, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFE’s or SANE’s cannot be made available, the examination can be performed by other qualified health care personnel. If in connection with an allegation of sexual abuse, the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available consistent with security needs.” The Auditor observed Rape, Abuse and Incest National Network (RAINN) posters within the intake holding cell and holding cells with contact numbers. The Auditor did complete a call to the advertised RAINN number which was transferred to a local organization, California Coalition Against Sexual Assault (CALCASA). The advocate confirmed they would provide crisis intervention and counseling to a detainee. The facility reported in the PAQ that victims of sexual assault would be transferred for treatment to San Francisco General Hospital (Zuckerburg San Francisco General Hospital). The Auditor contacted an emergency room desk nurse at San Francisco General which confirmed they do provide services to victims of sexual assault that includes SAFE/SANE examinations if required. Interview with the PSA Compliance Manager confirmed detainees would be sent to San Francisco General Hospital and SFPD would be contacted to conduct a criminal investigation. The PSA Compliance Manager further confirmed that the RAINN number is the number detainees would utilize for crisis intervention and counseling if required. Additionally, should SFPD be notified to conduct a criminal investigation the facility would request they follow a uniform evidence protocol to obtain usable evidence.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The facility provided ICE Directive 11062.2 for compliance review which states, “When an alleged sexual abuse incident occurs in ERO custody, the FOD shall a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P.

Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum.” ICE Directive 11062.2 further dictates, that “The JIC shall notify the DHS Office of Inspector General (OIG),” and “the 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, or referral to OPR.” ICE Directive 11062.2 further states, “All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.” The Auditor reviewed the ICE website (www.ice.gov/detain/prea) which confirms the protocols are available to the public. Interview with the SDDO also confirmed that Agency protocols would be followed to ensure all allegations of sexual abuse are reported to the PSA Coordinator, the JIC, the DHS OIG, and the SFPD and would be thoroughly investigated. The interview additionally confirmed that an administrative investigation would be completed on all cases to include one at the conclusion of a criminal investigation. There were no allegations of sexual abuse reported at SFHR during the audit period.

(e): ICE Directive 11062.2, states in part that; “The OPR shall coordinate with appropriate ICE entities and federal, state, or local law enforcement to facilitate necessary immigration processes that ensure availability of victims, witnesses, and alleged abusers for investigative interviews and administrative or criminal procedures, and provide federal, state, or local law enforcement with information about U nonimmigrant visa certification.” On July 1, 2022, the Creative Corrections, LLC PM interviewed the Acting Section Chief of the OPR Directorate Oversight, and he confirmed that OPR Special Agents would provide the detainee victim of sexual abuse, that is criminal in nature, with timely access to U nonimmigrant status information. The OPR Acting Section Chief further stated that if an OPR investigation determined that a detainee was a victim of sexual abuse while in ICE custody, the assigned Special Agent would provide an affidavit documenting such in support of the detainees U nonimmigration visa application. There were no allegations of sexual abuse reported at SFHR during the audit period. The Auditor reviewed an “Immigration Options for Victims of Crimes” brochure provided by the facility. The brochure is information for law enforcement, healthcare providers and others. This brochure would be provided to detainee sexual abuse victims after a report of an incident.

**Corrective Action:**

No corrective action needed.

**§115.131 - Employee, contractor, and volunteer training**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): The facility provided ICE Directive 11062.2 for compliance review which mandates, “All current employees required to take the training, as listed below, shall provide each employee with biennial refresher training to ensure that all employees know ICE’s current sexual abuse policies and procedures, and all newly hired employees who may have contact with individuals in ICE custody shall also take the training within one year of their entrance on duty.” Policy 11062.2 further states, “All ICE personnel who may have contact with individuals in ICE custody, including all ERO officers and HSI special agents, shall receive training on, among other items: a) ICE’s zero-tolerance policy for all forms of sexual abuse and assault; b) The right of detainees and

staff to be free from sexual abuse or assault; c) Definitions and examples of prohibited and illegal behavior; d) Dynamics of sexual abuse and assault in confinement; e) Prohibitions on retaliation against individuals who report sexual abuse or assault; f) Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including: i) Common reactions of sexual abuse and assault victims; ii) How to detect and respond to signs of threatened and actual sexual abuse or assault; iii) Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and iv) How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault; g) How to avoid inappropriate relationships with detainees; h) Accommodating limited English proficient individuals and individuals with mental or physical disabilities; i) communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals, and members of other vulnerable populations; j) Procedures for fulfilling notification and reporting requirements under this Directive; k) The investigation process; and l) The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.” The Auditor reviewed a roster of names and completion dates for ICE PREA training. The facility further provided PREA Training Certification for all ICE and G4S staff. The training includes all of the elements required of subsection (a) of this standard. Interviews with two ICE staff and five G4S staff confirmed that confirmed that training was received annually. There are no volunteers that enter the facility.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

The facility provided ICE Directive 11062.2 for compliance review which mandates, “The FOD shall ensure that key information regarding ICE's zero-tolerance policy for sexual abuse and assault is visible or continuously and readily available to detainees (e.g., through posters, detainee handbooks, or other written formats).” During the onsite audit the Auditor observed the DHS-prescribed Sexual Awareness Notice in English and Spanish. The facility had the capability to provide the ICE National Detainee Handbook in 14 languages (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese), and the DHS-prescribed SAAP pamphlet in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese). Interview with PSA Compliance Manager, the Designee on Providing Information about the Zero-tolerance Policy to Detainees, confirmed that most detainees processed through SFHR are Spanish speakers. The facility does have bilingual staff available for interpreting the zero-tolerance policy and if other languages are needed staff would utilize the ERO language line. All three detainees confirmed they observed posters within the holding cells and were in receipt of the ICE National Detainee handbook (in which the zero-tolerance information is included) in their preferred language.

**Corrective Action:**

No corrective action needed.

### **§115.134 - Specialized training: Investigations**

**Outcome:** Meets Standard

**Notes:**

(a)(b): The facility provided ICE Directive 11062.2 for compliance review which mandates, “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 training should cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process.” The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to investigate an allegation of sexual abuse in a confinement setting. The Agency also offers Fact Finders Training which includes topics on administrative investigations, interacting with victims, how to interact with LEP or Lesbian, Gay, Bi-Sexual, Transgender, or Intersex (LGBTQI) and disabled detainees. Both trainings and documented evidence of training for ICE staff were available on the ERAU SharePoint for review by the Auditor. Interview with PSA Compliance Manager, the Designee Referring Sexual Abuse Allegations for Investigations, confirmed that administrative investigations would be conducted by the AFOD or the SDDO. The Auditor confirmed the AFOD and SDDO had completed the training required under this standard through review of training records on the SharePoint drive. The facility stated that SFPD would conduct the criminal investigation. There were no allegations of sexual abuse reported during the audit period.

**Corrective Action:**

No corrective action needed.

### **§115.141 - Assessment for risk of victimization and abusiveness**

**Outcome:** Meets Standard

**Notes:**

(a)(c)(d)(e): The facility provided ICE Directive 11087.1 for compliance review which mandates, “The FOD should ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused or assaulted, and, when appropriate, shall take necessary steps to mitigate any such danger to the detainee. The FOD shall ensure that the following criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available: Whether the detainee has a mental, physical, or developmental disability; The age of the detainee; 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; Whether the detainee has any convictions for sex offenses; Whether the detainee has self-identified as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) or gender nonconforming; Whether the detainee has self-identified as previously experiencing sexual victimization; and The detainee's own concerns about his or her physical safety. For detainees identified as being at high risk for victimization, the FOD shall provide heightened protection, including continuous direct sight and sound supervision, single-housing, or placement in a hold room actively monitored (b) (7)(E) by a staff member sufficiently proximate to intervene, unless no such option is feasible. The FOD shall implement appropriate controls on the dissemination of any sensitive information regarding a detainee provided pursuant to screening procedures.” The Auditor was provided with a Risk Classification Assessment (RCA) for review. The Auditor additionally observed the SFHR

intake procedure which included keeping detainees in separate holding cells and processing each detainee separately. The facility has access to special alert information on each detainee prior to the detainee arriving on site. Special needs or alerts can be entered into the system for staff to review such as disability, prior victimization or if the detainee identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Any special alerts are also noted on intake paperwork that is given to staff upon detainee arrival. SFHR utilizes the RCA which includes information on whether the detainee has a mental, physical, or developmental disability, the age of the detainee, whether the detainee has been previously incarcerated or detained, the nature of the detainee's criminal history, disciplinary information, whether the detainee has self-identified as LGBTI 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. Staff review the information and will house detainees accordingly within the facility. Appropriate controls are maintained for sensitive information and certain areas of the system can only be accessed based on job duties. Interview with PSA Compliance Manager, the Designee on the Detainee Risk Assessment, confirmed that the RCA is utilized and detainees with special needs or vulnerabilities would be housed in cells closest to the processing area. The designee further confirmed that consideration for cell assignment is based on alerts, the RCA, information received by the sending facility or information obtained from the Deportation Officer assigned to the case.

(b): ICE Directive 11062.2 states, "The FOD shall ensure that detainees who may be held overnight with other detainees are assessed to determine their risk of being either sexually abused or sexually abusive, to include being asked about their concerns for their physical safety." According to the PAQ, SFHR does not house detainees overnight. This subsection of the standard is not applicable.

**Corrective Action:**

No corrective action needed.

**§115.151 - Detainee reporting**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): The facility provided ICE Directive 11087.1 for compliance review which mandates, "The FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse or assault, retaliation for reporting sexual abuse or assault, or staff neglect or violations of responsibilities that may have contributed to such incidents to ERO personnel. The FOD shall ensure that detainees are provided with instructions on how they can contact the DHS/Office of the Inspector General (OIG) (or, as appropriate, another public or private entity which is able to receive and immediately forward detainee reports of sexual abuse or assault to agency officials) to confidentially and, if desired, anonymously, report these incidents. The FOD shall implement procedures for ERO personnel to accept reports made verbally, in anonymously, and from third parties and promptly document any verbal reports." During the onsite audit the Auditor observed the DHS-prescribed Sexual Awareness Notice, SAAPI pamphlets, Consulate posters, DHS OIG posters with address for written correspondence, ICE Detention Reporting and Information Line (DRIL) poster and CRISIS Rape and Sexual Abuse National hotline numbers within intake area, processing area and holding room cells. The DHS-prescribed Sexual Awareness Notice and SAAPI pamphlets were displayed in English and Spanish, but the facility did have the capability to print this information which is included in the National Detainee Handbook. While onsite the Auditor successfully called the DRIL and CRISIS numbers. Interview with PSA Compliance Manager, the



Designee on Detainee Reporting Sexual Abuse, confirmed that if a detainee wanted to make a private call, they would be taken to an interview room for privacy. Interviews with five G4S staff confirmed that reports would be accepted verbally, in writing, anonymously and from third parties and would be documented immediately.

**Corrective Action:**

No corrective action needed.

**§115.154 - Third-party reporting**

**Outcome:** Meets Standard

**Notes:**

The facility provided ICE Directive 11087.1 for compliance review which mandates, “The FOD shall implement procedures for ERO personnel to accept reports made verbally, anonymously, and from third parties and promptly document any verbal reports. The FOD shall ensure that detainees are provided with instructions on how they can contact the DHS/Office of the Inspector General (OIG) (or, as appropriate, another public or private entity which is able to receive and immediately forward detainee reports of sexual abuse or assault to agency officials) to confidentially and, if desired, anonymously, report these incidents.” During the onsite audit the Auditor observed the DRIL and DHS OIG posters within the intake and processing areas and within the holding cells. A review of the ICE website [www.ice.gov](http://www.ice.gov) did confirmed there are methods for third-party reporting. The Auditor called the DRIL and DHS OIG numbers and confirmed both would accept reports of sexual abuse.

**Corrective Action:**

No corrective action needed.

**§115.161 - Staff reporting duties**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The facility provided ICE Directive 11062.2 for review which mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, 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.” Generalize training for all ICE staff include, “The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.” ICE Directive 11062.2 also states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] (OPLA) Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” In addition, the facility provided a memorandum from Acting Deputy Director Lechleiter dated November 8, 2021. This memo reiterates the types of misconduct allegations that employees must report to the JIC, OPR, or the DHS OIG and those types of allegations that should be referred to local management. During the onsite audit the Auditor observed DHS OIG posters in the intake and processing areas and in the holding cells. Interviews with five G4S staff and two ICE staff confirmed that any knowledge, suspicion or information of an allegation, retaliation against a detainee or staff or staff misconduct of

responsibilities would be reported immediately to a supervisor. Interviews further confirmed staff were knowledgeable about how to utilize the DHS OIG as a reporting resource. All seven staff members interviewed confirmed that information related to a sexual abuse report would not be shared unless there was a valid need to know the information related to a sexual abuse report would only be shared when there was a valid need to share the information for safety, treatment, investigation, or security management purposes. SFHR does not process juveniles through the facility, but an interview with the SDDO confirmed that should a vulnerable adult allege sexual abuse the appropriate California Social Services Department would be notified.

**Corrective Action:**

No corrective action needed.

**§115.162 - Agency protection duties**

**Outcome:** Meets Standard

**Notes:**

The facility provided ICE Directive 11062.2 for compliance review which mandates, “If an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse or assault, he or she shall take immediate action to protect the detainee.” Interview with PSA Compliance Manager and five G4S staff confirmed that should there be any indication a detainee may be at risk for a sexual abuse, or any other danger, it would warrant immediate separation from the situation and protection in a safe supervised environment. There were no allegations of sexual abuse reported at SFHR during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.163 - Reporting to other confinement facilities**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): The facility provided ICE Directive 11062.2 for compliance review which mandates, “If the alleged assault occurred at a different facility from the one where it was reported, ensure that the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation, and document such notification.” The Auditor was provided with a memorandum that the facility has not received any allegations that a detainee was sexually abused while confined at another facility. An interview with the PSA Compliance Manager confirmed that if information was received that a detainee was sexually abused while confined at another the facility a notification would be made to the sending facility’s administrator and PREA Coordinator the appropriate agency office immediately. The designee further confirmed that should SFHR receive notification a detainee was sexually abused while housed at their facility the PREA Coordinator would be notified along with proper notifications to the OPR, SFPD and ICE JIC via the ICE Significant Event Notification (SEN) database. All notifications would be written via email with follow up telephone calls made immediately. There were no allegations of sexual abuse reported at SFHR that occurred at another facility or received from another facility that an incident of sexual abuse had occurred at SFHR during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.164 - Responder duties**

**Outcome:** Meets Standard

**Notes:**

(a)(b): The facility provided ICE Directive 11087.1 for compliance review which mandates, “The FOD shall ensure that upon learning of an allegation that a detainee was sexually abused or assaulted, the responder, or his or her supervisor: Separates the alleged victim and abuser; Preserves and protects, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, ensures that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first responder is not an officer or agent, the responder shall request the alleged victim not to take any actions that could destroy physical evidence, and then notify an officer or agent.” The Auditor reviewed a memo which stated there has not been any sexual abuse allegations at SFHR during the preceding year. Interview with PSA Compliance Manager, the Designee on First Responder Duties to a Sexual Abuse Allegation, five G4S staff and two ICE staff confirmed that should an allegation occur, the parties would be separated immediately, the area would be secured, and staff would request the victim not to take any actions that may destroy evidence. The Designee further stated that all notifications would be made immediately to the investigating authorities and appropriate ICE offices. There were no allegations of sexual abuse reported at SFHR during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.165 - Coordinated response**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): The facility provided ICE Directive 11087.1 for compliance review which mandates, “The FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse and assault occurring in holding facilities, or in the course of transit to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse or assault that occurred elsewhere in ICE custody.” ICE Directive 11087.1 further states, “If a victim is transferred from a holding facility to a detention facility or to a non-ICE facility, the FOD shall inform the receiving facility of the incident and the victim’s potential need for medical or mental health care or victim services.” The Auditor reviewed a memo that stated there had not been any instance in which notification was given to a transfer facility regarding sexual abuse during the audit cycle. Interview with PSA Compliance Manager, the Designee for the Facility’s Coordinated Multidisciplinary Response to Sexual Abuse, confirmed that should a detainee be transferred to a DHS facility the receiving facility would receive information about the victim’s potential need for medical or social services. Additionally, the

designee confirmed that should a detainee be transferred to a non-DHS facility information would be given to the receiving facility unless the detainee did not consent.

**Corrective Action:**

No corrective action needed.

**§115.166 - Protection of detainees from contact with alleged abusers**

**Outcome:** Meets Standard

**Notes:**

The facility provided ICE Directive 11062.2 for compliance review which mandates the FOD shall, “Ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation.” Interview with PSA Compliance Manager, the Designee for Protecting Detainees from Contact with Alleged Abusers, confirmed that should an incident occur staff or contractors would be moved away from detainee areas to prevent any contact. The PSA Compliance Manager further stated that should the incident warrant, staff could also be removed from the facility pending the outcome of the investigation. The facility does not have volunteers that enter the facility. There were no allegations of sexual abuse reported at SFHR during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.167 - Agency protection against retaliation**

**Outcome:** Meets Standard

**Notes:**

The facility provided ICE Directive 11062.2 for compliance review which mandates, “ICE 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 assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.” The Auditor reviewed a memo that stated there had not been any reports of retaliation during the audit cycle. Interview with the SDDO confirmed that should an incident occur; the facility would monitor for retaliation. Interviews with two ICE staff and five G4S staff confirmed that that retaliation in any form is not permitted, and such conduct would be grounds for disciplinary action. There were no allegations of sexual abuse reported at SFHR during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.171 - Criminal and administrative investigations**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): The facility provided ICE Directive 11062.2 for compliance review which states, “The FOD shall ensure that the facility complies with the investigation mandates established by PBNDS 2011, Standard 2.11, as well as other relevant detention standards and contractual requirements including by conducting a prompt,

thorough, and objective investigation by qualified investigators.” PBNDS 2011, Standard 2.11 states, “ When outside agencies investigate sexual abuse or assault, cooperate with law enforcement agencies, OPR, and other outside investigators and endeavor to remain informed about the progress of the investigation, and ensure that detention facilities do the same” and “administrative investigations impose no standard higher than a preponderance of 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 the facility shall not provide a basis for terminating an investigation.” In addition, PBNDS 2011, Standard 2.11 states Administrative investigations procedures include preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator, assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual’s status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph, an effort to determine whether actions or failures to act at the facility contributed to the abuse, documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years, and that such procedures shall govern the coordination and sequencing of administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation. Interview with the SDDO confirmed should an investigation be required, it would be prompt, thorough, objective and conducted by either himself or the AFOD who have completed the specialized investigator training required under standard 115.134. The Auditor confirmed the AFOD and SDDO had completed the training required under this standard through the SharePoint drive. Should the report be determined unsubstantiated, it would be reviewed to determine if an administrative investigation should be completed. Investigations would only be conducted after consultation with the appropriate DHS investigative office, with ICE OPR having first right of refusal. This investigation would continue until it was finished even if the alleged abuse or victim has left the facility or not employed by the agency. The Auditor reviewed agency policy which confirms procedures for administrative investigations do include preservation of direct and circumstantial evidence, interviews with all parties involved, credibility assessments, descriptions of all evidence, investigative facts and findings and retention of reports. Interview with the SDDO further confirmed that should SFPD need to investigate an incident, the facility would remain informed by receiving a case number and following up via email or telephone about the progress of the case. There were no allegations of sexual abuse reported at SFHR during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.172 - Evidentiary standards for administrative investigations**

**Outcome:** Meets Standard

**Notes:**

The facility provided ICE Directive 11062.2 for compliance review which states, “the OPR shall 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 and may not be terminated solely due to the departure of the alleged abuser or victim from employment or control of

ICE.” Interview with the SDDO who would investigate administrative investigations confirmed that when determining the outcome of an administrative investigation there is no standard higher than a preponderance of the evidence. There were no allegations of sexual abuse reported at SFHR during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.176 - Disciplinary sanctions for staff**

**Outcome:** Meets Standard

**Notes:**

(a)(c)(d): The facility provided ICE Directive 11062.2 for compliance review which mandates, “Upon receiving notification from a FOD or Special Agent in Charge (SAC) of the removal or resignation in lieu of removal of staff for violating agency or facility sexual abuse and assault policies; Report that information to appropriate law enforcement agencies, unless the activity was clearly not criminal; and Make reasonable efforts to report that information to any relevant licensing bodies, to the extent known.” The Auditor was provided with a memo that stated SFHR did not have any termination, resignations or other sanctions imposed due to an incident of sexual abuse during the preceding year. The memo further stated that no licensing bodies were notified for staff violations of sexual abuse policies. The Auditor also reviewed email correspondence with the SDDO and an ICE Employee Relations Specialist that stated there was not a template that ERO would utilize in the event an employee or contractor was disciplined for a PREA violation. Interview with the SDDO confirmed that staff would be subject to disciplinary or adverse action up to and including removal for substantiated allegations of sexual abuse or for violating agency sexual abuse policies. The SDDO further confirmed that SFHR would report all removals or resignations in lieu of removal for violations of sexual abuse policies unless the action was clearly not criminal. Additionally, licensing bodies would be notified of removal or resignations if required. There were no allegations of sexual abuse reported at SHR during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.177 - Corrective action for contractors and volunteers**

**Outcome:** Meets Standard

**Notes:**

(a)(b): The facility provided ICE Directive 11062.2 for compliance review which mandates “The FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring contact with detainees pending the outcome of an investigation.” The Auditor was provided with a memo that stated SFHR did not have any termination, resignations or other sanctions imposed due to an incident of sexual abuse during the preceding year. The memo further stated that no licensing bodies were notified for staff violations of sexual abuse policies. The Auditor also reviewed email correspondence with the SDDO and an ICE Employee Relations Specialist that stated there was not a template that ERO would utilize in the event an employee or contractor was disciplined for a PREA violation. Interview with PSA Compliance Manager, the Designee for Corrective Action for Contractors and Volunteers, confirmed that should an allegation involve a contractor it would result in immediate removal from any area that had detainee contact until the investigation was completed. The PSA Compliance Manager additionally stated that

should the incident warrant, staff could also be removed from the facility pending the outcome of the investigation. During the onsite the Auditor observed a front desk area the Designee noted a contractor would be reassigned to pending the investigation outcome. Depending on the severity of the allegation the Contractor could also be removed from the facility until the investigation is complete. Any allegation involving a Contractor would be reported immediately to the SFPD or if required, a notification would be made to the JIC or other DHS investigative office. Should a notification need to be made to a relevant licensing body, the facility would notify the employing agency first and then make appropriate notifications. According to the PAQ and PSA Compliance Manager the facility does not have volunteers that enter the facility. The facility did not have any allegations of sexual abuse during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.182 - Access to emergency medical services**

**Outcome:** Meets Standard

**Notes:**

(a)(b): The facility provided ICE Directive 11062.2 for compliance review which mandates “The FOD shall ensure that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The FOD shall coordinate with ERO HQ, and the Agency PSA Coordinator, in utilizing, to the extent available, any community resources and services that provide expertise and support in the areas of crisis intervention and counseling to address the victims’ needs.” Further, Policy 11087.1 provides that “victims of sexual abuse shall be provided emergency medical and mental health services and any ongoing care necessary. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident.” The facility provided a memorandum which stated the facility has not had to provide emergency medical services to a detainee victim. The memo further stated that medical care would be provided to the detainee sexual abuse victim free of cost. Interview with the PSA Compliance Manager, the Designee on Access to Emergency Medical Services for Detainee Victims, confirmed emergent medical care would be provided by San Francisco General Hospital (Zuckerburg General Hospital) free of charge and whether the detainee names the abuser or cooperates with the investigation. The Auditor contacted an emergency room desk nurse at San Francisco General which confirmed they do provide services to victims of sexual assault and care would include emergency contraception and sexually transmitted infection prophylaxis in accordance with professionally accepted standards of care. The nurse additionally confirmed that crisis intervention services are available. SFHR has not had any allegations of sexual abuse during the audit period.

**Corrective Action:**

No corrective action needed.

### **§115.186 - Sexual abuse incident reviews**

**Outcome:** Meets Standard

**Notes:**

(a): The facility provided ICE Directive 11087.1 for compliance review which states, “A sexual abuse and assault incident review shall be conducted at the conclusion of every investigation of sexual abuse or assault occurring at a holding facility and unless the allegation was determined to be unfounded, 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 and assault. Such review shall ordinarily occur within 30 days of the ERO’s receipt of the investigation results from the investigating authority. The FOD shall implement the recommendations for improvement, or shall document its reasons for not doing so, in written justification. Both the report and justification shall be forwarded to the Agency PSA Coordinator.” SFHR did not have any allegations of abuse for the Auditor to review but provided a Sexual Abuse Assault Incident Review Form for the Auditor to review. The form included sections for date, time, parties involved, team members, incident date, names of the parties involved, team members, investigation details, team members, disciplinary sanctions imposed and incident review findings which included: group dynamics, staffing, physical plant, incident response and other general review areas. The last section of the form was for the facility to enter any recommended change in policies, procedures or practices and the method of implementation. Interview with the PSA Compliance Manager confirmed that this form would be utilized should an incident occur and that the review would be completed within 30 days following the conclusion of the investigation.

**Corrective Action:**

No corrective action needed.

### **§115.187 - Data collection**

**Outcome:** Meets Standard

**Notes:**

(a): The facility provided ICE Directive 11062.2 for compliance review which mandates, “Data collected pursuant to this Directive shall be securely retained in accordance with agency record retention policies and the agency protocol regarding investigation of allegations, (see PBNDS 2011, section 2.11 page 142). All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise,” and, “investigative files would be retained at the OPR Headquarters in the Agency’s online case management system (JICMS).” Interview with PSA Compliance Manager, the Designee on Case Records Associated with Sexual Abuse Allegations confirmed records are digitally stored in the computer system and maintained by the agency. Access to the electronic files is strictly restricted to job duties assignments. There were no allegations of sexual abuse reported at SFHR during the audit period.

**Corrective Action:**

No corrective action needed.



### **§115.193 - Audits of standards**

**Outcome:** Low Risk (all standards met)

**Notes:**

This PREA Audit at SFHR was the second audit for this facility. After a careful review, it was determined that the facility is in compliance with the DHS PREA standards. SFHR does not hold detainees overnight and there has not been an allegation of sexual abuse reported during the audit cycle. Therefore, the Auditor has determined that the facility low risk.

**Corrective Action:**

### **§115.201 - Scope of Audits**

**Outcome:** Meets Standard

**Notes:**

(d)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, staff employee files, and other relevant documentation were provided for review. Three detainees were processed into the facility during the onsite auditor and the Auditor interviewed all three detainees. Audit notices in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese were observed by the Auditor posted in the intake area, processing area, and holding room cells advising detainees they were permitted to send confidential information or correspondence to the Auditor. The Auditor received no correspondence from any detainee, staff, or outside entity prior to the onsite review.

**Corrective Action:**

No corrective action needed.

## 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.

*Jodi Upshaw*

9/27/2023

**Auditor's Signature & Date**

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

9/29/2023

**Program Manager's Signature & Date**

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

10/2/2023

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