

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



# Homeland Security

AUDITOR INFORMATION				
<b>Name of auditor:</b>	Jodi L. Upshaw		<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)		<b>Telephone number:</b>	409-866-(b) (6), (b) (7)(C)
PROGRAM MANAGER INFORMATION				
<b>Name of PM:</b>	(b) (6), (b) (7)(C)		<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)		<b>Telephone number:</b>	409-866-(b) (6), (b) (7)(C)
AGENCY INFORMATION				
<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)			
FIELD OFFICE INFORMATION				
<b>Name of Field Office:</b>	Los Angeles Field Office			
<b>ICE Field Office Director:</b>	Thomas P. Giles			
<b>PREA Field Coordinator:</b>	300 North Los Angeles Street, Los Angeles, CA 90012			
<b>Field Office HQ physical address:</b>				
<b>Mailing address: (if different from above)</b>	213-830-7911			
INFORMATION ABOUT FACILITY BEING AUDITED				
Basic Information About the Facility				
<b>Name of facility:</b>	Ventura Custody Case			
<b>Physical address:</b>	321 Cortez Circle, Camarillo, CA 93012			
<b>Mailing address: (if different from above)</b>				
<b>Telephone number:</b>	805-437-1129			
<b>Facility type:</b>	ICE Holding Facility			
Facility Leadership				
<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)		<b>Title:</b>	Assistant Field Office Director
<b>Email address:</b>	(b) (6), (b) (7)(C)		<b>Telephone number:</b>	805-437-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager				
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)		<b>Title:</b>	Supervisory Detention & Deportation Officer (SDDO)
<b>Email address:</b>	(b) (6), (b) (7)(C)		<b>Telephone number:</b>	213-830-(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.

During the audit, the Auditor found Ventura Sub-Office (VSO) met 25 standards and had 5 non-compliant standards (115.113, 115.117, 115.121, 115.134, and 115.182). As a result of the facility being out of compliance with 5 standards, the facility entered a 180-day corrective action period which began on June 12, 2023, through December 9, 2023. The purpose of the corrective action plan is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

On June 13, 2023, the Auditor received notification of the facility's first CAP via email from the Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) and reviewed the submission. Additional documentation and responses were provided by the facility and reviewed by the Auditor on July 17, 2023, and August 28, 2023. During the final review on August 28, 2023, the Auditor determined that the facility demonstrated compliance with all 5 standards found non-compliant at the time of the site visit, subsequently ending the CAP period early.

Number of Standards Met: 5

§115.113 Detainee supervision and monitoring

§115.117 Hiring and promotion decisions

§115.121 Evidence protocols and forensic medical examinations

§115.134 Specialized training: Investigations

§115.182 Access to emergency medical services

## 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:

(a)(b)(c): ICE Directive 11087.1 mandates, "The FOD shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing, the FOD shall take into consideration: The physical layout of each holding facility; The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse and assault; The findings and recommendations of sexual abuse and assault incident review reports; and any other relevant factors, including but not limited to, the length of time detainees spend in custody at the holding facility. The FOD shall ensure detainees placed in holding cells are subject to direct supervision, (b) (7)(E) as well as physical hold room checks at least every 15 minutes." In addition, ICE Directive 11087.1 further states, "The FOD shall at least annually review the application of this policy at each holding facility within his or her [area of responsibility] AOR to ensure ongoing compliance." The Auditor was provided facility staffing for ICE, Spectrum and G4S. Staff work Monday through Friday with staggering shifts from 5:00 a.m. to 11:00 p.m. The Auditor reviewed the most recent facility HFSAT dated February 18, 2022, provided during the onsite audit. This document, combined with the ICE Directive 11087.1 comprises the facility's comprehensive supervision guidelines. The Auditor's review of the staffing levels, processing desk and (b) (7)(E) appear to provide adequate detainee supervision for the facility. The HFSAT presented for review was completed outside of the prior 12 months and is therefore non-compliant with provision (b) which requires these guidelines and their application be reviewed at least annually. Additionally, no evidence was provided to indicate the AFOD reviewed and approved the HFSAT.

**Does Not Meet (b)(c):** The HFSAT provided was dated more than 12 months prior to the audit and did not contain the AFOD's review and approval. To become compliant, the facility must complete an updated HFSAT, have it reviewed and approved by the AFOD, and provide final self-assessment compliance results and a completed HFSAT report to the Auditor for compliance review.

**Corrective Action (b)(c):** On August 28, 2023, the facility submitted an email dated April 11, 2023, pertaining to the final assessment result for Ventura Custody Case Holding Room self-assessment compliance and a completed HFSAT report, the Auditor accepts submitted HFSAT with the AFOD's review and approval dated within 12 months of the audit. The facility is now in compliance with provision (b) and (c) and is compliant with this standard.

### §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, E.O. 10450, ICE Directive 6-7.0 and ICE Directive 6-8.0 mandates, "The agency shall not hire or promote anyone including a contractor or volunteer that has contact with detainees who has engaged in or attempted to engage in, been convicted of in sexual abuse in a prison, jail, holding facility community confinement facility, juvenile facility or other institution or who has been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. When the agency is considering hiring or promoting staff, it shall ask all applicants about previous misconduct described above in written applications or interviews. The agency shall also impose a continuing affirmative duty to disclose any misconduct. Before hiring any new employee, who may have contact with detainees, a background investigation for suitability of employment shall be conducted and an updated background investigation shall be completed for employees every five years." These documents collectively require anyone entering into or remaining in government service undergo a thorough background examination for suitability and reinvestigations every 5 years. The background investigation, depending on the type of work, is thorough to include education checks, criminal records check, neighbor, and residence checks, financial checks, and prior employment checks. The policy documents outline misconduct and criminal misconduct being grounds for unsuitability, including material omissions or making false or misleading statements in the application. The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Based on information provided in an email by the OPR PSO (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon

request, unless prohibited by law. Based on the memorandum dated November 8, 2021, issued by the ICE Acting Deputy Director, Employee Obligation to Report Corruption and Misconduct, ICE employees are obligated to report criminal and other allegations of employee and contractor misconduct, specifically including "sexual assaults, sexual harassment, or non-sexual harassment of [...] detainees." The PSA Compliance Manager indicated that three promotions have occurred within the audit period but could not be confirmed that staff were asked about previous misconduct.

The Auditor submitted five ICE, two G4S, and one Spectrum names to PSO to obtain information compliance with the background investigations. The ICE staff and two G4S staff were current on background investigations; however, the Spectrum employee was not current and showing separated in the system. The Auditor was advised there were no contractor (G4S or Spectrum) HR files maintained onsite, so no records were reviewed. The facility has not demonstrated compliance with provision (c). Additionally, interviews with the SDDOs found that one had recently promoted but did not recall being asked the misconduct questions listed in provision (a); therefore, the facility has not demonstrated compliance with provision (b).

**Does Not Meet (b)(d):** The facility had three promotions within the audit period but could not provide evidence that staff were asked about previous misconduct. The facility is required to ask all applicants who may have contact with detainees directly about previous misconduct described in provision (a) of this standard, in written applications or interviews for promotions. To become compliant, the facility must provide evidence that these three employees were asked directly about previous misconduct prior to their promotion. The PSO did not have any current clearance for the Spectrum contract employee whose name was submitted for evidence of a background investigation. The Auditor was advised there were no contractor HR files maintained onsite, so no records were reviewed. The agency shall perform a background investigation before enlisting the services of any contractor who may have contact with detainees. To become compliant, the facility/agency must provide evidence that background investigations have been conducted on Spectrum contract employees.

**Corrective Action (b)(d):** On July 5, 2023, the facility submitted a signed copy of the Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Form for the Spectrum Officer requested by the Auditor. On July 6, 2023, the facility submitted an email from the Spectrum/G4S Contracting Officers Representative (COR), confirming that all Spectrum applicants sign the Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Form prior to initiating background investigations. Likewise, background investigations are completed for all contract staff prior to hiring. On August 21, 2023, the facility submitted a PSAC memorandum for review indicating the three Agency employees in question were directly asked about previous misconduct prior to their promotions. Also provided was an email correspondence between OPR and COR discussing the background investigation for the Spectrum contract employee whose name was submitted for evidence. On August 24, 2023, the Agency (A) PSAC provided a memorandum detailing the most recent coordination actions with HQ Human Resources and OPR Security to address the Agency matter for Auditor review. The facility has demonstrated that all contract employees who have contact with detainees have completed a background investigation. The facility further demonstrated that employees who are promoted are asked the misconduct questions listed in provision (a) as required by provision (b). The facility has demonstrated compliance with provisions (b) and (d) and now is compliant with this standard.

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

crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE Enforcement and Removal Operations ERO FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted." An interview with the PSA Compliance Manager indicated that the facility staff would not conduct administrative or criminal investigations and would instead rely on the Agency for these investigations. A review of agency policy confirmed the agency will follow a uniform evidence protocol which is developmentally appropriate for juveniles as applicable. There were no allegations of sexual abuse reported at VSO during the audit period. The facility provided a memorandum prior to the onsite audit indicating they have a verbal agreement with the FPS to investigate any allegations of sexual assaults and abuse that occur at VSO. This was further verified during an interview with the PSA Compliance Manager and an FPS Investigator who was available during the audit. However, the PAQ stated the Ventura County Sheriff's Office is the local law enforcement agency having jurisdiction over the facility and who would be contacted to report a sexual abuse incident.

(b)(c)(d)(e): ICE Directive 11087.1, 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 facility provided no documentation nor information during interviews to indicate how it could utilize community resources and services to provide crisis intervention or counseling. The PAQ and interview with the PSA Compliance Manager stated that detainees would be taken to St. John's Hospital Camarillo for a forensic medical examination using the services of a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE); however, when the Auditor contacted the hospital, it was found that they do not provide these services. An interview with the PSA Compliance Manager confirmed that all of these services would be provided free to the detainee.

**Does Not Meet (b)(c)(d)(e):** The facility did not provide the Auditor with information to confirm that the agency considered how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling address victims' needs. The facility also provided protocols that did not include a medical facility that can provide a forensic examination by a SAFE or SANE or other qualified health care personnel. Additionally, the facility provided no documentation where they requested the investigating agency follow the requirements of (a) through (d) of this standard. To become compliant, the facility must provide a protocol that includes use of community resources to provide crisis intervention and counseling to address victims' needs; a local hospital or rape crisis center who will provide SAFE/SANE services to detainee victims of sexual abuse; and evidence that the facility has requested the FPS and Ventura County Sheriff's Office follow the requirements of 115.121(a)-(d).

**Corrective Action (b)(c)(d)(e):** On July 5, 2023, the facility submitted information for Safe Harbor Ventura County which would be utilized as a community resource to provide expertise and support in the areas of crisis intervention and counseling for detainee sexual abuse victims. Safe Harbor Ventura County additionally provide SAFE/SANE examinations. On August 21, 2023, the facility submitted a memorandum detailing the Ventura County Sheriff's Office (VCSO) response to follow the requirements of 115.121 (a)-(d) during investigations of sexual assault. The facility has demonstrated compliance with subsections (b)(c)(d) and (e) and has demonstrated compliance with this standard.

### **§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): ICE Directive 11062.2 mandates, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process." The lesson plan for this specialized training is the specialized training entitled, "ICE OPR Investigations Incidents of Sexual Abuse and Assault" which was reviewed by the Auditor. This training covered investigative techniques, evidence collection and conducting investigations in a confinement setting. The Agency also offers the PREA Fact Finders Training, which includes topics on administrative investigations, interacting with victims, how to interact with LEP or Lesbian, Gay, Bi-Sexual, Transgender, or Intersex (LGBTQI) and disabled detainees. Both these trainings and documented evidence of training for ICE staff were available on the ERAU SharePoint for review by the Auditor. The facility does not conduct administrative or criminal investigations but would follow Directive 11062.2. According to the memo provided by the SDDO/PSA Compliance Manager, the FPS would conduct an investigation.

An interview with the FPS Investigator who was available during the onsite audit stated that he has law enforcement training as an investigator but has not been trained in conducting sexual abuse investigations. Since the FPS is a DHS Agency with responsibility to the holding facility through an agreement with the VSO, this investigator is required to have the specialized training in order to be a qualified investigator. As a result, the facility is non-compliant with the requirements of subpart (b) in that the assigned FPS Investigator has not received the specialized training. There were no allegations of sexual abuse reported during the audit period.

**Does Not Meet (a)(b):** As part of the VSO agreement with FPS to conduct sexual abuse investigation the FPS Investigators, as part of a DHS Agency, must be specially trained to be qualified. To become compliant, the FPS Investigator must complete the ICE OPR specialized training and provide evidence of this training to the Auditor for compliance review.

**Corrective Action (a)(b):** On August 21, 2023, the facility confirmed that VCSO will be the local authority contacted to perform the initial investigation of a sexual assault/rape occurrence and not the FPS Investigator. The facility has demonstrated compliance with provision (a)(b) and is now compliant with this standard.

#### **§115. 182 - Access to emergency medical services**

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

#### **Notes:**

(a)(b): ICE Directive 11062.2 mandates "The FOD shall ensure that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The FOD shall coordinate with ERO HQ, and the Agency PSA Coordinator, in utilizing, to the extent available, any community resources and services that provide expertise and support in the areas of crisis intervention and counseling to address the victims' needs." Further, Policy 11087.1 provides that "victims of sexual abuse shall be provided emergency medical and mental health services and any ongoing care necessary. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident." The facility provided a memorandum which stated the facility has not had to provide emergency medical services to a detainee victim in the last twelve months. An interview with the PSA Compliance Manager indicated that St. John's Hospital Camarillo would provide emergency medical services and services would be provided free of charge to the detainee and whether they name the abuser or cooperates with the investigation. The Auditor contacted St. John's Hospital Camarillo and found that they do not provide services to victims of sexual assault/abuse and would refer these victims to another hospital. Agency policy is compliant with all requirements of the standard; however, the facility has not demonstrated they are able to provide timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.

**Does Not Meet (a):** St. John's Hospital Camarillo does not provide services to victims of sexual assault/abuse. To become compliant the facility must identify a hospital that will provide detainee victims of sexual abuse unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Once identified, this information must be provided to the Auditor for compliance review.

**Corrective Action (a):** The facility confirmed that Ventura County Medical Center would be utilized as the emergency medical treatment hospital for victims of sexual assault/abuse, and they are able to provide timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The facility has demonstrated compliance with provision (a) of the standard and is now in compliance with this standard.

#### **§115. Choose an item.**

**Outcome:** Choose an item.

#### **Notes:**

#### **AUDITOR CERTIFICATION:**

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

Jodi L. Upshaw

**Auditor's Signature & Date**

September 19, 2023

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

October 1, 2023

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

September 21, 2023

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



# Homeland Security

## AUDIT DATES

<b>From:</b>	4/11/2023	<b>To:</b>	4/12/2023
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## AUDITOR INFORMATION

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

## PROGRAM MANAGER INFORMATION

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

## AGENCY INFORMATION

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

<b>Name of Field Office:</b>	Los Angeles Field Office
<b>Field Office Director:</b>	Thomas P. Giles
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	300 North Los Angeles Street, Los Angeles, CA 90012
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.

## INFORMATION ABOUT THE FACILITY BEING AUDITED

### Basic Information About the Facility

<b>Name of facility:</b>	Ventura Custody Case
<b>Physical address:</b>	321 Cortez Circle, Camarillo, CA 93012
<b>Mailing address: (if different from above)</b>	Click or tap here to enter text.
<b>Telephone number:</b>	805-437-1129
<b>Facility type:</b>	IGSA

### Facility Leadership

<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Assistant Field Office Director (AFOD)
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	805-437-(b) (6), (b) (7)(C)
<b>Name of PSA Compliance Manager:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Supervisory Detention & Deportation Officer (SDDO)
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	213-830-(b) (6), (b) (7)(C)

## ICE HQ USE ONLY

<b>Form Key:</b>	29
<b>Revision Date:</b>	01/06/2023
<b>Notes:</b>	Click or tap here to enter text.



## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Ventura Custody Case also known as Ventura Sub-Office (VSO) was conducted on April 11-12, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards during the audit period of May 17, 2018, through April 12, 2023. As there were zero allegations of sexual abuse reported at VSO 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. This is the second PREA audit for VSO. VSO is operated by DHS ICE, Enforcement and Removal Operations (ERO). The facility holds male and female detainees who are street arrests, removal transfers, juveniles, and family unit detainees. The facility is located in Camarillo, California.

The entry briefing was held in the VSO conference room on April 11, 2023. The ICE ERAU Team Lead (TL), (b) (6), (b) (7)(C) opened the briefing. In attendance were:

(b) (6), (b) (7)(C) TL, Inspections and Compliance Specialist (ICS), ICE OPR  
(b) (6), (b) (7)(C) Inspections and Compliance Specialist (ICS), ICE OPR  
(b) (6), (b) (7)(C) SDDO, Prevention of Sexual Assault (PSA) Compliance Manager, ICE ERO  
(b) (6), (b) (7)(C) SDDO, ICE ERO  
(b) (6), (b) (7)(C) Deportation and Detention Officer (DO), ICE ERO  
(b) (6), (b) (7)(C) DO, ICE ERO  
Jodi Upshaw, Certified PREA Auditor, Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures, but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the onsite tour, provided documentation review, and conducting both staff and detainee interviews. Approximately four weeks prior to the audit, the ERAU TL provided the Auditor with the facility's PAQ, Agency Policies, and other pertinent documents through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and the Document Request DHS Holding Facilities form and placed within folders for ease of auditing. The main policies that provide facility direction for VSO is ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI) and ICE Directive 11087.1, Operations of ERO Holding Facilities. All documentation, policies and the PAQ were reviewed by the Auditor. A tentative daily schedule was provided to the Auditor for the onsite visit, binder review and interviews with staff and detainees. The Auditor also reviewed the Agency website, <https://www.ice.gov/>. No correspondence was received from any detainee, outside individual, or staff member. The facility provided the lists of staff by duty positions and shifts to be used for the auditor's random selection of staff to be interviewed. Detainees are not housed at this facility so there was no list to provide the Auditor for detainee interview selections. Detainees are brought into the detention area by Fugitive Operations, the Criminal Alien Program, or local law enforcement. Detainees are then further processed by contracted Spectrum staff. Spectrum staff additionally provide supervision of detainees while held at VSO. Transportation to other ICE facilities is provided by G4S contracted staff. The facility reported in the PAQ that ICE works staggering shifts from 7:00 a.m. - 10:00 p.m., Spectrum works staggering shifts from 7:00 a.m. - 11:00 p.m. and G4S contract staff work staggering shifts from 5:00 a.m. - 10:00 p.m. ICE and contracted staff work Monday through Friday. According to the PAQ, 638 male and 5 female detainees were processed into VSO during the last year with an average stay of 1 to 3 hours. On the first day of the audit there were two detainees that were processed at the facility. The Auditor observed the intake process and confirmed that the detainees received a pat-down search, were placed into a holding cell until transportation was scheduled and received the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. During the onsite audit, several additional transports arrived, but no detainees were housed at the facility for longer than one hour. Once a detainee arrives, they are held in one of four cells within the detention area. The total rated capacity of the detention area is 68. (b) (6), (b) (7)(C), (b) (7)(E)

(b) (6), (b) (7)(C) All cells have a telephone, benches, and a toilet. There are windows across the front of the cells so detainees can be monitored by staff when occupied. Within the cells the Auditor observed the Consulate numbers, "I Speak" posters, ICE Detention Reporting and Information Line (DRIL) posters, DHS-prescribed SAA Information pamphlet in English and Spanish and the DHS Zero-Tolerance poster. The Auditor did not observe the OIG poster in the holding cells or the detention area; however, the facility corrected this immediately and posted prior to conclusion of the onsite audit. The Auditor observed the same posters observed within the cells posted in the detention area. The desk area where detainees are processed is a long desk that allows staff to provide direct supervision into all four cells. The detention area does not include a shower area. During the onsite audit, the Auditor reviewed

(b) (7)(E)

Just outside of the detention area is a small corridor with benches and windows on one side. This area is utilized as a pat-down search area once detainees enter through the sallyport. The corridor and detention area are the only areas the detainees have access to. There are no volunteers that access the facility.

VSO employs 38 sworn ICE personnel and 14 contract security staff. According to the PAQ, there are 12 male and 2 female contracted staff. The VSO does not have medical, mental health or food service staff assigned to the facility. The Auditor conducted interviews with the ICE SDDO/PSA Compliance Manager, three additional ICE SDDOs, one random ICE DO, one Federal Protective Service (FPS) Investigator, a contracted first-line supervisor and three random contracted staff. Due to the short amount of time detainees spend at VSO and the length of interview time needed, the Auditor did not interview any detainees. In addition, detainee transportation operations would have been severely impacted if the Auditor had conducted a detainee interview.

On April 12, 2023, an exit briefing was held in the VSO conference room. The ICE ERAU TL, opened the briefing. In attendance were:

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

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

(b) (6), (b) (7)(C) SDDO, PSA Compliance Manager, ICE ERO

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

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

Jodi Upshaw, Certified PREA Auditor, Creative Corrections, LLC

The Auditor spoke briefly about non-compliance in the areas of orientation and training. The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, the site review notes, and interviews were compiled. The Auditor thanked those in attendance and for cooperation during the audit.

## SUMMARY OF AUDIT FINDINGS

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

**Number of Standards Exceeded:** 0

**Number of Standards Not Applicable:** 0

**Number of Standards Met:** 25

§115.111 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator  
§115.114 Juvenile and family detainees  
§115.115 Limits to cross-gender viewing and searches  
§115.116 Accommodating detainees with disabilities and detainees who are limited English proficient  
§115.118 Upgrades to facilities and technologies  
§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  
§115.141 Assessment for risk of victimization and abusiveness  
§115.151 Detainee reporting  
§115.154 Third-party reporting  
§115.161 Staff reporting duties  
§115.162 Agency protection duties  
§115.163 Reporting to other confinement facilities  
§115.164 Responder duties  
§115.165 Coordinated response  
§115.166 Protection of detainees from contact with alleged abusers  
§115.167 Agency protection against retaliation  
§115.171 Criminal and administrative investigations  
§115.172 Evidentiary standard for administrative investigations  
§115.176 Disciplinary sanctions for staff  
§115.177 Corrective action for contractors and volunteers  
§115.186 Sexual abuse incident reviews  
§115.187 Data collection  
§115.201 Scope of audits

**Number of Standards Not Met:** 5

§115.113 Detainee supervision and monitoring  
§115.117 Hiring and promotion decisions  
§115.121 Evidence protocols and forensic medical examinations  
§115.134 Specialized training: Investigations  
§115.182 Access to emergency medical services

**Hold Room Risk Rating**

§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): ICE Directive 11062.2 states, "ICE has a zero-tolerance policy for all forms of sexual abuse or assault. It is ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody, including with respect to screening, staff training, detainee education, response and intervention, medical and mental health care, reporting, investigation, and monitoring and oversight, as outlined in this Directive, in the requirements of PBNDS 2011 Standard 2.11, and in other related detention standards and ICE policies." During the onsite audit, the Auditor observed the DHS zero-tolerance poster in English and Spanish posted in the pat search room, at the processing desk and inside the holding cells. The Auditor interviewed the PSA Compliance Manager, three SDDOs and four contract staff. All staff were knowledgeable regarding the Agency's zero-tolerance policy. Based on the knowledge of staff and observation of signage throughout the detention area the facility is substantially compliant with this standard.

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

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

**Notes:**

(a)(b)(c): ICE Directive 11087.1 mandates, "The FOD shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing, the FOD shall take into consideration: The physical layout of each holding facility; The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse and assault; The findings and recommendations of sexual abuse and assault incident review reports; and any other relevant factors, including but not limited to, the length of time detainees spend in custody at the holding facility. The FOD shall ensure detainees placed in holding cells are subject to direct supervision, which shall include (b) (7)(E), as well as physical hold room checks at least every 15 minutes." In addition, ICE Directive 11087.1 further states, "The FOD shall at least annually review the application of this policy at each holding facility within his or her [area of responsibility] AOR to ensure ongoing compliance." The Auditor was provided facility staffing for ICE, Spectrum, and G4S. Staff work Monday through Friday with staggering shifts from 5:00 a.m. to 11:00 p.m. The Auditor reviewed the most recent facility HFSAT dated February 18, 2022, provided during the onsite audit. This document, combined with the ICE Directive 11087.1 comprises the facility's comprehensive supervision guidelines. The facility reported on the PAQ (b) (7)(E). These (b) (7)(E). These cameras do not record sound and do not have the capability to pan, tilt, and zoom. The Auditor's review of the staffing levels, processing desk and (b) (7)(E) located in the facility appear to provide adequate detainee supervision for the facility. The HFSAT presented for review was completed outside of the prior 12 months and is therefore non-compliant with provision (b) which requires these guidelines and their application be reviewed at least annually. Additionally, no evidence was provided to indicate the AFOD reviewed and approved the HFSAT.

**Does Not Meet (b)(c):** The HFSAT provided was dated more than 12 months prior to the audit and did not contain the AFOD's review and approval. To become compliant, the facility must complete an updated HFSAT, have it reviewed, and approved by the AFOD and provide to the Auditor for compliance review.

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

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

**Notes:**

(a)(b): ICE Directive 11087.1 mandates, "The FOD shall ensure that unaccompanied minors, elderly detainees, or family units are not placed in hold rooms, unless they have demonstrated or threatened violent behavior, have a history of criminal activity, or pose an escape risk. Detainees not placed in a hold room shall be seated in a designated area outside the hold rooms, under direct supervision and control. If the physical layout of the holding facility precludes holding such individuals outside the hold room, they may be held in a separate room. The FOD shall ensure that minors are detained in the least restrictive setting appropriate to his or her age and special needs, provided that such setting is consistent with the need to protect the minor's well-being and that of others, as well as with any other laws, regulations, or legal requirements. Unaccompanied minors will generally be held apart from adults. The unaccompanied minor may temporarily remain with a non-parental adult family member where: The family relationship has been vetted to the extent feasible, and it has been determined that remaining with the non-parental adult family member is appropriate, given the totality of circumstances. To the extent practicable, unaccompanied minors who may be vulnerable due to their young age should be held separately from older minors." VSO reported in the PAQ they hold juveniles and family units. Interview with the PSA Compliance Manager and four contract staff indicated that juveniles would be held in the least restrictive setting and would never be

held with adults unless it is a family member or non-family member as appropriate. Interviews further indicated that juveniles would be held in (b) (7)(E).

#### **§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)(d)(e)(f): ICE Directive 11087.1 mandates, "Strip and Visual Body Cavity Searches-The FOD shall ensure that when pat down searches indicate the need for a more thorough search, an extended search (i.e., strip search) is conducted in accordance with ICE policies and procedures, including that: All strip searches and visual body cavity searches are documented: Cross-gender strip searches or cross-gender visual body cavity searches are not conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners; and Visual body cavity searches of minors are conducted by a medical practitioner and not by law enforcement personnel. The FOD shall ensure that detainees are permitted to shower (where showers are available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks, or is otherwise appropriate in connection with a medical exam or monitored bowel movement under medical supervision. The FOD will also ensure that ERO personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing. The FOD shall ensure that ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records (if available), or, if necessary, learning that information as part of a broader medical examination conducted in private, by a medical practitioner." The Auditor reviewed a memorandum from the facility stating that they have not conducted any strip searches or visual cavity searches in the prior year. Interviews with the PSA Compliance Manager and four contract staff confirmed that the facility has not conducted any strip searches or visual cavity searches, but should one occur, it would be documented. Further, interviews confirmed that searching or physically examining a detainee for the sole purpose of determining the detainee's gender is not allowed. The Auditor reviewed the Agency training curriculum "Cross-Gender, Transgender, and Intersex Searches" and confirmed it was compliant with subsection (f) of the standard. The Auditor was provided sign in sheets that confirmed ICE, G4S and Spectrum staff have completed the training required under subsection (f) of this standard. The Auditor viewed two pat searches during the onsite audit. These searches were performed by staff of the same gender as the detainee and were accomplished in a professional, respectful manner and the least intrusive as possible.

#### **§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): ICE Directive 11087.1 mandates, "The FOD shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in and benefit from processes and procedures in connection with placement in an ERO holding facility, consistent with established statutory, regulatory, DHS and ICE policy requirements. The FOD shall take reasonable steps to ensure meaningful access to detainees who are limited English proficient, consistent with established regulatory and DHS and ICE policy requirements." The facility provided policy 11062.2 which states, "Appropriate steps in accordance with applicable law to ensure that detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind, or 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." During the onsite audit, the Auditor observed the DHS-prescribed SAA Information pamphlet in English and Spanish and being provided to detainees. While on site, besides English and Spanish, the capability was updated to provide the SAA Information pamphlet in 15 languages Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. Interviews with the PSA Compliance Manager and four contracted staff revealed most detainees encountered at the facility are limited English proficient (LEP) and the prominent language is Spanish. Interviews further confirmed that there are bilingual (Spanish), but if they are not available or another language is encountered the facility would use the ERO Language Services Resources Flyer to access interpreter services to communicate with the detainee. Interviews also revealed that a detainee who may have a vision disability would have information read to them or if a detainee was hearing impaired would be provided information in a written format. Should a detainee be processed that has an intellectual, psychiatric or speech disability, facility staff would reach out to the AFOD or local community partners to assist with communication needs.

#### **§115.117 - Hiring and promotion decisions.**

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

**Notes:**

(a)(b)(c)(d)(e)(f): 5 CFR 731, E.O. 10450, ICE Directive 6-7.0 and ICE Directive 6-8.0 mandates, "The agency shall not hire or promote anyone including a contractor or volunteer that has contact with detainees who has engaged in or attempted to engage in, been convicted of in sexual abuse in a prison, jail, holding facility community confinement facility, juvenile facility or other institution or who has been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. When the agency is considering hiring or promoting staff, it shall ask all applicants about previous misconduct described above in written applications or interviews. The agency

shall also impose a continuing affirmative duty to disclose any misconduct. Before hiring any new employee, who may have contact with detainees, a background investigation for suitability of employment shall be conducted and an updated background investigation shall be completed for employees every five years." These documents collectively require anyone entering into or remaining in government service undergo a thorough background examination for suitability and reinvestigations every 5 years. The background investigation, depending on the type of work, is thorough to include education checks, criminal records check, neighbor, and residence checks, financial checks, and prior employment checks. The policy documents outline misconduct and criminal misconduct being grounds for unsuitability, including material omissions or making false or misleading statements in the application. The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Based on information provided in an email by the OPR PSO (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. Based on the memorandum dated November 8, 2021, issued by the ICE Acting Deputy Director, Employee Obligation to Report Corruption and Misconduct, ICE employees are obligated to report criminal and other allegations of employee and contractor misconduct, specifically including "sexual assaults, sexual harassment, or non-sexual harassment of [...] detainees." The PSA Compliance Manager indicated that three promotions have occurred within the audit period but could not be confirmed that staff were asked about previous misconduct.

The Auditor submitted five ICE, two G4S, and one Spectrum names to PSO to obtain information compliance with the background investigations. All five ICE staff members and two G4S contract staff were current on background investigations; However, the PSO did not have any current clearance for the Spectrum contract employee. The Auditor was advised there were no contractor (G4S or Spectrum) HR files maintained onsite, so no records were reviewed.

**Did Not Meet (b)(d):** The facility had three promotions within the audit period but could not provide evidence that staff were asked about previous misconduct. The facility is required to ask all applicants who may have contact with detainees directly about previous misconduct described in provision (a) of this standard, in written applications or interviews for promotions. To become compliant, the facility must provide evidence that these three employees were asked directly about previous misconduct prior to their promotion. The PSO did not have any current clearance for the Spectrum contract employee whose name was submitted for evidence of a background investigation. The Auditor was advised there were no contractor HR files maintained onsite, so no records were reviewed. The agency shall perform a background investigation before enlisting the services of any contractor who may have contact with detainees. To become compliant, the facility/agency must provide evidence that background investigations have been conducted on Spectrum contract employees.

#### **§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): This subsection of the standard is not applicable. Based on the PAQ and interview with the PSA Compliance Manager, VSO has not designed, acquired a new holding facility, or planned a substantial expansion or modification of the existing holding facility.

(b): ICE Directive 11087.1 mandates, "When designing or developing any new ERO holding facility and in planning any substantial expansion or modification of existing holding facilities, the FOD, in coordination with the Office of Facilities Administration, Office of the Chief Financial Officer, shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse and assault. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in a hold room, the FOD, in coordination with the Office of Facilities Administration, Office of the Chief Financial Officer, shall consider how such technology may enhance the agency's ability to protect detainees from sexual abuse and assault." According to the PAQ, VSO updated monitors and cameras in 2021. Currently, there are (b) (7)(E) (b) (7)(E) (b) (7)(E). An interview with the PSA Compliance Manager confirmed that (b) (7)(E) (b) (7)(E) during the upgrade were consistent with enhancing the agency's ability to protect detainees from sexual abuse.

#### **§115.121 - Evidence protocols and forensic medical examinations.**

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

**Notes:**

(a): "The FOD ensures that the facility complies with the investigation mandates established by PBNDS 2011 Standard 2.11, as well as other relevant detention standards and contractual requirements, including by, when feasible, securing and preserving the crime scene and safeguarding information and evidence consistent with established evidence protocols; conducting a prompt, thorough, and objective investigation by qualified investigators; arranging for the victim to undergo a forensic medical examination, where appropriate; and ensuring that the presence of the victim's outside or internal victim advocate, as requested by the victim, is allowed for support during forensic exams and investigatory interviews. Where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the FOD shall arrange for or refer an alleged victim detainee to a medical facility to undergo a forensic medical examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where



practicable. If SAFE or SANE cannot be made available, the examination can be performed by other qualified health care personnel. If, in connection with an allegation of sexual abuse or assault, the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available, consistent with security needs. If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, the facility requests the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, the facility ensures that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating." ICE Directive 11062.2, states, "When feasible, secure and preserve the crime scene and safeguard information and evidence, consistent with ICE uniform evidence protocols and local evidence protocols in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." ICE Directive 11062.2 further states, "When a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE Enforcement and Removal Operations ERO FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted." An interview with the PSA Compliance Manager indicated that the facility staff would not conduct administrative or criminal investigations and would instead rely on the Agency for these investigations. A review of agency policy confirmed the agency will follow a uniform evidence protocol which is developmentally appropriate for juveniles as applicable. There were no allegations of sexual abuse reported at VSO during the audit period. The facility provided a memorandum prior to the onsite audit indicating they have a verbal agreement with the FPS to investigate any allegations of sexual assaults and abuse that occur at VSO. This was further verified during an interview with the PSA Compliance Manager and an FPS Investigator who was available during the audit. However, the PAQ stated the Ventura County Sheriff's Office is the local law enforcement agency having jurisdiction over the facility and who would be contacted to report a sexual abuse incident.

(b)(c)(d)(e): ICE Directive 11087.1, 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 evidentially 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 or SANE 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 facility provided no documentation nor information during interviews to indicate how it could utilize community resources and services to provide crisis intervention or counseling. The PAQ and interview with the PSA Compliance Manager stated that detainees would be taken to St. John's Hospital Camarillo for a forensic medical examination using the services of a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE); however, when the Auditor contacted the hospital, it was found that they do not provide these services. An interview with the PSA Compliance Manager confirmed that all of these services would be provided free to the detainee.

**Does Not Meet (b)(c)(d)(e):** The facility did not provide the Auditor with information to confirm that the agency considered how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling address victims' needs. The facility also provided protocols that did not include a medical facility that can provide a forensic examination by a SAFE or SANE or other qualified health care personnel. Additionally, the facility provided no documentation where they requested the investigating agency follow the requirements of (a) through (d) of this standard. To become compliant, the facility must provide a protocol that includes use of community resources to provide crisis intervention and counseling to address victims' needs; a local hospital or rape crisis center who will provide SAFE/SANE services to detainee victims of sexual abuse; and evidence that the facility has requested the FPS and Ventura County Sheriff's Office follow the requirements of 115.121(a)-(d).

#### **§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)(b)(c)(d): ICE Directive 11062.2, states, "When an alleged sexual abuse incident occurs in ERO custody, the FOD shall a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum." ICE Directive 11062.2 further dictates, that "The JIC shall notify the DHS Office of Inspector General (OIG)," and "the OPR shall coordinate with the FOD or SAC and facility staff to ensure

evidence is appropriately secured and preserved pending an investigation by federal, state, or local law enforcement, DHS OIG, or referral to OPR.” ICE Directive 11062.2 further states, “All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.” An interview with the PSA Compliance Manager indicated that that Agency protocols would be followed to ensure each allegation of sexual abuse is investigated by the agency or referred to an appropriate investigative authority and notifications would be made to the JIC and AFOD immediately. The facility provided a memorandum prior to the onsite audit indicating they have a verbal agreement with the Federal Protective Service (FPS) to investigate any allegations of sexual assaults and abuse that occur at VSO. This was further verified during an interview with the PSA Compliance Manager and an FPS Investigator who was available during the audit. However, the PAQ stated the Ventura County Sheriff’s Office is the local law enforcement agency having jurisdiction over the facility and who would be contacted to report a sexual abuse incident. An interview with the PSA Compliance Manager indicated the agency would maintain all reports and referrals of allegations of sexual abuse for at least five years. The Auditor observed the ICE website, [www.ice.gov/PREA](http://www.ice.gov/PREA) and confirmed that protocols are made available to the public. An interview with the FPS Investigator who was available during the onsite audit confirmed that he would assist with investigating allegations of sexual abuse.

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

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

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

##### **Notes:**

(a)(b)(c): ICE Directive 11062.2 mandates, “All current employees required to take the training, as listed below, shall provide each employee with biennial refresher training to ensure that all employees know ICE’s current sexual abuse policies and procedures, and all newly hired employees who may have contact with individuals in ICE custody shall also take the training within one year of their entrance on duty.” Policy 11062.2 further states, “All ICE personnel who may have contact with individuals in ICE custody, including all ERO officers and HSI special agents, shall receive training on, among other items: a) ICE’s zero-tolerance policy for all forms of sexual abuse and assault; b) The right of detainees and staff to be free from sexual abuse or assault; c) Definitions and examples of prohibited and illegal behavior; d) Dynamics of sexual abuse and assault in confinement; e) Prohibitions on retaliation against individuals who report sexual abuse or assault; f) Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including: i) Common reactions of sexual abuse and assault victims; ii) How to detect and respond to signs of threatened and actual sexual abuse or assault; iii) Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and iv) How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault; g) How to avoid inappropriate relationships with detainees; h) Accommodating limited English proficient individuals and individuals with mental or physical disabilities; i) communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals, and members of other vulnerable populations; j) Procedures for fulfilling notification and reporting requirements under this Directive; k) The investigation process; and l) The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim’s welfare and for law enforcement or investigative purposes.” The Auditor was provided with training rosters for ICE, Spectrum and G4S staff for training received with the heading of PREA refresher. The Auditor was also provided with a PowerPoint presentation entitled, Immigration and Customs Enforcement (ICE) Prison Rape Elimination Act (PREA) Virtual University (VU) Training. This training includes all of the elements required of subsection (a) of this standard. Interviews with four SDDOs and four contract staff confirmed that training was received. The PSA Compliance Manager stated that the training records are maintained according to Agency policy which is 5 years. There are no volunteers that enter 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:**

ICE Directive 11062.2, mandates, “The FOD shall ensure that key information regarding ICE’s zero-tolerance policy for sexual abuse and assault is visible or continuously and readily available to detainees (e.g., through posters, detainee handbooks, or other written formats).” During the onsite audit, the Auditor observed the DHS-prescribed SAA Information pamphlet in English and Spanish. The Auditor also observed this pamphlet being provided to the two detainees who were processed during the onsite audit. During the onsite audit, the facility obtained the SAA Information pamphlet in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese in PDF for distribution to detainees when needed. In addition, the



Auditor observed the DHS zero-tolerance poster in all cells and in the detention area. Interviews with the PSA Compliance Manager and four contracted staff revealed most detainees encountered at the facility are LEP and the prominent language is Spanish. Interviews further confirmed that there are bilingual (Spanish) staff, but if they were not available or another language was encountered, the facility would use the Interpretalk language line. Interviews also revealed that a detainee who may have a vision disability would have information read to them or if a detainee was hearing impaired would be provided information in a written format. Should a detainee be processed that has an intellectual, psychiatric or speech disability the AFOD would be consulted, and additional community resources would be utilized to include available staff or other local agencies to ensure effective communication.

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

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

**Notes:**

(a)(b): ICE Directive 11062.2 mandates, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process." The lesson plan for this specialized training is the specialized training entitled, "ICE OPR Investigations Incidents of Sexual Abuse and Assault" which was reviewed by the Auditor. This training covered investigative techniques, evidence collection and conducting investigations in a confinement setting. The Agency also offers the PREA Fact Finders Training, which includes topics on administrative investigations, interacting with victims, how to interact with LEP or Lesbian, Gay, Bi-Sexual, Transgender, or Intersex (LGBTQI) and disabled detainees. Both these trainings and documented evidence of training for ICE staff were available on the ERAU SharePoint for review by the Auditor. The facility does not conduct administrative or criminal investigations but would follow Directive 11062.2. According to the memo provided by the SDDO/PSA Compliance Manager, the FPS would conduct an investigation. An interview with the FPS Investigator who was available during the onsite audit stated that he has law enforcement training as an investigator but has not been trained in conducting sexual abuse investigations. Since the FPS is a DHS Agency with responsibility to the holding facility through an agreement with the VSO, this investigator is required to have the specialized training in order to be a qualified investigator. As a result, the facility is non-compliant with the requirements of subpart (b) in that the assigned FPS Investigator has not received the specialized training. There were no allegations of sexual abuse reported during the audit period.

**Does Not Meet (a)(b):** As part of the VSO agreement with FPS to conduct sexual abuse investigation the FPS Investigators, as part of a DHS Agency, must be specially trained to be qualified. To become compliant, the FPS Investigator must complete the ICE OPR specialized training and provide evidence of this training to the Auditor for compliance review.

#### **§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:**

(a)(c)(d)(e): ICE Directive 11087.1 mandates, "The FOD should ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused or assaulted, and, when appropriate, shall take necessary steps to mitigate any such danger to the detainee. The FOD shall ensure that the following criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available: Whether the detainee has a mental, physical, or developmental disability; The age of the detainee; The physical build and appearance of the detainee; Whether the detainee has previously been incarcerated or detained; The nature of the detainee's criminal history; Whether the detainee has any convictions for sex offenses; Whether the detainee has self-identified as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) or gender nonconforming; Whether the detainee has self-identified as previously experiencing sexual victimization; and The detainee's own concerns about his or her physical safety. For detainees identified as being at high risk for victimization, the FOD shall provide heightened protection, including continuous direct sight and sound supervision, single-housing, or placement in a hold room actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is feasible. The FOD shall implement appropriate controls on the dissemination of any sensitive information regarding a detainee provided pursuant to screening procedures." Interview with the PSA Compliance Manager and three contract staff confirmed that information about a detainee (identifying information such as date of birth, age, arrest history and prior convictions) would be entered in the computer system. Specials needs or alerts can be entered into the system for staff to review such as prior victimization or if the detainee identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Staff also review this information to determine where a detainee is held within the detention area. Detainees are assessed on a Risk Classification Assessment (RCA). This screening evaluates 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. Any special alerts are noted on intake paperwork that is given to staff upon the detainees processing. Contract staff confirmed that alerts may also be available in the system if a detainee has had an ICE encounter previously. Staff review information or any identified alerts and will hold a detainee to ensure safety needs are met within the four cells in the detention area. To ensure appropriate controls are placed on sensitive information collected to make these assessments, information access within the computer system is controlled by job duties and access to various modules is granted based on the user's duties performed.

(b): ICE Directive 11062.2 states, "The FOD shall ensure that detainees who may be held overnight with other detainees are assessed to determine their risk of being either sexually abused or sexually abusive, to include being asked about their concerns for their physical safety." According to the PAQ and interviews with four SDDOs and contract staff, VSO does not house detainees overnight.

#### **§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): ICE Directive 11087.1 mandates, "The FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse or assault, retaliation for reporting sexual abuse or assault, or staff neglect or violations of responsibilities that may have contributed to such incidents to ERO personnel. The FOD shall ensure that detainees are provided with instructions on how they can contact the DHS/Office of the Inspector General (OIG) (or, as appropriate, another public or private entity which is able to receive and immediately forward detainee reports of sexual abuse or assault to agency officials) to confidentially and, if desired, anonymously, report these incidents. The FOD shall implement procedures for ERO personnel to accept reports made verbally, in anonymously, and from third parties and promptly document any verbal reports." During the onsite audit, the Auditor did observe Consulate numbers, the ICE Detention Reporting and Information Line (DRIL), DHS-prescribed Sexual Assault Awareness Information pamphlet in English and Spanish and the DHS Zero-Tolerance poster within the holding cells and detention area. Although the OIG poster was not displayed until the second day, the facility provided several resources for detainee reporting. Besides English and Spanish, the capability was updated during the onsite audit to provide the SAA Information pamphlet in Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese. An interview with the PSA Compliance Manager indicated that should a detainee speak a language other than English or Spanish, the facility would use the Interpretalk language line to interpret the material. The Auditor successfully called both the DRIL and OIG numbers; the agent explained to the Auditor that the caller could remain anonymous if requested. Should a detainee want to make a private call, they could utilize an interview room located within the detention area. The Auditor observed an address on the OIG poster which provides detainees with the option of written correspondence. Interviews with three contract staff and four SDDOs indicated that reports would be accepted verbally, in writing, anonymously and from third parties and would be documented immediately. There were no allegations reported within the audit period.

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

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

**Notes:**

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

#### **§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)(d): ICE Directive 11062.2 mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." Generalize training for all ICE staff include, "The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." ICE Directive 11062.2 also states, "If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." In addition, the facility provided a memorandum from Acting Deputy Director Lechleiter dated November 8, 2021. This memo reiterates the types of misconduct allegations that employees must report to the JIC, OPR, or the DHS OIG and those types of allegations that should be referred to local management. Interviews with four contract staff and four SDDOs indicated that any knowledge, suspicion or information of an allegation, retaliation against a detainee or staff or staff misconduct of responsibilities would be reported immediately to a supervisor. Although the posters were not displayed, staff were knowledgeable about the OIG number and how to utilize this resource. Interviews with staff further indicated that information pertaining to a sexual abuse report would be limited to staff on a need-to-know basis. The facility reported in the PAQ that it houses adults, juveniles, and family units. Interviews with four SDDOs and three contract staff indicated that it had been several years since a juvenile or family unit has been processed through VSO. Interviews also indicated that staff had not processed a vulnerable adult but knew that additional reporting requirements to local agencies would be required if an allegation involved these populations. There were no allegations reported within the audit period.

#### **§115.162 – Agency protection duties.**

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

**Notes:**

ICE Directive 11062.2 mandates, "If an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse or assault, he or she shall take immediate action to protect the detainee." Interviews with four contract staff and four SDDOs indicated any reasonable belief that a detainee may be at risk for a sexual abuse, or any other danger would warrant immediate separation from the situation and protection in a safe supervised environment.

#### **§115.163 - Reporting 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): ICE Directive 11062.2 mandates, "If the alleged assault occurred at a different facility from the one where it was reported, ensure that the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation, and document such notification." The Auditor was provided with a memorandum that the facility has not received any allegations that a detainee was sexually abused while confined at another facility and as such, no notifications were required within the 72-hour time frame. Interview with the PSA Compliance Manager indicated that notification would be made to the transferring facility as soon as possible by telephone with a follow up email, but no later than 24 hours after the information was received. Should VSO receive notification that an incident occurred at their facility, it would be referred for investigation and notifications would be completed immediately. The facility would also document all notifications given or received. The Auditor reviewed a "Checklist for Responding to Allegations of Sexual Abuse or Assault at ICE Detention Facilities" that the PSA Compliance Manager explained would be used in responding to an allegation of sexual abuse and which indicates that within 24 hours of notification to ICE, the facility will notify the ICE JIC in writing via the ICE Significant Event Notification (SEN) database. There were no allegations of sexual abuse reported at VSO that occurred at another facility or received from another facility that an incident of sexual abuse had occurred at VSO, 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)(b): ICE Directive 11087.1 mandates, "The FOD shall ensure that upon learning of an allegation that a detainee was sexually abused or assaulted, the responder, or his or her supervisor: Separates the alleged victim and abuser; Preserves and protects, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, ensures that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first responder is not an officer or agent, the responder shall request the alleged victim not to take any actions that could destroy physical evidence, and then notify an officer or agent." As interview with the PSA Compliance Manager, four SDDOs and four contract staff indicated that should an allegation occur, the parties would be separated immediately, the area would be secured, and the victim would be discouraged from taking any actions that may destroy evidence. An interview with the PSA Compliance Manager confirmed that notifications would be made as soon as possible to the investigating authorities and ICE. Interviews with four SDDOs and four contract staff further confirmed requirements to discourage the victim not to take actions to destroy evidence and reporting the incident immediately. There were no allegations of sexual abuse reported at VSO during the audit period.

#### **§115.165 - Coordinated response.**

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

**Notes:**

(a)(b)(c): ICE Directive 11087.1 mandates, "The FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse and assault occurring in holding facilities, or in the course of transit to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse or assault that occurred elsewhere in ICE custody." ICE Directive 11087.1 further states, "If a victim is transferred from a holding facility to a detention facility or to a non-ICE facility, the FOD shall inform the receiving facility of the incident and the victim's potential need for medical or mental health care of victim services." Interview with the PSA Compliance Manager indicated that there is a checklist that would be used should an incident occur. Review of this agency checklist confirmed that notifications to ERO, ICE and the JIC are listed with the required time frames. Steps on this checklist also include informing detention or holding facilities or non-ICE facility of the incident and victim's potential need for medical or medical health services unless the victim requests otherwise in a transfer to a non-ICE facility. The facility had no allegations of sexual abuse reported during the audit 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:**

ICE Directive 11062.2 mandates the FOD shall, "Ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation."

An interview with the PSA Compliance Manager and a contract supervisor indicated that staff or contractors would be moved to prevent any detainee contact. During the onsite audit, the Auditor observed a front desk area and front door area where a contractor could be reassigned to prevent detainee contact until the completion of an investigation. The facility does not have volunteers that enter the facility. There were no allegations of sexual abuse reported at VSO 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:**

ICE Directive 11062.2 mandates, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." An interview with the PSA Compliance Manager indicated that should an incident of sexual abuse occur, the facility would monitor any person involved in the reporting or investigation for retaliation and there is zero tolerance for retaliation against any person. Interviews with four SDDOs and four contract staff also indicated that retaliation in any form is not permitted, and such conduct would be grounds for disciplinary action. There were no allegations of sexual abuse reported at VSO during the audit period; and therefore, no retaliation to monitor.

**§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)(b)(c)(d)(e): ICE Directive 11062.2 states, "The FOD shall ensure that the facility complies with the investigation mandates established by PBNDS 2011, Standard 2.11, as well as other relevant detention standards and contractual requirements including by conducting a prompt, thorough, and objective investigation by qualified investigators." PBNDS 2011, Standard 2.11 states, "When outside agencies investigate sexual abuse or assault, cooperate with law enforcement agencies, OPR, and other outside investigators and endeavor to remain informed about the progress of the investigation, and ensure that detention facilities do the same" and "administrative investigations impose no standard higher than a preponderance of evidence to substantiate an allegation of sexual abuse or assault, and may not be terminated solely due to the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation." In addition, PBNDS 2011, Standard 2.11 states "Administrative investigations procedures include preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator, assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph, an effort to determine whether actions or failures to act at the facility contributed to the abuse, documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years, and that such procedures shall govern the coordination and sequencing of administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation."

An interview with the PSA Compliance Manager confirmed that should a criminal investigation be determined substantiated, an administrative investigation would be conducted, and should the criminal investigation be determined unsubstantiated, the report would be reviewed to determine if an administrative investigation should be completed. This investigation would be conducted after consultation with the appropriate DHS investigative office and would continue until it was completed. In addition, the investigation would continue until it was finished even if the alleged abuse or victim left the facility or is no longer employed by the agency. Review of the agency policy confirms that procedures for administrative investigations include preservation of direct and circumstantial evidence, interviews with all parties involved, credibility assessments, descriptions of all evidence, investigative facts and findings and retention of reports. There were no allegations of sexual abuse reported at VSO during the audit period.

(e): The Auditor determined compliance with the standard based on Policy 11062.2, that requires, "When outside agencies investigate sexual abuse or assault, cooperate with law enforcement agencies, OPR, and other outside investigators and endeavor to remain informed about the progress of the investigation, and ensure that detention facilities do the same." The PSA Compliance Manager confirmed that VSO would cooperate with all investigative agencies and remain informed and cooperate to the extent possible. The facility had no allegations of sexual abuse 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:**

ICE Directive 11062.2 states, "the OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse and may not be terminated solely due to the departure of the alleged abuser or victim from employment or control of ICE." An interview with the PSA Compliance Manager indicated that ICE would conduct any administrative investigations for the facility. The evidentiary standard used to determine the outcome of this investigation would be no standard higher than a preponderance of the evidence. There were no allegations of sexual abuse reported at VSO 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): ICE Directive 11062.2 mandates, "Upon receiving notification from a FOD or Special Agent in Charge (SAC) of the removal or resignation in lieu of removal of staff for violating agency or facility sexual abuse and assault policies; Report that information to appropriate law enforcement agencies, unless the activity was clearly not criminal; and Make reasonable efforts to report that information to any relevant licensing bodies, to the extent known." The Auditor reviewed documentation that stated VSO did not have any removals or resignations due to instances of sexual abuse during the last 12 months. An interview with the facility PSA Compliance Manager indicated that staff would be subject to disciplinary or adverse action up to and including removal from their position and the Federal service for substantiated allegations of sexual abuse or for violating agency sexual abuse policies. It was also indicated that the facility would report all removals or resignations in lieu of removal for violations of sexual abuse policies unless the action was clearly not criminal, and the facility would make a reasonable effort to report removals or resignations in lieu of removal to relevant licensing bodies. There were no allegations of sexual abuse reported at VSO 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): ICE Directive 11062.2 mandates "The FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring contact with detainees pending the outcome of an investigation." An interview with PSA Compliance Manager indicated that any allegation involving a contractor or volunteer would result in immediate removal of that staff member from the area until an investigation was completed. Additionally, a report would be made to the local law enforcement agency and if required a notification would be made to the JIC or other DHS investigative office. Should a notification need to be made to a relevant licensing body, the facility would notify the employing agency first and then make appropriate notifications. According to the PAQ and PSA Compliance Manager the facility does not have volunteers that enter the facility.

**§115.182 - Access to emergency medical services.****Outcome:** Does not Meet Standard (requires corrective action)**Notes:**

(a)(b): ICE Directive 11062.2 mandates "The FOD shall ensure that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The FOD shall coordinate with ERO HQ, and the Agency PSA Coordinator, in utilizing, to the extent available, any community resources and services that provide expertise and support in the areas of crisis intervention and counseling to address the victims' needs." Further, Policy 11087.1 provides that "victims of sexual abuse shall be provided emergency medical and mental health services and any ongoing care necessary. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost regardless of whether the victim names the abuse or cooperates with any investigation arising out of the incident." The facility provided a memorandum which stated the facility has not had to provide emergency medical services to a detainee victim in the last twelve months. An interview with the PSA Compliance Manager indicated that St. John's Hospital Camarillo would provide emergency medical services and services would be provided free of charge to the detainee and whether they name the abuser or cooperates with the investigation. The Auditor contacted St. John's Hospital Camarillo and found that they do not provide services to victims of sexual assault/abuse and would refer these victims to another hospital. Agency policy is compliant with all requirements of the standard; however, the facility has not demonstrated they are able to provide timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care.

**Does Not Meet (a):** St. John's Hospital Camarillo does not provide services to victims of sexual assault/abuse. To become compliant the facility must identify a hospital that will provide detainee victims of sexual abuse unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Once identified, this information must be provided to the Auditor for compliance review.

**§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): ICE Directive 11087.1 states, "A sexual abuse and assault incident review shall be conducted at the conclusion of every investigation of sexual abuse or assault occurring at a holding facility and unless the allegation was determined to be unfounded, a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. Such review shall ordinarily occur within 30 days of the 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." The facility had no allegations of sexual abuse during the auditor period for the Auditor to review but provided a checklist they would utilize for responding to allegations of sexual abuse or assault at ICE detention and holding facilities. This

checklist requires that the field office conducts a sexual abuse incident review at the conclusion of every investigation of sexual abuse and prepares a written report for any allegation that is substantiated or unsubstantiated within 30 days of conclusion of the investigation. Interview with the PSA Compliance Manager indicated that an incident review would be conducted within 30 days, a written report would be completed, and the review team would consider if a change in policy or practice could better prevent detect or respond to sexual abuse. This form would then be forwarded to the Agency PSA Coordinator.

#### **§115.187 – Data collection.**

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

#### **Notes:**

(a): ICE Directive 11062.2 mandates, "Data collected pursuant to this Directive shall be securely retained in accordance with agency record retention policies and the agency protocol regarding investigation of allegations, (see PBNDS 2011, section 2.11 page 142). All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise," and, "investigative files would be retained at the OPR Headquarters in the Agency's online case management system (JICMS)." The Auditor interviewed the PSA Compliance Manager who indicated that records are digitally stored in the computer system and maintained by the agency. Electronic files are password protected and access is granted to staff based on their specific job duties. There were no allegations of sexual abuse reported at VSO during the audit period.

#### **§115.193 – Audits of standards.**

**Outcome:** Not Low Risk

#### **Notes:**

The PREA Audit at the VSO was the second audit for this facility. After a careful review, it was determined that the facility is not in compliance with four of the DHS PREA standards. VSO only holds detainees up to 3 hours, and there were no allegations of sexual abuse reported between May 17, 2018, through April 12, 2023; however, 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)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, staff employee files, and other relevant documentation were provided for review. Due to considerable time impacts to transportation operations the Auditor was unable to interview detainees. Audit notices in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese were observed by the Auditor posted in the Hold Room advising detainees they were permitted to send confidential information or correspondence to the Auditor. The Auditor received no correspondence from any detainee, staff, or outside entity prior to the onsite review.

### **AUDITOR CERTIFICATION**

Update Audit Findings Outcome Counts by Clicking Button:

**Update Outcome Summary**

<b>SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)</b>	
<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	25
<b>Number of standards not met:</b>	5
<b>Number of standards N/A:</b>	0
<b>Number of standard outcomes not selected (out of 31):</b>	0
<b>Facility Risk Level:</b>	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.

*Jodi Upshaw*

**Auditor's Signature & Date**

6/6/2023

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

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

6/6/2023

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

Program Manager's Signature & Date

6/6/2023