

**PREA Audit: Subpart B
DHS Holding & Staging Facilities
Audit Report**



**Homeland
Security**

AUDIT DATES

From:	2/15/2022	To:	2/16/2022
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AUDITOR INFORMATION

Name of auditor:	Marlean Ames	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	330-327-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	772-579-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	Miami Field Office - San Juan Sub-Office
Field Office Director:	Garrett J. Pipa, Acting FOD
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	7 Tabonuco St. Rm 325, Guaynabo, PR 00968
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	San Juan Staging Facility
Physical address:	GSA Center, Federal Drive #651 Guaynabo, PR 00969
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	787-774-4162
Facility type:	Staging
PREA Incorporation Date:	N/A

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director (AFOD)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	787-994-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Supervisory Detention and Deportation Officer (SDDO)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	305-216-(b) (6), (b) (7)(C)

ICE HQ USE ONLY

Form Key:	29
Revision Date:	12/14/2021
Notes:	Click or tap here to enter text.

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) Audit of the San Juan Staging Facility (SJSF) was conducted February 15-16, 2022. The audit was conducted by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Marlean Ames, 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 (b) (6), (b) (7)(C) Assistant Program Manager (APM), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. This was the second PREA audit for SJSF and included a review of the audit period from April 19, 2017, through February 16, 2022. As there were zero allegations of sexual abuse reported at SJSF for the prior 12-month period, the audit period was extended to capture closed investigations that occurred since the facility's last audit; however, there were none. SJSF is a Staging Facility that processes detainees within 72 hours and is operated by DHS ICE. The SJSF has contracted with MVM, Inc. to staff the facility with detention officers. The SJSF is located at GSA Center, Federal Drive #651 Guaynabo, PR 00969. The ERO Field Office is located at 7 Tabonuco St. Room 325, Guaynabo, PR 00968, approximately ten miles apart from the Staging Facility.

Team Lead (b) (6), (b) (7)(C) from OPR ERAU provided the completed Pre-Audit Questionnaire (PAQ) along with supporting documents and policies for the SJSF on the secure ERAU SharePoint website approximately four weeks prior to the on-site phase of the audit. The provided information included agency policies, memorandums of understandings (MOUs), training records and curricula, facility schematics, and a multitude of other related documentation and materials to determine compliance with the DHS PREA standards.

The Auditor completed the review of all the documentation that was provided by the Team Lead, and SJSF, in the FY22 Facility Document folder found on the SharePoint platform. The intent of the documentation is to support how a facility establishes a baseline for its actual practice for zero-tolerance for sexual abuse and sexual harassment. The Auditor did not identify any gaps or issues that needed to be followed up during the initial review.

On February 15, 2022, at approximately 8:00 am, the auditor met with facility administration and staff in the conference room where the entry briefing was moderated by Team Lead (b) (6), (b) (7)(C) via teleconference. In attendance at the briefing, either in person, or via teleconference were the following:

(b) (6), (b) (7)(C) ICE ERO, AFOD
(b) (6), (b) (7)(C) ICE/OPR/ERAU, Inspections and Compliance Specialist (ICS)
(b) (6), (b) (7)(C) ICE/ERO, SDDO
(b) (6), (b) (7)(C) MVM Inc., Supervisory Detention Officer (SDO)
(b) (6), (b) (7)(C) Assistant Program Manager (APM) MVM, Inc.
(b) (6), (b) (7)(C) Program Manager (PM) MVM, Inc.
Marlean Ames, Certified DOJ/DHS Auditor, Creative Corrections, LLC

The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next two days. Soon after the conclusion of the meeting, the Auditor, accompanied by the SDDO, the MVM, Inc. PM, and the APM traveled to the SJSF to participate in the tour. The MVM, Inc. Lt. Supervisor in-charge led the facility tour over the next two hours. SJSF is a 3,809 square foot, one-story facility with a 22-bed capacity (16 males and 6 female beds). In emergencies, capacity can be doubled to 44 beds with the use of temporary cots. (b) (7)(E)

The Auditor looked at privacy issues, how the toilet areas were configured, and if detainees have adequate privacy to perform bodily functions. The Auditor observed that PREA posters and PREA notices were displayed in the holding rooms and in the public areas as well. PREA audit notices, sent to the SJSF prior to the on-site visit, were observed posted in all holding rooms as well as throughout the facility. The notices provide information as to how detainees, and/or staff, could contact the Auditor should they have any concerns prior to the on-site visit. The PREA notice communicates to staff and detainees that the facility will be undergoing an audit for compliance with DHS/ICE standards to prevent, detect, and respond to sexual abuse in a confinement setting. The notice also spells out how confidential information is to be handled and where that confidential information can be reported. No correspondence was received from detainees, staff, or other individuals during the audit phase. The Auditor noted the number of phones in each holding room and that the advocacy hotline number along with the outside reporting entity contact information was readily available in the holding rooms. The Auditor also conducted an anonymous test call to the local crisis center, Centro de Ayuda a Victimas de Violacin (CAVV), to prove the effectiveness of the facility's practice. The call was received by a live person, and it was explained that a PREA audit was being conducted to ensure the

effectiveness of the use of the hotline. The individual receiving the call explained the process of reporting back to the facility when a call is made for their follow-up on site which consists of direct contact to the SJSF SDDO through an email and phone call to report any allegation of sexual abuse. The phone call confirmed that the holding room telephones used for detainee reporting of sexual abuse allegations were in working order.

The detainee population at SJSF is always fluid, as detainees may be arriving and departing throughout various times of the day. Due to the limited 72 hour holding, there are only the 2 housing units with beds and 2 individual hold rooms with beds. There are no educational rooms, library, on-site medical clinic, food service or recreation areas located at the SJSF. It should be noted that the Auditor observed during the tour, there was sufficient staff to ensure a safe environment for detainees and staff. Informal conversations with staff regarding duties, responsibilities, and PREA standards were conducted during the tour. During the last 12 months there were 665 detainees: 524 males and 141 females, 0 transgender, 0 juveniles and 0 intersex, processed through the SJSF.

A total of 12 staff were interviewed including 7 MVM contract DOs, 1 MVM Supervisor, 3 ICE DOs and the PSA Compliance Manager. The interviews covered detainee supervision and monitoring, detainee reporting of sexual abuse, first responders' duties to sexual abuse allegations, viewing and searching detainees by staff of the opposite gender, detainee risk assessment, contractor and volunteer training on sexual abuse, providing information regarding zero-tolerance policy to detainees, and protecting detainees from contact with alleged abusers. In addition, the interview with the PSA Compliance Manager covered referrals of sexual abuse allegations for investigations, upgrades to the holding facility and technology, receiving allegations from and reporting allegations to other facilities, coordinating with outside investigations, designee on access to emergency medical services for detainee victims of sexual abuse, and sexual abuse allegations, incident reports and processing. There were no detainees on site during the audit for the Auditor to interview.

All staff interviewed were aware of the Agency's zero-tolerance policy and their responsibilities to protect detainees from sexual abuse, and their first responder duties as part of the coordinated response. Interviewed staff were randomly selected by the Auditor, using the daily duty roster, provided by the PSA Compliance Manager. The Auditor chose staff from all shifts, working different assignments, and with different levels of experience. The Auditor also made sure interviews were conducted with the appropriate number of female staff that corresponded with the daily duty roster. The ICE staff and MVM contract DOs interviewed demonstrated an understanding of PREA and their responsibilities under their specialized duties. The Regional Hospital (Hospital Universitario Dr. Ramon Ruiz Arnau) will assist and conduct any forensic medical examinations using a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The Auditor confirmed through review of email correspondence with the PSA Compliance Manager and the Puerto Rico government, that they will assist with all necessary forensic medical examinations and will also contact a Victim Advocate for a victim of sexual abuse through the local Rape Crisis Center – Centro de Ayuda a Victimas de Violation Estate – CIMVAS (CAAV). The CAVV phone number is also located on the posters within each holding unit/room at the SJSF for advocacy services and reporting should a detainee have the need. The Auditor confirmed verbally with the PSA Compliance Manager, and through review of email documentation correspondence, that the Juan Domingo Police Department will assist with investigations of sexual assault and sexual abuse allegations occurring at the SJSF.

On Wednesday, February 16, 2022, an exit briefing was held at approximately 1:00 pm in the Conference Room to discuss the audit findings. ERAU ICS (b) (6), (b) (7)(C) opened the meeting, via conference line, and then turned it over to the Auditor for an overview of findings. In attendance at the exit meeting were:

(b) (6), (b) (7)(C) ICE/OPR/ERAU, ICS

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

(b) (6), (b) (7)(C) APM MVM, Inc.

(b) (6), (b) (7)(C) PM MVM, Inc.

Marlean Ames, Certified DOJ/DHS Auditor, Creative Corrections, LLC

The Auditor thanked everyone and extended appreciation to the entire staff at the SJSF for their cooperation, professionalism, and hospitality during the audit. The Auditor reported that during the initial review, there was one standard which was not applicable (115.114), and the remaining 30 standards were in compliance. The Auditor advised that these were the preliminary findings that could be subject to change once the post audit triangulation (policy, interviews, observations) was completed.

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: 26

§115.111 Zero-tolerance of sexual abuse
§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
§115.118 Upgrades to facilities and technologies
§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
§115.151 Detainee reporting
§115.154 Third-party reporting
§115.161 Staff reporting duties
§115.162 Protection duties
§115.163 Reporting to other confinement facilities
§115.164 Responder duties
§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 standard 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: 3

§115.113 Detainee supervision and monitoring
§115.141 Assessment for risk of victimization and abusiveness
§115.165 Coordinated response

Number of Standards Not Applicable: 1

§115.114 Juveniles and family detainees

§115.193 Audits of standards – **Not Low Risk**

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

Notes:

(a): The SJSF provided a written directive, Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, (SAAPI), section 2, which addresses the requirements of the standard. Policy 11062.2 mandates "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." The AFOD appointed a PSA Compliance Manager, who reports to the AFOD with any PREA related issues. The interview with the PSA Compliance Manager confirmed she has sufficient time and authority to oversee compliance of the facility's PREA program. The zero tolerance posters were observed in both English and Spanish throughout the facility. Interviews with ICE and contract staff confirmed their awareness of the zero-tolerance policy and approach to preventing, detecting, and responding to sexual abuse. During the interview with the PSA Compliance Manager, she discussed Policy 11062.2 and stressed the importance of sexual safety for detainees. All MVM contract DOs, and ICE line staff, formally interviewed reported they were aware of the zero-tolerance policy and confirmed the requirements are discussed on a regular basis during team meetings. In addition, the Auditor conducted informal conversations with the MVM contract DOs during the facility tour who further confirmed that SJSF has a zero-tolerance for all forms of sexual abuse and assault.

§115.113 - Detainee supervision and monitoring.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): The SJSF provided a written directive, Policy 11087.1 Operations of ERO Holding Facilities, section 4.1, which addresses the requirements of the standard. Policy 11087.1 states, "The Field Office Director (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 a) The physical layout of each holding facility; b) The composition of the detainee population; c) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; d) The findings and recommendations of the sexual abuse review reports; e) Any other relevant factors, including the length of time detainees spend in custody." During an interview with PSA Compliance Manager, she confirmed each of these listed factors are considered and reviewed annually to ensure adequate supervision and monitoring.

The SDDO provided a duty roster of all ICE staff and MVM contract DOs for each shift. The roster showed adequate staffing to ensure proper supervision of detainees to ensure their safety and security. Staff members conduct regular and scheduled detainee hold room checks which are recorded in logbooks. During the tour, the Auditor noted that the holding rooms are checked every 15 minutes to ensure all areas are safe and secure. Holding room doors always remain open when not occupied by a detainee to maintain better visibility. The holding rooms are constantly monitored by video cameras as well as through direct supervision. This practice was confirmed during interviews with the PSA Compliance Manager, MVM contract DOs, and the MVM contract lieutenant. Post orders are in the administrative desk area in the intake processing room for easy review. The Auditor observed staff signatures on post orders which indicated they have read and understood the documents.

The SJSF provided a memorandum from the AFOD of the ERO Miami Field Office dated November 23, 2021, showing compliance with their Operational Review Self-Assessment (ORSA) which was used to review the supervision guidelines. The ORSA was completed on November 23-24, 2020, in lieu of the Holding Room Facility Self-Assessment Tool (HFSAT) which, according to the PSA Compliance Manager had not been assigned to SJSF from ERO HQ since January 2017. The ORSA summary report, dated November 25, 2020, was reviewed by the Auditor for verification that the actual ORSA was conducted on November 23-24, 2020; however, the facility did not provide the Auditor with documentation to confirm that the ORSA was completed for the year 2021.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. The facility provided an ORSA summary report dated November 23-24, 2020; however, did not provide documentation for the year 2021, and therefore, the Auditor could not confirm that the annual review of the supervision guidelines was completed as required by the standard. To become compliant the facility must provide documentation that the annual review of the supervision guidelines was completed for the year 2021.

The SJSF stated that there have been no reported sexual abuse or sexual assault allegations within the past 12 months. As there were zero allegations of sexual abuse reported at SJSF for the prior 12 months, the audit period was extended to capture closed investigations that occurred since the facility's last audit and there were none. The Auditor confirmed through documentation review of email correspondence between the ICE/OPR/ERAU (ICS), and ICE Management & Program Analyst dated January 26, 2022, that there were no allegations at the SJSF between April 19, 2017, and January 26, 2022. Subsequently, the SDDO stated there have been no allegations between January 26, 2022, and February 15, 2022.

§115.114 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

SJSF does not hold juveniles and family detainees. This was confirmed during interviews with the PSA Compliance Manager, MVM contract DOs, and ICE DOs. According to the PAQ, there have not been any juveniles booked into the SJSF for any purpose during the audit period. Per interview with PSA Compliance Manager any juvenile that would falsely represent their identity as an adult would be moved to a facility which exclusively serves juveniles immediately upon learning of the false representation per interview with PSA Compliance Manager. Furthermore, a memorandum from the AFOD, dated November 23, 2021, states that the SJSF does not hold juveniles.

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

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

Notes:

(b)(c)(e)(f): The SJSF provided a written directive, Policy 11087.1, sections 4.5, 4.6.1 and 4.6.2, that governs limits to cross gender viewing and searches. Section 4.5 states in part that; "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, including that a) All strip searches and visual body cavity searches are documented; b) 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 c) Visual body cavity searches of minors are conducted by a medical practitioner and not by law enforcement personnel." Policy 11087.1 further states, "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 conversation, reviewing medical records, or learning that information as part of a broader medical examination conducted in private by a medical practitioner."

The PSA Compliance Manager reported that there had not been any cross-gender visual body cavity searches or strip searches conducted during the audit period. Staff interviews confirmed their knowledge of cross-gender viewing, search policy and procedure, and that pat-down searches are not conducted for the sole purpose of determining the genital status of a transgender or intersex detainee. Staff interviews and detainee search log documents indicated that all searches would be documented. In addition, the Auditor reviewed staff training records and confirmed staff are trained in the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees.

(d): Agency Policy 11087.1, section 4.6, addresses the requirements of the provision and states in part that; "the FOD shall ensure that detainees are permitted to shower, 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, 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."

It was confirmed through direct observation and camera review that detainees can perform bodily functions without being observed by staff. The Auditor observed, during the tour, that the bathroom toilets were covered with half walls approximately 4 feet high to ensure privacy. Showers installed in holding rooms were supplied with plastic break-away curtains to provide privacy while in use. Detainees are held up to 72 hours which may be long enough for showering or changing clothes prior to their departure. The use of cross-gender announcements prior to entry into holding areas was confirmed through interviews with DO staff following all procedures. The Auditor was not able to observe the practice while onsite due to no detainees being present.

Per Policy 11087.1, section 4.5, "Cross-gender strip and body cavity searches are limited only to those performed in exigent circumstances or by a licensed medical practitioner. It was confirmed through interviews with PSA Compliance Manager, ICE DOs, and MVM contract DOs that there have not been any cross-gender strip searches conducted during the audit period. All staff interviewed understood the prohibition from performing strip searches to determine a detainee's gender. It was confirmed through interviews with MVM contract DOs that any strip search or body cavity search would be the result of an exigent circumstance and would involve the notification of a SDDO and the generation of an incident report. Staff training records were reviewed confirming that all staff have obtained the needed information and understanding of the cross-gender strip and body cavity search prohibitions. Interviews with both ICE DOs and MVM DOs also confirmed that there is an understanding of policy and procedure for cross-gender strip and body cavity searches.

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

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

Notes:

(a)(b)(c): The SJSF provided a written directive, Policy 11087.1, section 4.4.1-2, which addresses the requirements of the standard and states in part that; "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/ICE policy requirements." In addition, the SJSF provided Policy 11062.2, section 5.6, which states in part that; "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 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. 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." The Auditor's interviews with the PSA Compliance Manager confirmed that the facility would not use another detainee to provide interpretive services unless the detainee requests they do so and the interpretation is consistent with DHS policy.

SJSF takes appropriate measures to ensure detainees with disabilities and detainees with limited English proficiency (LEP) have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse. PREA handouts, bulletin board postings, facility posters, and Consulate contact information posters were observed in both English and Spanish. During the intake process, staff use the Indigenous Language Flow Chart to determine the detainee's primary language. The facility has access to an ICE-wide language services contract to provide 24-hour telephonic interpretation services for detainees that do not speak English or Spanish. Interviews with the PSA Compliance Manager, MVM contract DOs, and ICE DOs confirm the use of the language services to communicate with detainees. Staff also stated they may read the information to detainees with limited reading abilities.

Detainees with other disabilities such as "limited hearing and sight will be provided reasonable accommodations which provide an equal opportunity to participate in, or benefit from the facilities programs, activities and services," as stated in part in the ICE National Detainee Handbook and ICE Directive 11062, section 5.6.3. Assistance is given to detainees with disabilities based upon their disability and need. Video remote interpreting services (sign language and foreign language) are provided upon request. Detainees with limited sight disabilities will have the information for reporting sexual abuse allegations and facility information read to them by facility staff and if LEP, using the ERO Language Services Line.

§115.117 - Hiring and promotion decisions.

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

Notes:

(a)(b)(c)(d)(e)(f) 5 CFR 731, Executive Order 10450, ICE Directive 6-7.0, ICE Personnel Program Security and Suitability, and ICE Directive 6-8.0, ICE Suitability Screening Requirements for Contractor Personnel, require "anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, financial check, residence and neighbor checks, and prior employment checks." In addition, 5 CFR 731 requires investigations every five years. The PSA Compliance Manager confirmed during an interview that background checks are performed for all new hires and internal promotions. The policy documents the above outlined misconduct and criminal misconduct as 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 Personnel Security (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.

The Auditor reviewed background checks for three ICE and two MVM contract DOs working at the SJSF and confirmed background checks are completed as required by subsection (c). There were no promotions during this audit period.

§115.118 - Upgrades to facilities and technologies.

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

Notes:

(a): SJSF has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems to the detainee areas since May 6, 2014, or in the 36 months preceding this audit; therefore, subsection (a) of the standard is not applicable.

(b): The SJSF provided a written directive, Policy 11087.1, section 4.12, which states in part that "When installing or updating a video monitoring system, electronic surveillance system, electronic surveillance system, or other monitoring technology, consideration will be given how such technology may enhance the agency's ability to protect detainees from sexual abuse."

The SJSF updated their electronic monitoring system on June 11, 2020, to include a new HD 16 channel DVR system and cameras since their last audit in 2017. A memorandum, along with invoices, dated November 29, 2021, from the AFOD, confirmed and outlined the upgrades provided to the Auditor. (b) (7)(E)

The memorandum confirmed the AFOD considered how the upgrade to the facility would enhance their ability to protect detainees from sexual abuse. During the facility tour, the Auditor reviewed all footage captured by the camera system. There were no blind spots observed. The Auditor observed the cameras produced clear and detailed views.

§115.121 - Evidence protocols and forensic medical examinations.

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

Notes:

(a): The SJSF provided written directive, Policy 11062.2, section 5.9, which states in part that; "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." Per policy 11062.2, "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." SJSF had no sexual abuse allegations reported within the audit period.

(b)(c)(d): The SJSF provided Policy 11087.1, section 4.10, which states in part that; "The FOD shall coordinate with the ERO 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 confirmed through interview with the PSA Compliance Manager and review of written emails between the PSA Compliance Manager and a representative from Regional Hospital that CAAV will be called by hospital staff should the detainee wish to have a victim advocate accompany them through the forensic medical examination and investigation process. Advocacy services will be provided to any detainee victim requesting such services either during a hospital visit or while at SJSF.

The Auditor confirmed through the PSA Compliance Manager interview that an alleged victim of sexual assault would be transported to the Reginal Hospital to undergo a forensic medical examination by a qualified SANE or SAFE. In an email, dated January 18, 2022, between the PSA Compliance Manager and a hospital representative that the Regional Hospital will provide the SAFE or SANE services to victims of sexual abuse from the SJSF. The Auditor confirmed with the PSA Compliance Manager that the facility has attempted to enter a MOU with Reginal Hospital but have only been successful with the written email commitment.

(e): Interviews with the PSA Compliance Manager, confirmed that the Juan Domingo Police Department is trained to follow the Uniform Evidence Collection protocols in compliance with PREA mandates and ICE evidence protocols for conducting criminal investigations. The Juan Domingo Police Department (PD) have confirmed their training and services through an email dated January 19, 2022, between the PSA Compliance Manager and a Sergeant with the Juan Domingo PD. The Auditor confirmed that the facility has attempted to enter an MOU with the Juan Domingo PD but has only been successful with the written email commitment to assist.

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

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

Notes:

(a)(c)(d): The SJSF provided written directive, Policy 11062.2, section 5.7, which states in part that; "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 [REDACTED] 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." Policy 11062.2 further dictates, that "The JIC shall notify the DHS Office of Inspector General (OIG)." Furthermore, the SJSF provided written directive, Policy 11062.2, section 5.9 that states in part that; "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." The PSA Compliance Manager provided an email, dated January 19, 2022, which outlined Juan Domingo PD will provide investigative services to the SJSF during allegations that are potentially criminal. There were no allegations of sexual abuse reported at SJSF during the audit period.

(b): Policy 11062.2 section 5.12 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." A review of the ICE website (www.ice.gov) confirms the protocols are available to the public.

(e): SJSF provided written directive Policy 11062.2, section 5.9, which 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.”

Interviews with the PSA Compliance Manager, confirmed Policy 11062.2, section 5.7, would be followed should an allegation of sexual abuse be reported by a detainee.

§115.131 - Staff training.

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

Notes:

(a)(b)(c): The SJSF provided written directive, Policy 11062.2, section 5.2.1 which states in part that; “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. 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.”

The policy further states, “The agency shall document all ICE personnel, who may have contact with individuals in ICE custody, have completed the training. All ICE personnel who may have contact with individuals in ICE custody shall receive training on the ICE’s zero-tolerance policy for all forms of sexual abuse, the right of detainees and staff to be free from sexual abuse, definitions and examples of prohibited and illegal behavior, dynamics of sexual abuse and assault in confinement, prohibitions on retaliation against individuals who report sexual abuse, recognition of physical, behavioral, and emotional signs of sexual abuse that may occur, and ways of preventing and responding to such occurrences. These ways include common reactions of sexual abuse victims, how to detect and respond to signs of threatened and actual sexual abuse, prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse involving detainees with mental or physical disabilities, and how to communicate effectively and professionally with victims reporting sexual abuse.”

The Auditor chose five random staff, three MVM contract DOs and two ICE DOs, to confirm completion of training. The Auditor reviewed the five PALMS e-learning certificates provided and the curriculum for the trainings. The certificates confirmed completion of the PREA initial, and refresher training, as required by the standard. The Auditor confirmed that SJSF does not have volunteers that come into the facility.

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

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

Notes:

The SJSF provided a written directive, Policy 11087.1, section 4.10, which states in part that; “The FOD shall ensure that key information regarding ICE’s zero-tolerance policy for sexual abuse is visible or continuously and readily available to detainees (e.g., through posters, detainee handbooks, or other written formats).” The SJSF ensures key information regarding ICE’s zero-tolerance policy for sexual abuse is visible or continuously and readily available to detainees. As confirmed during the facility tour through direct observation, and staff interviews, detainees receive PREA information along with the ways to report an incident of sexual abuse during intake. Further, zero-tolerance and reporting posters provided in English and Spanish are affixed to the walls in each of the holding rooms. Detainees can use the information provided in the ICE National Detainees Handbook, and posters hanging by the telephones which provide telephone numbers to report an incident of sexual abuse along with the name of the PREA Field Coordinator.

During the facility tour, it was indicated to the Auditor by the MVM Lt. Supervisor that the ICE National Detainee Handbook was offered, along with the DHS-prescribed Sexual Assault Awareness pamphlet, to all detainees entering the facility in both English and Spanish. The facility has access to an ICE-wide language services contract to provide 24-hour telephonic interpretation services for detainees that do not speak English or Spanish. Interviews with the PSA Compliance Manager, MVM contract DOs, and ICE DOs confirm the use of the language services to communicate with detainees. Staff also stated they may read the information to detainees with limited reading abilities.

§115.134 - Specialized training: Investigations.

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

Notes:

(a)(b): The SJSF provided written directive, Policy 11062.2, section 5.2 which establishes that “OPR will provide specialized training to those staff assigned to conduct administrative investigations within the SJSF. The training shall cover at a minimum: interviewing sexual abuse victims, sexual abuse evidence collections in a confinement setting, the criteria and evidence required for administrative action or prosecutorial referral, and information regarding effective cross-agency coordination in the investigative process.”

The facility provided the Specialized Training in a Confinement Setting Curriculum for Investigating Incidents of Sexual Abuse and Sexual Assault that was established and created by the Moss Group along with Certificate of Training through PALMS for the SDDO, who serves as the designated facility investigator as well as the PSA Compliance Manager.

In addition, the agency provided a list of all OPR trained agents that may investigate allegations of sexual abuse of detainees in the custody of ICE, while being held at the SJSF. Compliance is based on policy review, review of required training curriculum, and completed training records. There were no allegations of sexual abuse reported during the audit period.

§115.141 - Assessment for risk of victimization and abusiveness.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The SJSF provided written directive, Policy 11062.2, section 5.2 and Policy 11087.1, section 4.10 which address the requirements of the standard and state in part that; "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 and when appropriate, shall take necessary steps to mitigate any such danger to the detainee. 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."

(c): Agency Policy 11087.1 states that; "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 LGBTQI 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."

According to interviews with the MVM Lt. Supervisor, and MVM contract DOs, ICE screens detainees for special vulnerabilities prior to being transferred into the facility, which is reflected on a Risk Classification Assessment (RCA) screening form. The RCA screening takes into consideration 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, 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. Per interviews with ICE DOs, detainees that are brought into the facility from the street for processing shall be fully screened using the RCA upon admission; however, the RCA does not consider the physical build and appearance of the detainee or whether the detainee has any convictions for sex offenses against an adult or child. The SJSF provided a copy of a completed RCA that confirmed it lacked two of the requirements noted in subsection (c) of the standard. In addition, the Auditor reviewed one detainee file that further confirmed that SJSF did not supplement the RCA screening to capture the two elements of the standard that are not covered by the RCA. Holding at SJSF is less than 72 hours thus allowing for detainee's intake and out processing to be completed in a timely fashion to maintain the detainee's safety.

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. Documentation reviewed by the Auditor could not confirm that the facility is addressing whether the detainee has any convictions for sex offenses against an adult or child or the physical build and appearance of the detainee. Interviews with ICE DOs indicated that they go over the RCA with the detainee upon intake; however, the interviews could not confirm that the facility screens the detainee for all elements of the standard. To become compliant, the facility must develop a procedure that allows ICE DOs to request the detainee respond to all elements of subsection (c) of the standard. The facility must provide documented training of the new procedure to applicable staff. In addition, the facility must provide five detainee files confirming that the risk screening process is capturing all nine elements of subsection (c) of the standard.

(d): Per ICE Policy 11087.1, "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 on video by a staff member sufficiently proximate to intervene, unless no such option is feasible."

Interviews with ICE DOs confirmed SJSF staff ask new detainees about any prior sexual abuse victimization, violent offense histories and detainee histories of institutional violence or abuse per the policy. If there are any affirmative identification of a detainee being a sexual abuse victim or abuser, they are placed in a holding room by themselves. Due to the short term stay of detainees, holding rooms at the SJSF are generally only occupied by one detainee at a time unless a group is brought in together. If a single holding room would not be available, the information obtained from the RCA would determine which occupied holding room the detainee would be placed to ensure the safest environment for the detainee.

(e): ICE Policy 11087.1, section 4.10, requires "all holding facilities to place strict controls on the dissemination of sensitive information detainees provided during the screening procedures." Interviews with both ICE and MVM contract DOs, and the PSA Compliance Manager, confirmed the policy and the facility's practice of strict confidentiality on a "need to know basis" is adhered to which is in alignment with the standard provisions.

§115.151 - Detainee reporting.

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

Notes:

(a)(b)(c): The SJSF provided a written directive, Policy 11087.1, section 4.10, which addresses the requirements of the standard and states in part that; "The FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse, retaliation for reporting sexual abuse, or violations of responsibilities that may have contributed to such incidents to ERO personnel." "The FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports, and that, 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 to agency officials. Also, to confidentially, and if desired, anonymously, report these incidents.”

The policy review and random staff interviews confirmed that there are multiple methods in which detainees can report an allegation of sexual abuse. All MVM contract DO, and ICE DO, interviews confirmed their understanding to immediately report any allegation of sexual abuse reported by a detainee in writing or verbally while in their custody. Holding units and rooms contain posters with information in which detainees can report to any SJSF staff member either verbally, or in writing, the DHS OIG or Consulate via telephone; or by telephone to a local crisis center CAAV <http://cavvsaludpr.weebly.com>. The Auditor’s telephone call to the CAAV crisis reporting line confirmed that the detainee, their family, or friends may report anonymously through the website or via telephone.

§115.154 - Third-party reporting.

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

Notes:

The SJSF provided a written directive, Policy 11087.1, section 4.10, which addresses the requirements of the standard and states in part that; “The FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.”

Through direct observation of holding room postings, ICE DO staff interviews, and by directly visiting the provided websites, it was confirmed that SJSF has established methods to receive third party reports of sexual abuse. Third parties may report via telephone, or email, using the information located on the website at <https://www.ice.gov/contact> and <http://www.ice.gov/PREA>. Detainees are also made aware of the availability of third-party reporting via the information in the ICE National Detainee Handbook provided to them upon intake, along with the posted information in the holding units and rooms.

§115.161 - Staff reporting duties.

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

Notes:

(a)(b)(c): The SJSF provided a written directive, Policy 11062.2, section 5.3, which addresses the requirements of the standard and states in part that; “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse 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.” “The supervisor, or designated official, shall report the allegation to the FOD or [Special Agent in Charge] SAC, as appropriate. Apart from such reporting, ICE employees shall not reveal any information related to a sexual abuse allegation to anyone other than the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff, or to make medical treatment, investigation, law enforcement, or other security and management decisions.” The Agency has also provided a memorandum entitled “Directing Complaints Appropriately” dated November 10, 2010, authored by the former Deputy Director. 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. “Employees should report allegations of substantive misconduct or serious mismanagement to the JIC, OPR, or DHS OIG.” Listed in this memo as a substantive misconduct is “Physical or sexual abuse of a detainee or anyone else.”

The Auditor reviewed the “ICE Prison Rape Elimination Act Training for Contractors and Volunteers” training lesson plan, which confirmed this same duty to report for contracted staff employed at SJSF. A review of policy, training curriculums, and staff interviews with the SDDO, ICE DOs and MVM contract DOs, MVM PM and APM confirm that the agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that may have occurred to a detainee and not to disclose any related information to anyone other than to the extent necessary. Further, the interviews confirmed that staff are aware they may report any misconduct outside of their chain of command by calling or writing the JIC, the DHS OIG, or the third-party methods for reporting located on the ICE website.

(d): Policy 11062.2, section 5.7 states in part; “if alleged victim under the age of 18 or determined, after consultation with the relevant 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 or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.”

The SJSF does not hold juvenile detainees. It was confirmed during interviews with ICE DOs, and MVM contract DOs, their knowledge and understanding of this provision regarding juveniles and vulnerable adults and reporting allegations of sexual abuse.

§115.162 - Protection duties.

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

Notes:

The SJSF provided a written directive, Policy 11062.2, section 5.4 that addresses the requirements of the standard and states in part that; “If an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee.” Interviews with ICE DOs, and MVM contract DOs, confirmed their knowledge and understanding of the requirement to report, separate the detainee from the threat, and place them under direct supervision.

§115.163 - Report to other confinement facilities.

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

Notes:

(a)(b)(c)(d): The SJSF provided a written directive, Policy 11062.2, section 5.7, which addresses the requirements of the standard and states in part that; "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 interview with the PSA Compliance Manager, confirmed the awareness of the requirement to notify the appropriate office of the Agency or the administrator of the facility where the alleged abuse occurred within the 72-hour requirement.

The PSA Compliance Manager confirmed during her interview that all notifications regarding an allegation of sexual abuse are noted in the case record of the detainee. The interview with the PSA Compliance Manager confirmed that the facility that held the detainee where the abuse occurred, must make all mandatory notifications upon receiving the notice of the allegation, per the mandatory requirements of the standard. A review of a memorandum dated November 24, 2021, from the AFOD, and an interview with the PSDA Compliance Manager, confirmed there have been no notifications to the SJSF from other facilities, or made from SJSF to another facility, during the audit period. There were no allegations of sexual abuse reported during the audit period.

§115.164 - Responder duties.

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

Notes:

(a): The SJSF provided a written directive, Policy 11087.1, section 4.11, which addresses the requirements of the standard and states in part that; "The FOD shall ensure that upon learning of an allegation that a detainee was sexually abused, the first responder, or his or her supervisor shall; separate the alleged victim and abuser, preserve and protect to the greatest extent possible any crime scene until appropriate steps can be taken to collect any evidence, and if the sexual abuse 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. These actions would include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the sexual abuse occurred within a time that still allows for the collection of physical evidence, ERO staff would ensure that the alleged abuser does not to take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating." It was confirmed through interviews with both MVM contract DOs and ICE DOs, that they are aware of, and knowledgeable regarding their responsibilities to respond when learning of an allegation of sexual abuse toward a detainee. Both ICE DOs and MVM contract DOs were able to explain the steps necessary as a first responder to ensure the safety of a detainee after an allegation of sexual abuse. Review of training records confirmed all staff have received the required training informing them of their first responder duties and their responsibility to ensure detainees do not destroy any physical evidence.

(b): Agency Policy 11087.1, page 12, and PBNDS 2011, 2.11 page 160 states in part that; "if the first responder is not a security staff member, the responder shall request the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff." As SJSF does not have any non-security contractors or volunteers that have contact with any detainees.

§115.165 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): The SJSF provided a written directive, Policy 11087.1, section 4.11, which addresses the requirements of the standard and states in part that; "The FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse 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 that occurred elsewhere in ICE custody."

It was confirmed through interviews with the PSA Compliance Manager and both ICE DOs and MVM contract DOs that they are aware of their responsibilities to respond in conjunction with the facility coordinated response to sexual abuse toward a detainee. When conducting the interviews with the PSA Compliance Manager, MVM contract DOs, and ICE DOs, they indicated that they would separate the victim from the abuser, preserve the scene, contact medical personnel, secure the area, and notify a supervisor. There were zero allegations of sexual abuse reported at SJSF during the audit period.

(b)(c): Policy 11087.1 requires "notification to a receiving ICE, or non-ICE facility, where a detainee may be transferred, of the incident and the detainee's need for any on-going medical and/or mental health treatment services." The PSA Compliance Manager indicated during interviews that if a detainee being transferred was a victim of sexual abuse, SJSF staff would provide the receiving facility any information regarding the sexual abuse allegation, including the victim's need for any medical or social services follow-up; however, her interview could not confirm that should the detainee be transferred to a facility not covered by paragraph (b) of the standard, that the facility will take into consideration the detainee's request not to have his/her potential need for medical or social services shared with the receiving facility.

A memorandum dated November 23, 2021, from AFOD confirmed that there have been no allegations of sexual abuse during the audit period; therefore, there has not been a detainee victim of sexual abuse transferred to any other facility.

Does Not Meet (c): Policy 11087.1 – ERO Holding Facilities Directive as it relates to standard 115.165 is not consistent with the standard. The policy as it relates to the coordinated response protocol does not include “unless the victim requests otherwise.” Although the other agency directive, 11062.2 - SAAPI, is compliant with the DHS PREA Standards, if hold rooms are using 11087.1 as their coordinated response protocol, or even a combination of both, then they would be deficient as the two policies conflict each other regarding when information must be shared with other facilities. To become compliant, the Agency must update their written institutional plan to contain the required verbiage noted above. The facility must provide documented training of applicable staff of the updated written institutional plan. In addition, the facility must provide the Auditor with any investigation, medical, and detainee files regarding any detainee victim of sexual abuse transferred during the CAP period.

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

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

Notes:

The Agency has provided a written directive, Policy 11062.2, section 5.3, which states in part that; “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 for participating in sexual activity as a result of force, coercion, threats, or fear of force”. However, ICE prohibits deliberately making false sexual abuse allegations as well as deliberately providing false information.

The interview with the PSA Compliance Manager confirmed staff would be removed from any duties in which detainee contact was involved pending the outcome of an investigation in conjunction with the written directive. There were no allegations of sexual abuse reported during the audit period.

§115.167 - Agency protection against retaliation.

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

Notes:

The SJSF provided a written directive, Policy 11062.2, section 5.7, page 11, which states in part that; “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.” During the interview, the SDDO verified the policy and confirmed that the policy and standard would be followed in every case. As noted, there are no contractors who have contact with detainees or volunteers at SJSF.

The interview with the PSA Compliance Manager confirmed that any person, including a detainee, would be protected from retaliation when a party to an allegation of sexual abuse of a detainee as outlined in the policy. There were no allegations of sexual abuse reported at SJSF during the audit period, and therefore, no retaliation to monitor. The PSA Compliance Manager further confirmed during interviews that there have not been any allegations of retaliation during the audit period.

§115.171 - Criminal and administrative investigations.

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

Notes:

(a): The SJSF provided written directive, Policy 11062.2, section 5.9, which addresses the requirements of the standard. The policy states in part that; “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.”

The interview with the PSA Compliance Manager confirmed that all administrative investigations are referred to ICE OPR and potentially further referred to ICE ERO for action. All detainee-on-detainee sexual assault allegations and ICE employee or contractor employee allegations of detainee sexual abuse are referred to the Juan Domingo Police Department when criminal in nature. An interview with the PSA Compliance Manager confirmed that the procedures in policy 11062.2 would be adhered to should they need to conduct any investigation or make any referral for investigations.

(b)(c)(d): In accordance with policy 11062.2, section 5.9, “the FOD shall ensure that the facility complies with the investigation mandates established by the Performance-Based National Detention Standards (PBNDS) 2011 2.11, as well as other relevant detention standards.” PBNDS 2011 2.1, pages 143-144, states in part that; “upon conclusion of a criminal investigation where the allegation was substantiated, or in instances where no criminal investigation has been completed, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Substantiated allegation means an allegation that was investigated and determined to have occurred. Unsubstantiated allegation means an allegation that was investigated, and the investigation produced insufficient evidence to make a final determination as to whether the event occurred. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. The ICE Office of Professional Responsibility will typically be the appropriate investigative office within DHS, as well as the DHS OIG in cases where the DHS OIG is investigating.” “The facility shall develop written procedures for administrative investigations, including provisions requiring; 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.”

“Such procedures shall govern the coordination and sequencing of administrative and criminal investigations, in accordance with the first paragraph of this section, to ensure that the criminal investigation is not compromised by an internal administrative investigation. 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.”

(e) Policy 11062.2 dictates that “The facility fully cooperates with any outside agency investigating and endeavor to remain informed about the progress of the investigation”

The interview with the PSA Compliance Manager confirmed that the facility would fully cooperate with any outside agency as required by this policy. There were no allegations of sexual abuse reported to the Juan Domingo Police Department during the audit period.

§115.172 - Evidentiary standard for administrative investigations.

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

Notes:

The SJSF provided a written directive, Policy 11062.2, section 5.9, which states in part that; “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.” The interview with the PSA Compliance Manager confirmed that in her role as facility Investigator she is responsible for administrative investigations at SJSF. The Auditor further confirmed during her interview that a preponderance of the evidence is the standard utilized when substantiating allegations of sexual abuse. There were no allegations of sexual abuse reported at SJSF during the audit period.

§115.176 - Disciplinary sanctions for staff.

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

Notes:

(a)(c)(d): The SJSF provided a written directive, Policy 11062.2, section 5.9, which addresses the requirements of the standard and states in part; “Upon receiving a notification from a FOD, or Special Agent in Charge (SAC), of the removal or resignation in lieu of removal of staff violating agency or facility sexual abuse and assault policies, the OPR will report that information to the 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 interview with the PSA Compliance Manager confirmed the disciplinary outcome of removal from service for violations of the sexual abuse policies and making attempts to inform all licensing agencies as a result of substantiated allegations. There were no allegations of sexual abuse reported at SJSF during the audit period.

§115.177 - Corrective action for contractors and volunteers.

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

Notes:

(a)(b) The SJSF provided a written directive, Policy 11062.2, section 5.8, which addresses the requirements of the standard and states in part; “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 PSA Compliance Manager confirmed during her interview, that the facility is responsible for promptly reporting sexual abuse allegations and incidents involving a volunteer or MVM contract DO against a detainee to the Juan Domingo Police Department, the MVM PM, the JIC, and/or all other appropriate DHS investigative offices in accordance with all policies and procedures. She further confirmed that there have been no volunteers in the facility, nor any allegations of sexual abuse reported during the audit period against a MVM contract DO.

§115.182 - Access to emergency medical and mental health services.

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

Notes:

(a)(b): The SJSF provided a written directive, Policy 11087.1, section 4.11, which addresses the requirements of the standard and states in part; “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, this policy 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 interview with the PSA Compliance Manager confirmed that a detainee alleging sexual abuse and in need of emergency care would be taken to the Regional Hospital, which provides a full range of inpatient, outpatient, and diagnostic service to the San Juan area at no cost to the detainee victim. The PSA Compliance Manager further confirmed that the Regional Hospital would provide Victim Advocacy Services from the CAAV-CIMVAS center to the detainee victim. Per an email dated January 14, 2022, between the PSA Compliance Manager and the CAAV-CIMVAS center Coordinator, advocacy services will be provided to any detainee victim requesting such services either during a hospital visit or while at SJSF. There were no allegations of sexual abuse reported at SJSF during the audit period.

§115.186 – Sexual abuse incident reviews.

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

Notes:

(a): The SJSF has provided a written directive, Policy 11087.1, section 4.11, which addresses the requirements of the standard and states in part; "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 EROs 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."

During the interview with the PSA Compliance Manager, it was confirmed that the incident review report and recommendations, if any, would be conducted and documented. The report and/or recommendations would subsequently be sent to the AFOD for implementation, improvement, or written justification for not implementing the recommendations. In addition, the PSA Compliance Manager confirmed both the report and response is forwarded to the Agency PSA Coordinator. There were no allegations of sexual abuse reported at SJSF during the audit period.

§115.187 – Data collection.

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

Notes:

(a) The SJSF has provided a written directive, Policy 11062.2 Sexual Abuse and Assault Prevention and Intervention, section 5.12, page 21, which states in part that; "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." "Investigative files would be retained at the OPR Headquarters in the Agency's online case management system (JICMS)."

There have not been any incidents or allegations of sexual abuse at the SJSF during the audit period. The PSA Compliance Manager confirmed during interviews that the information would be maintained according to the written directive provided.

§115.193 – Audits of standards.

Outcome: Not Low Risk Choose an item.

Notes:

The PREA Audit at the SJSF was the second audit for this facility. The physical layout of the facility provides clear direct sight of detainee's while being processed and while in the holding rooms. Detainee supervision consists of direct contact and observation of detainees enhanced by video monitoring and staff interviewed were knowledgeable about their duties and responsibilities. After a careful review, it was determined that the facility is not in compliance with three of the standards, and therefore not in compliance with the DHS PREA Standards. Even though the SJSF only holds detainees up to 72 hours, and there have not been any allegations of sexual abuse between April 19, 2017, and February 16, 2022, the Auditor must take into consideration the areas of non-compliance which include both policy and procedural issues. Therefore, the Auditor has determined that the facility is not low risk.

§115.201 - Scope of audits.

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

Notes:

(d)(i): The facility meets the standard provisions. The Auditor was given access to and observed all areas of the facility. The Auditor received all requested documents and copies of relevant materials. At the time of the onsite audit there were zero detainees housed at SJSF, and therefore, no detainee interviews were conducted.

(e): The Auditor was provided with all relevant documents required to conduct a thorough PREA compliance audit of the SJSF.

(j): Audit notices were posted in each holding unit and individual holding room giving the detainees an opportunity to confidentiality correspond with the Auditor should they desire. The Auditor did not receive any correspondence from a detainee at the SJSF.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	0
Number of standards met:	26
Number of standards not met:	3
Number of standards N/A:	1
Number of standard outcomes not selected (out of 31):	0
Facility Risk Level:	Not Low Risk

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.

Marlean Ames

4/6/2022

Auditor's Signature & Date

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

4/19/2022

PREA Assistant Program Manager's Signature & Date

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

4/14/2022

PREA Program Manager's Signature & Date

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



**Homeland
Security**

AUDITOR INFORMATION			
Name of auditor:	Marlean Ames	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	330-327- (b) (6), (b) (7)(C)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (7)(C), (b) (6)	Telephone number:	772-579- (b) (6), (b) (7)(C)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Miami Field Office – San Juan Sub-Office		
ICE Field Office Director:	(b) (6), (b) (7)(C) Acting Field Office Director (AFOD)		
PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	7 Tabonuco St. Room 325 Guaynabo, PR 00968		
Mailing address: (if different from above)			
INFORMATION ABOUT FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	San Juan Staging Facility		
Physical address:	GSA Center, Federal Drive #651 Guaynabo, PR 00969		
Mailing address: (if different from above)			
Telephone number:	787-774-4162		
Facility type:	ICE Staging Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director (AFOD)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	787-994- (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Supervisory Detention and Deportation Officer (SDDO)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	305-216- (b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the San Juan Staging Facility (SJSF) was conducted on February 15 – February 16, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Marlean Ames, employed by Creative Corrections, LLC. The Auditor was provided guidance during the report writing and review process by the 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 audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. SJSF is a staging facility that processes detainees within 72 hours and is operated by DHS ICE. The SJSF has contracted with MVM, Inc., to staff the facility with detention officers. The purpose of the audit was to determine compliance with the DHS PREA standards. This was the second DHS PREA audit for SJSF, and the audit review period was from April 19, 2017, through February 16, 2022.

Upon completion of the audit, SJSF was found to be non-compliant with three standards. The facility's Corrective Action Plan (CAP) period began May 7, 2022, and was due to end on November 7, 2022.

The Agency provided the Auditor the CAP on May 25, 2022. The Auditor reviewed the CAP and provided responses to the proposed corrective actions. The facility submitted documentation for the corrective action process from May 25, 2022, through July 1, 2022. The Auditor reviewed the final documentation submitted on July 1, 2022. The review of this documentation confirmed that all three standards are compliant in all material ways.

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit.

§115. 113 - Detainee supervision and monitoring

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

Notes:

(b): The SJSF provided a memorandum from the AFOD of the ERO Miami Field Office dated November 23, 2021, showing compliance with their Operational Review Self-Assessment (ORSA) which was used to review the supervision guidelines. The ORSA was completed on November 23-24, 2020, in lieu of the Holding Room Facility Self-Assessment Tool (HFSAT) which, according to the PSA Compliance Manager had not been assigned to SJSF from ERO HQ since January 2017. The ORSA summary report, dated November 25, 2020, was reviewed by the Auditor for verification that the actual ORSA was conducted on November 23-24, 2020; however, the facility did not provide the Auditor with documentation to confirm that the ORSA was completed for the year 2021.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. The facility provided an ORSA summary report dated November 23-24, 2020; however, did not provide documentation for the year 2021, and therefore, the Auditor could not confirm that the annual review of the supervision guidelines was completed as required by the standard. To become compliant, the facility must provide documentation that the annual review of the supervision guidelines was completed for the year 2021.

Corrective Action Taken (b): As required by the Auditor, the facility provided a copy of the HFSAT for the year 2021 to confirm compliance with subsection (b) of the standard. The facility is now in compliance with standard 115.113 subpart (b).

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

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

Notes:

(c): Agency Policy 11087.1 states that; "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 LGBTQI 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."

Does Not Meet (c): The facility is not in compliance with subsection (c) of the standard. Documentation reviewed by the Auditor could not confirm that the facility is addressing whether the detainee has any convictions for sex offenses against an adult or child or the physical build and appearance of the detainee. Interviews with ICE DOs indicated that they go over the RCA with the detainee upon intake; however, the interviews could not confirm that the facility screens the detainee for all elements of the standard. To become compliant, the facility must develop a procedure that allows ICE DOs to request the detainee respond to all elements of subsection (c) of the standard.

Corrective Action Taken (c): The facility provided the Auditor the ICE ERO San Juan Staging Facility (SJSF), policy SJSF 1.3.17, that covers the Sexual Assault and Intervention guidelines for detainees housed at the SJSF and five detainee detention files that included, in addition to the RCA, the ERO Miami AOR Bed Space Request Form, ICE Primary Assessment Form (any convictions for sex offenses against an adult or child), and the In-Processing Health Screening Form (physical build and appearance of the detainee) that confirmed that the facility considers all nine elements of the standard as required by subsection (c) of the standard. As SJSF policy 1.3.17 is an established policy since January 2021, the Auditor accepts that staff is knowledgeable in the screening requirements of the standard, and therefore, does not require documented training of applicable staff of the updated written institutional plan. The facility is now in compliance with standard 115.141 subpart (c).

§115. 165 - Coordinated response

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

Notes:

(c): Policy 11087.1 – ERO Holding Facilities Directive as it relates to standard 115.165 is not consistent with the standard. The policy as it relates to the coordinated response protocol does not include "unless the victim requests otherwise." Although Agency directive, 11062.2 - SA-API, is compliant with the DHS PREA Standards, if hold rooms are using 11087.1 as their coordinated response protocol, or even a combination of both, then they would be deficient as the two policies conflict each other regarding when information must be shared with other facilities.

Does Not Meet (c): Policy 11087.1 – ERO Holding Facilities Directive as it relates to standard 115.165 is not consistent with the standard. The policy as it relates to the coordinated response protocol does not include “unless the victim requests otherwise.” Although Agency directive, 11062.2 - SAAPI, is compliant with the DHS PREA Standards, if hold rooms are using 11087.1 as their coordinated response protocol, or even a combination of both, then they would be deficient as the two policies conflict each other regarding when information must be shared with other facilities. To become compliant, the Agency must update their written institutional plan to contain the required verbiage noted above. The facility must provide documented training of applicable staff of the updated written institutional plan. In addition, the facility must provide the Auditor with any investigation, medical, and detainee files regarding any detainee victim of sexual abuse transferred during the CAP period.

Corrective Action Taken (c): The facility provided to the Auditor the ICE ERO San Juan Staging Facility policy 1.3.17 which states, “If a victim is transferred between detention facilities, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim’s potential need for medical or social services (unless the victim requests otherwise in the case of transfer to a non-ICE facility),” which contains the required verbiage of the standard. As SJSF policy 1.3.17 is an established policy since January 2021, the Auditor accepts that staff is knowledgeable in the transfer requirements of the standard, and therefore, does not require documented training of applicable staff of the updated written institutional plan or investigation, medical, and detainee files regarding any detainee victim of sexual abuse transferred during the CAP period to confirm compliance. The facility is now in compliance with standard 115.165 subpart (c).

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115.193

Outcome: Low Risk

Notes:

The PREA Audit at the SJSF was the second audit for this facility. The physical layout of the facility provides clear direct sight of detainee’s while being processed and while in the holding rooms. Detainee supervision consists of direct contact and observation of detainees enhanced by video monitoring and staff interviewed were knowledgeable about their duties and responsibilities. After a careful review of the corrective action, it is determined that the facility is now in compliance with all three deficient standards, and therefore now in compliance with the DHS PREA Standards. Therefore, the Auditor has determined that the facility is now low risk.

AUDITOR CERTIFICATION:

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

Marlean Ames

July 17, 2022

Auditor’s Signature & Date

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

July 24, 2022

Program Manager’s Signature & Date

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

July 25, 2022

Assistant Program Manager’s Signature & Date