

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Joseph Rion	Organization:	Creative Corrections, LLC
Email: (b) (6), (b) (7)(C)	[REDACTED]	Telephone number:	859-319-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

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

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Ventura Custody Case		
Physical address:	321 Cortez Circle, Camarillo, CA 93012		
Mailing address: <i>(if different from above)</i>			
Telephone number:	805-437-1105		
Facility type:	ICE Holding Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	805-437-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	714-712-(b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The Prison Rape Elimination Act (PREA) audit of the Ventura Custody Case (VCC) was conducted May 15-16, 2018, by Joseph Rion, a PREA Auditor contracted through Creative Corrections, LLC. This was the first PREA audit of VCC which is designated as a United States Immigration and Customs Enforcement (ICE) holding facility. The purpose of the audit was to assess compliance with the United States Department of Homeland Security (DHS) PREA standards. Detainees are held at VCC for a maximum of 12 hours. Prior to the expiration of the 12-hour time limit detainees are either released from custody or transferred to other confinement facilities in accordance with DHS guidelines. The average daily population for the past year was 1.15. On day one of the audit there were three detainees held at the facility. On day two of the audit there was one detainee held at the facility.

The point of contact for VCC was the External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C) led an entry briefing shortly after arrival on day one of the audit. In attendance at the entry briefing were:

(b) (6), (b) (7)(C)	Assistant Field Office Director (AFOD)
(b) (6), (b) (7)(C)	ICE Management and Program Analyst
(b) (6), (b) (7)(C)	PREA Auditor
(b) (6), (b) (7)(C)	ICE Supervisory Detention and Deportation Officer (SDDO)
(b) (6), (b) (7)(C)	ICE SDDO
(b) (6), (b) (7)(C)	ICE Detention Standards Compliance Officer
(b) (6), (b) (7)(C)	ICE Detention Officer

After providing a brief overview of his background the Auditor emphasized that every effort would be made to be as unobtrusive as possible to normal operations while the audit was being conducted. Any potential areas of concern would be brought to the attention of the AFOD or SDDO as was appropriate. The audit schedule was reviewed. It was determined that SDDO (b) (6), (b) (7)(C) would serve as the primary facility point of contact during the audit.

The staffing pattern at VCC is broken down into the following categories of staff who may have contact with detainees:

Total number of facility management personnel	28
Total number of civilian personnel	3
Total number of sworn supervisory personnel	5 (includes 1 female)
Total number of sworn line personnel	28
Total number of security contractor personnel	16 (includes 3 females)

ICE sworn law enforcement personnel and security contractors are assigned to one of the following operational shifts: (b) (7)(E)

Under the established staffing plan there are a minimum of (b) (6), (b) (7)(C) sworn ICE personnel and up to (b) (6), (b) (7)(C) security contractors assigned to each shift. Sworn ICE personnel are responsible for the general operation of the facility. Specific duties of sworn ICE personnel include intake and discharge processing. These duties include classification functions such as conducting intake assessments, data entry, and risk screening. Security contractors, Spectrum Security Services and G4S are responsible for on-site detainee monitoring and supervision and transportation. Emergency medical services are available to detainees through St. John's Pleasant Valley Hospital in Camarillo, California. Administrative investigations into sexual abuse and sexual assault are conducted by, or in coordination with the ICE Office of Professional Responsibility (OPR). The facility maintains an agreement with the Federal Protective Service (FPS) to conduct criminal investigations into sexual abuse or sexual assault. The facility documented that for the three years preceding the audit there were no allegations of sexual abuse or sexual assault. Accordingly, there were no investigations into allegations of this type.

The physical plant of VCC consists of one large two-story building in a residential/commercial section of Camarillo, California. The first floor includes an entry way lobby area, a holding and processing area, a pedestrian and vehicular sally port, and administrative offices. The second floor of the facility is utilized for administrative offices. The holding and processing section includes an intake and processing desk, a camera monitoring station, and four secure holding rooms. Two of the holding rooms will hold up to 14 detainees each. Each holding room contains a restroom area. The restroom areas have a concrete divider approximately four feet high which provides a modicum of privacy for detainees but still permits visual monitoring by staff. The hold rooms are not equipped with showers since detainees will be housed in the holding rooms for a maximum of 12 hours. Two of the holding rooms will hold up to 20 detainees each. The facility may hold male or female detainees but the vast majority of the detainees are male. During the 12 months preceding the audit the facility processed 1610 detainees of which 1559 were males and 51 were females.

Following the entry briefing AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C) led the Auditor and several ICE staff who had attended the entry briefing on a tour of all areas of the facility. During the tour the Auditor observed intake processing taking place. During the tour the Auditor spoke informally to facility staff and was able to revisit areas of particular interest on day one and day two of the audit. During the tour the Auditor observed notices of the audit posted in the processing area and holding rooms that contained the Auditor contact information. There was no correspondence received regarding PREA-related issues prior to the audit. On day two of the audit the Auditor utilized the phones located within the holding rooms to make test calls to the designated PREA hotline numbers within DHS and ICE and to the national sexual abuse and assault hotline. This ensured that telephones were in working order and that the hotline telephone numbers were functional telephone numbers. The Auditor reviewed the placement of cameras as well as any potential blind spots. (b) (7)(E)

The cameras are monitored by security contractors.

Immediately following the tour, the Auditor began conducting interviews with detainees and staff. On day one of the audit the Auditor interviewed all three of the detainees held at the facility on that day. On day two of the audit the Auditor interviewed the single detainee housed at the facility. All the detainees were interviewed as random detainees. Each detainee interviewed was limited English proficient and the Auditor utilized Language Services Associates, a telephonic interpreter service, to facilitate the interviews. Staff interviews involving administrative and supervisory issues such as staffing levels, detainee supervision, facility operations, upgrades to equipment, investigations, staff and contractor training, the agency PREA

policy, the assessment for sexual victimization or abusiveness, detainee and staff reporting duties, detainee education, staff responder duties, staff discipline, medical and mental health care, and incident reviews were directed to AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C). The Auditor clarified questions concerning investigations and evidence protocols via email correspondence with (b) (6), (b) (7)(C) Investigations Division Chief, ICE OPR. The Auditor clarified questions concerning pre-employment screening and criminal records checks via email correspondence with (b) (6), (b) (7)(C) Unit Chief, Personnel Security Unit (PSU), ICE OPR. There were four ICE Deportation Officers and four security contractors interviewed as random staff and contractors.

During the on-site portion of the audit a variety of techniques were utilized to assess the compliance levels of the standards. Although a thorough review of the applicable policies was an essential part of the assessment, much of the focus of the on-site portion of the audit was to verify the practices mandated by the standards. The Auditor utilized the interview process to confirm the required practices were being followed. Additionally, the Auditor was presented with the supporting documentation prior to the audit through the ERAU Share Point platform and with the hard copy supporting documentation during the on-site review. The Auditor was also provided the opportunity to review the intake screening and classification documents utilized during the intake process during the on-site portion of the audit.

SUMMARY OF OVERALL FINDINGS:

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

On May 16, 2018, the exit briefing was conducted at 2:00 PM in a classroom located on the second floor of VCC. The exit briefing was led by ERAU Team Lead (b) (6), (b) (7)(C). Those in attendance at the exit briefing were:

- (b) (6), (b) (7)(C) ICE Management and Program Analyst
- (b) (6), (b) (7)(C) PREA Auditor
- (b) (6), (b) (7)(C) ICE Detention Standards Compliance Officer
- (b) (6), (b) (7)(C) ICE Detention Officer
- (b) (6), (b) (7)(C) SDDO

During the exit briefing the Auditor discussed the observations made during the course of the on-site audit and explained the post-audit process. The Auditor was impressed with VCC's approach to maintaining an environment promoting sexual safety for the detainee population. The Auditor was impressed with the level of staffing and the efficient blend of sworn ICE staff and security contractors. The Auditor reviewed a total of 31 standards. Of the standards there were 26 that were met and 2 standards (115.114, 115.118,) that were non-applicable. The Auditor found that VCC exceeded two standards (115.116, 115.131). The Auditor found that Standard 115.193 was found to yield an assessment of Low risk. The standard of review to achieve a finding of meets was the facility complies in all material ways with the standard for the relevant reporting period. The standard of review for achieving a finding of exceeds was that the facility demonstrated a level of accomplishment that is significantly above and beyond the basic requirements of the standard.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	2
Number of standards met:	26
Number of standards not met:	0
Number of standards N/A:	2

PROVISIONS

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

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

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

Notes:

- (a) ICE Policy 11062.2, Sexual Abuse and Assault Prevention and Detection (SAAPI) mandates zero tolerance for all forms of sexual abuse and assault. The policy outlines a comprehensive strategy toward the prevention, detection, intervention, and response to sexual abuse and sexual assault incidents. This policy applies to all detainees in Enforcement and Removal Operations (ERO) custody. Additionally, ICE Policy 11087.1, Operations of ERO Holding Facilities, mandates specific guidelines regarding the prevention, detection, intervention, and response to allegations of sexual abuse and assault within ICE holding facilities. This was confirmed through the Auditor's review of the policies. There was documentation provided to the Auditor confirming there were no allegations of sexual abuse or sexual assault within the 36-month period preceding the audit. Practice was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C) who confirmed that any future alleged incidents of sexual abuse or assault would be handled in accordance with these policies. The Auditor also reviewed the notification checklist which specifies the designated DHS and ICE offices and officials that are required to be notified in the event of an allegation of sexual abuse or assault.

§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) ICE Policy 11087.1 mandates that each holding facility maintain sufficient supervision of detainees through appropriate staffing levels and where applicable, video monitoring to protect detainees against sexual abuse. This was confirmed through the Auditor's review of the policy. During the initial tour and subsequent return visits, the Auditor observed the processing area and holding cells. The Auditor reviewed the staffing plan which utilizes both sworn ICE personnel and security contractors to provide supervision of detainees within the holding cells. The processing area and holding cells are under continual video surveillance consistent with the reasonable expectations of privacy within the holding cells. It was determined that the current staffing plan supplemented by the video surveillance system provided for sufficient monitoring and supervision of detainees.
- (b) ICE Policy 11087.1 mandates that physical rounds be conducted of each hold room at intervals of at least every 15 minutes and that the rounds be documented. This was confirmed through the Auditor's review of the policy. Practice was confirmed through the Auditor's review of the applicable log books and through interviews with SDDO (b) (6), (b) (7)(C) and random staff. The Auditor reviewed documentation that the supervision guidelines including the staffing plan were reviewed within the past year.
- (c) ICE policy 11087.1 mandates that in determining the need for video monitoring the Field Office Director (FOD) shall consider the physical layout of the 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 the sexual 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. This was confirmed through the Auditor's review of the policy. The practice was confirmed through interviews with AFOD (b) (6), (b) (7)(C).

§115.114 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

VCC holds adult detainees only. Accordingly, this standard is not applicable to VCC.

§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) ICE Policy 11087.1 mandates that cross-gender strip searches and cross-gender visual cavity searches are not conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no cross-gender strip searches or cross-gender visual cavity searches. This was confirmed through a memorandum on file at the facility and through interviews with SDDO (b) (6), (b) (7)(C). The practice that would be followed was confirmed through interviews with SDDO (b) (6), (b) (7)(C).
- (c) ICE Policy 11087.1 mandates all strip searches and visual body cavity searches shall be documented. This was confirmed through the Auditor's review of the policy. For the 36 months preceding the audit there were no strip searches or visual body cavity searches of detainees. Accordingly, there were no strip searches or visual body cavity searches recorded in the log book. This was confirmed through interviews with SDDO (b) (6), (b) (7)(C). The practice that would be followed if strip or visual body cavity searches were conducted in the future was confirmed through interviews with SDDO (b) (6), (b) (7)(C).
- (d) ICE Policy 11087.1 mandates that 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 hold room checks, or is otherwise appropriate in connection with a medical examination or monitored bowel movement under medical supervision. This was confirmed through the Auditor's review of the policy. VCC is not equipped with showers but detainees may perform bodily functions without being viewed by staff of the opposite gender unless under exigent circumstances. Unless exigent circumstances prevail staff of the opposite gender make announcements prior to entering the restroom areas of the holding cells. Exigent circumstances are limited to true emergencies such as if a detainee were being assaulted by another detainee. Although the Auditor did not have the opportunity to personally observe examples of the announcements being made the practice that would be followed was confirmed through interviews with SDDO (b) (6), (b) (7)(C) and random staff. For the 36 months preceding the audit there were no exigent circumstances requiring

staff of the opposite gender to enter the restroom areas of the holding cells unannounced. This was confirmed through interviews with SDDO (b) (6), (b) (7)(C). The practice that would be followed in the future if circumstances required the unannounced entry of staff of the opposite gender into the restroom area of the holding cells was confirmed through interviews with SDDO (b) (6), (b) (7)(C) and random staff.

- (e) ICE Policy 11087.1 mandates that the FOD shall ensure ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee's gender. This was confirmed through the Auditor's review of the policy. The practice was confirmed through interviews with SDDO (b) (6), (b) (7)(C) and random staff.
- (f) The Auditor reviewed the prescribed training curriculum for ICE sworn officers and security contractors who have contact with detainees. The curriculum includes a segment on proper search procedures and is presented to new staff and during annual refresher training. Specific components included in the training address proper procedures for conducting pat-down searches, cross-gender pat-down searches, searches of transgender detainees, and searches of intersex detainees. SDDO (b) (6), (b) (7)(C) presented the training records of all currently assigned sworn ICE staff and security contractors and the Auditor determined all had completed search training.

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

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a) ICE Policy 11087.1 mandates that the FOD shall take all reasonable steps to accommodate detainees with disabilities and detainees who are limited English proficient. This was confirmed through the Auditor's review of the policy. During the on-site review SDDO (b) (6), (b) (7)(C) provided documentation regarding a recently developed program under which facility staff could utilize a telephone application to access services for special needs detainees, including detainees with visual, hearing, intellectual, speech, cognitive or language impairments. It was determined through interviews with SDDO (b) (6), (b) (7)(C) that during the 36 months preceding the audit there were no cases requiring these types of accommodations for detainees other than those who were limited English proficient.
- (b) ICE Policy 11087.1 mandates that the FOD shall take all reasonable steps to accommodate detainees with disabilities and detainees who are limited English proficient. The facility takes a number of affirmative steps to ensure that detainees who are limited English proficient have access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse. These steps include providing Spanish-translated PREA materials during orientation, posting Spanish-translated materials, which includes PREA-related contact information such as hotline services, and utilizing bi-lingual staff to provide live interpreter services. For non-Spanish speaking detainees who are limited English proficient the facility can access telephonic interpreter services to accommodate detainees with these needs. There are also Spanish-translated posters containing PREA-related information posted within the holding cell areas. This was confirmed through observation and interviews with SDDO (b) (6), (b) (7)(C) random staff, and random detainees.
- (c) ICE Policy 11087.1 mandates that the FOD shall take all reasonable steps to accommodate detainees with disabilities and detainees who are limited English proficient. This was confirmed by the Auditor's review of the policy. Any use of detainees to interpret for other detainees is extremely rare and limited to routine non-sensitive matters. This was confirmed through random staff interviews. Detainee interpreters are not utilized in any matters relating to sexual abuse including cases in which the detainee was the alleged abuser, witnessed the alleged abuse, or had a significant relationship with the alleged abuser. Minors are not held at the facility but if they were they would also be prohibited from providing interpreter services. The facility utilizes bi-lingual staff and telephonic interpreters to provide for the needs of detainees who are limited English proficient. The practice was confirmed through interviews with SDDO (b) (6), (b) (7)(C), random staff, and random detainees. The Auditor noted that there were a large number of bi-lingual staff at the facility with the number estimated to exceed 50%. Based on this, the facility meets more than the basic requirements of the standard and a rating of exceeds is warranted for 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) 5 CFR 731.101 governs suitability for employment for U.S. government employees. ICE Personnel Security and Suitability Program (ICE Directive 6-7.0) governs security and suitability for ICE positions. ICE Suitability Screening Requirements for Contractor Personnel (ICE Directive 6-8.0) governs suitability screening for ICE contractors. When read together there are specific suitability requirements for all ICE staff including contractors. This was confirmed through the Auditor's review of these regulations and directives. All ICE staff including contractors undergo a criminal history check and background investigation to determine employment suitability. All staff are required to submit an Electronic Questionnaire for Investigative Processing (e-QIP) form that will capture prior illegal or immoral activities on the part of the applicant which may disqualify the applicant from employment with ICE. This section of the standard mandates that the agency shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution as defined in 42 U.S.C. 1997, who has been convicted of engaging in 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 who was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. Under the employment suitability screening process currently in place, applicants who have engaged in or attempted to engage in this type of prohibited conduct will not be eligible for employment with the agency as an employee or a contractor. The Auditor confirmed this through correspondence with (b) (6), (b) (7)(C) Unit Chief, PSU, ICE OPR.
- (b) This section of the standard requires that when the agency is considering hiring or promoting staff, it shall ask all applicants who may have contact with detainees directly if the applicant has engaged in sexual abuse in confinement Facility, if the applicant has been convicted of engaging in or attempting to engage in sexual activity facilitated by force, threat of force, or lack of consent; or if the applicant has been civilly or administratively adjudicated to have engaged in such activity. The agency shall also inquire through written applications or interviews for hiring or promotion and through any written self-evaluations of current employees if the applicant or employee has engaged in such activity. The agency shall also impose an affirmative and continuing duty for the employee to disclose any such misconduct. Under current personnel monitoring and screening practices applicants for hire are asked if they have engaged in the previously-listed prohibited conduct. Promotional applicants are not always specifically asked if they have engaged in the prohibited conduct but the screen out questions and the initial background investigations and the continuing duty to report this type of misconduct provide are designed to ensure that misconduct of this type occurring after initial employment will be identified and addressed. The Auditor confirmed this through correspondence with (b) (6), (b) (7)(C) Unit Chief, PSU, ICE OPR.
- (c-d) These sections of the standard require the agency to perform background checks of any new employees or contractors who may have contact with detainees and requires the agency to conduct a background investigation of agency employees at least every five years. Under current personnel monitoring and screening practices all employees and contractors undergo an initial background investigation and are subject to subsequent reinvestigation at any time. Although the agency is working toward conducting reinvestigations of all employees at least every five years the agency currently conducts reinvestigations of up to 8% of the workforce annually. This situation is driven in large

measure by budgetary constraints. The Auditor confirmed this through correspondence with (b) (6), (b) (7)(C) Unit Chief, PSU, ICE OPR.

- (e) This section of the standard requires that material omissions regarding the previously-listed prohibited conduct, or the provision of materially false information, shall be grounds for termination, or withdrawal of an offer of employment, as appropriate. Under current personnel monitoring and screening practices material omissions and the provision of materially false information are grounds for termination, or withdrawal of an offer of employment. The Auditor confirmed this through correspondence with (b) (6), (b) (7)(C) Unit Chief, PSU, ICE OPR.
- (f) This section of the standard requires that unless, prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse involving former employee upon receiving a request from an institutional employer for whom such employee has applied for work. Under current personnel guidelines, unless prohibited by law, the agency will provide information on substantiated allegations of sexual abuse by employees upon receiving a request from an institutional employer for whom such employee has applied for work. The Auditor confirmed this through correspondence with (b) (6), (b) (7)(C) Unit Chief, PSU, ICE OPR.

§115.118 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

VCC has not acquired a new facility or made substantial changes to the existing facility since May 6, 2014. Additionally, VCC has not installed or updated a video monitoring system, electronic monitoring system, or other monitoring technology since May 6, 2014. Accordingly, this standard is not applicable to VCC.

§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 ICE SAAPI policy mandates that all allegations of sexual abuse or sexual assault be reported to the Joint Intake Center (JIC). The JIC forwards the report to the DHS Office of Inspector General (OIG) which may retain investigative jurisdiction of the case or refer the case to the ICE Office of Professional Responsibility (OPR). The OPR may investigate the case or coordinate with the facility to determine the appropriate investigative response. Some cases may be appropriately resolved through the use of ERO fact finders. The only exception to this is that allegations of potentially criminal behavior shall be promptly referred to the appropriate investigative agency. This was confirmed through the Auditor's review of the policy. AFOD (b) (6), (b) (7)(C) explained that sexual abuse investigations were not conducted at the facility level. There were no allegations of sexual abuse or sexual assault in the 36 months preceding the audit. Accordingly, there were no investigations into allegations of sexual abuse or sexual assault. The practice that would be followed if such an incident occurred in the future was explained by AFOD (b) (6), (b) (7)(C) and SDDO [REDACTED]. Administrative investigations would be conducted by trained OPR investigators. Criminal investigations would be referred to the FPS for investigation. There was a memorandum on file at the facility documenting that FPS would conduct criminal investigations for the facility. The ICE SAAP policy provides that when incidents occur within ERO custody, the crime scene shall be preserved and evidence collected to include, when appropriate, evidence from forensic medical examinations. To the extent the agency relies on outside agencies to conduct criminal investigations each agency may utilize their own evidence collection protocol. This was confirmed through the Auditor's correspondence with (b) (6), (b) (7)(C), Division Chief, ICE Investigations.
- (b) This standard requires when developing the evidence protocol, the agency shall consider how best to utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention and counseling to most appropriately address the victim's needs. The ICE SAAPI policy provides for the utilization of community resources in response to incidents of sexual abuse or assault. This was confirmed through the Auditor's review of the policy. It was confirmed through interviews with SDDO (b) (6), (b) (7)(C) that the facility would coordinate with ERO staff to access any needed community-based medical or mental health services in the event a future incident requiring the utilization of these services occurred.
- (c) The ICE Policy 11087.1 mandates that when evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the agency shall arrange for, or refer the 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 SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical personnel. This was confirmed through the Auditor's review of the policy. In the 36 months preceding the audit there were no allegations of sexual abuse or sexual assault. Accordingly, there were no incidents requiring forensic medical examinations. The practice to be followed in the event an incident of this type occurred in the future was confirmed through interviews with SDDO (b) (6), (b) (7)(C). It was noted that the St. John's Pleasant Valley Hospital in Camarillo, California was designated as the facility to be utilized to perform emergency medical treatment and forensic medical examinations if needed.
- (d) ICE Policy 11087.1 mandates that if, in connection with an incident of sexual abuse, the detainee is transported for a forensic medical examination to an outside hospital that offers victim advocate services, the detainee shall be permitted to use such services to the extent available consistent with security needs. This was confirmed through the Auditor's review of the policy. In the 36 months preceding the audit there were no allegations of sexual abuse or sexual assault. Accordingly, there were no incidents requiring the use of forensic medical examinations or victim advocacy services provided in conjunction with these services. The practice that would be followed in the event an incident of this type occurred in the future was confirmed through interviews with SDDO (b) (6), (b) (7)(C).
- (e) This standard requires that to the extent an agency is not responsible for conducting investigations into allegations of sexual abuse the agency shall request that the investigating agency follow the requirements of paragraphs (a)-(d) of this standard. Since criminal investigations into sexual abuse could be conducted by FPS, this agency would rely on its own investigative protocols. This was confirmed through correspondence with (b) (6), (b) (7)(C), Division Chief, ICE Investigations.

§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) The ICE SAAPI policy mandates each allegation of sexual abuse is investigated by the agency or referred to an appropriate investigative authority. This was confirmed through the Auditor's review of the policy. The ICE SAAPI policy further mandates that all allegations of sexual abuse or sexual assault be reported to the JIC. The JIC forwards the report to the DHS Office of Inspector General which may retain investigative jurisdiction of the case or refer the case to the ICE OPR. The OPR may investigate the case or coordinate with the facility to ensure the appropriate investigative response. Some cases may be appropriately resolved through the use of ERO fact finders. The only exception to this is that allegations of potentially criminal behavior shall be promptly referred to the appropriate investigative agency. This was confirmed through the Auditor's review of the policy. AFOD (b) (6), (b) (7)(C) explained that sexual abuse investigations were not conducted at the facility level. There were no allegations of sexual abuse or sexual assault in the 36 months preceding the audit. Accordingly, there were no

investigations into allegations of sexual abuse or sexual assault. The practice that would be followed if such an incident occurred was explained by AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C). Administrative investigations would be conducted by trained OPR investigators. Criminal investigations would be referred to the FPS for investigation. There was a memorandum on file at the facility documenting that the FPS would conduct criminal investigations for the facility in the event future incidents of this nature occurred.

- (b) The ICE SAAPI policy includes descriptions of investigative responsibility of the agency, and the various investigative entities within the agency; and require that documentation and maintenance, for at least five years, of all reports and referrals of allegations of sexual abuse. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there was no documentation relating to the incidents and no requirement to maintain the documentation.
- (c) The ICE SAAPI policy requires all allegations of sexual abuse or assault be reported to the JIC and unless the allegation does not involve potentially criminal behavior, promptly referred to the appropriate law enforcement agency for investigation. This was confirmed through the Auditor's review of the policy. The facility also utilizes a notification checklist to ensure the JIC is promptly notified of allegations of sexual abuse or sexual assault. During the 36 months preceding the Audit there were no allegations of sexual abuse or sexual assault. Accordingly, there were no notifications to the JIC of these incidents. The practice that would be followed in the event incidents of this type were to occur in the future was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).
- (d) The ICE SAAPI policy mandates that all allegations of detainee sexual abuse are promptly reported to the PSA Coordinator and appropriate officials and offices within ICE and DHS to ensure appropriate oversight of the investigation. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there were no reportable incidents requiring notifications to officials and offices within ICE and DHS. The practice that would be followed in the event an incident of this type occurred in the future was verified through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).
- (e) The ICE SAAPI policy requires that any alleged detainee victim of sexual abuse that is criminal in nature is provided timely access to U nonimmigrant status information. This was confirmed through the Auditor's review of the policy. For the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there were no instances requiring a detainee victim to be provided with timely access to U nonimmigrant status information. The practice that would be followed in the event an incident of this type occurred in the future was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).

§115.131 – Employee, contractor and volunteer training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

- (a) The ICE SAAPI policy mandates all employees, contractors, and volunteers who may have contact with detainees shall be trained in PREA-related topics including (1) The agency zero tolerance policy for all forms of sexual abuse; (2) The right of detainees and employees to be free from sexual abuse, and from retaliation for reporting sexual abuse; (3) Definitions and examples of prohibited and illegal sexual behavior; (4) Recognition of situations where sexual abuse may occur; (5) Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing such occurrences; (6) Procedures for reporting knowledge or suspicion of sexual abuse; (7) How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; and (8) The requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement and investigative purposes. This was confirmed through the Auditor's review of the policy. The Auditor reviewed the training curriculum and confirmed that all required topics were included. The Auditor was also presented with the training records for all staff of the facility and determined that all staff had completed the required PREA training.
- (b) Subpart B mandates that all current employees, contractors, and volunteers who may have contact with holding facility detainees complete the required training within two years of the effective date of the standards. The ICE SAAPI policy further provides staff shall receive refresher training as appropriate. This was confirmed through the Auditor's review of the policy. Upon review of the training files of all staff, it was determined that all facility staff had completed the training within the required time frame.
- This was also confirmed through random staff interviews. It was confirmed through interviews with SDDO (b) (6), (b) (7)(C) that the facility did not utilize volunteers in capacities requiring detainee contact and that security contractors received the same required PREA training as ICE staff.
- (c) The ICE SAAPI Policy mandates that all employees, contractors, and volunteers who may have contact with holding facility detainees complete required training within two years of the effective date of the standard. This was confirmed through the Auditor's review of the policy. The Auditor reviewed the training attendance records of all currently assigned facility staff and determined that all of the staff had completed the required training. The Auditor also confirmed through an interview with SDDO (b) (6), (b) (7)(C) that the facility does not utilize volunteers. The Auditor noted that although the standard required PREA refresher to be provided when appropriate the facility practice was to require all staff having detainee contact to complete PREA training upon assignment and complete PREA refresher training at least annually. In this regard the facility efforts toward compliance go substantially beyond meeting the basic requirements of the standard and a rating of exceeds is warranted for this standard.

§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 Policy 11087.1 mandates that the FOD ensure that key information regarding ICE's zero tolerance policy for sexual abuse and assault is visible and continuously and readily available through such methods as posters, detainee handbooks, or other methods. This was confirmed through the Auditor's review of the policy. Upon arrival detainees are given a pamphlet containing PREA-related information that includes the zero-tolerance policy. This material is explained to the detainees during intake. Additionally, posters containing the zero-tolerance policy are posted within the holding areas. This was confirmed through observation and interviews with SDDO (b) (6), (b) (7)(C), random staff and random detainees.

§115.134 – Specialized training: Investigations.

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

Notes:

- (a)-(b) The ICE SAAPI policy mandates that all agency staff conducting sexual abuse investigations receive specialized training which shall be documented. This was confirmed through the Auditor's review of the policy. For the 36 months preceding the audit there were no allegations of sexual abuse or sexual assault. Accordingly, there were no sexual abuse investigations conducted by agency staff. If a future allegation of sexual abuse occurred requiring an investigation by agency staff, the Auditor confirmed a trained investigator would be used through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C). The Auditor further notes the facility has an agreement on file with the Federal Protective Service to investigate criminal incidents of sexual assault or abuse that may occur at the facility.

§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) ICE Policy 11087.1 mandates that the FOD shall 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. This was confirmed through the Auditor's review of the policy. The Auditor reviewed the ICE Custody Classification Worksheet that is completed during intake processing. The form has a special vulnerabilities section that includes categories for risk of sexual victimization. The use of the form was confirmed through interviews with SDDO [REDACTED], random staff, and random detainees. If a detainee is determined to be at risk of sexual victimization there are a number of protective measures that may be taken such as isolating the detainee in a hold room unoccupied by detainees or placing the detainee in an area in which he or she can be visually monitored through direct visual observation or camera surveillance. This practice was confirmed through interviews with SDDO [REDACTED] and random staff.
- (b) ICE Policy 11087.1 mandates that the FOD shall ensure that the following criteria are considered in assessing overnight detainees for risk of sexual victimization, to the extent the information is available: (1) Whether the detainee has a mental, physical, or developmental disability; (2) The age of the detainee; (3) The physical Build and appearance of the detainee; (4) Whether the detainee has previously been incarcerated or detained; (5) The nature of the detainee's criminal history; (6) Whether the detainee has any convictions for sex offenses; (7) Whether the detainee has self-identified as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the detainee has self-identified as previously experiencing sexual victimization; and (9) The detainee's own concerns about his or her physical safety. Upon review of the risk screening instrument the Auditor determined that all of the applicable criteria was captured and considered during the risk screening process.
- (c) ICE Policy 11087.1 mandates that the FOD shall ensure that the following criteria are considered in assessing overnight detainees for risk of sexual victimization, to the extent the information is available: (1) Whether the detainee has a mental, physical, or developmental disability; (2) The age of the detainee; (3) The physical build and appearance of the detainee; (4) Whether the detainee has previously been incarcerated or detained; (5) The nature of the detainee's criminal history; (6) Whether the detainee has any convictions for sex offenses; (7) Whether the detainee has self-identified as lesbian, gay, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the detainee has self-identified as previously experiencing sexual victimization; and (9) The detainee's own concerns about his or her physical safety. The Auditor reviewed the intake screening form and determined that the required information was captured through the utilization of the form. The practice was further confirmed through interviews with SDDO [REDACTED] and random staff.
- (d) ICE Policy 11087.1 mandates that the FOD shall ensure that 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 available. This was confirmed through the Auditor's review of the policy. The practice was confirmed through interviews with SDDO [REDACTED] and random staff.
- (e) SDDO [REDACTED] confirmed that access to sensitive information obtained through detainee victimization screening is limited to staff having a need-to-know. This was also confirmed through interviews with random staff.

§115.151 – Detainee reporting.

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

Notes:

- (a) ICE Policy 11087.1 mandates that 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. The ICE OEROHF policy further mandates that the FOD shall ensure detainees are provided with instructions on how they contact the DHS Office of the Inspector General or as appropriate, another public or private entity that is able to receive and immediately forward detainee reports of sexual abuse or assault to agency officials, and to confidentially and, if desired, anonymously, report these incidents. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no incidents in which detainees privately reported incidents of sexual abuse, sexual assault, retaliation for reporting sexual abuse or assault, or staff neglect or violations of responsibilities that may have contributed to these incidents. The facility provides detainees with written materials explaining the reporting methods. These materials were reviewed by the Auditor. The materials include the mailing address and toll-free telephone numbers of the ICE Detention Reporting and Information Line and the DHS Office of Inspector General. The Auditor observed posters including the same contact information posted in all the holding rooms. The practice was further confirmed through interviews with SDDO [REDACTED], random staff, and random detainees. The Auditor also confirmed through test calls that the numbers were working numbers.
- (b) The Auditor reviewed the contact information posted within the holding rooms and confirmed that the toll-free telephone number to a national sexual abuse reporting hotline not affiliated with the agency was included. The Auditor also confirmed through a test call that the number was a working number.
- (c) ICE Policy 11087.1 mandates that the FOD shall implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. This was confirmed through the Auditor's review of the policy. In practice detainees have a wide range of reporting options to include reporting the allegation to any staff member of the facility verbally or in writing or to report the allegation to any third party who make a report on behalf of the detainee. Detainees are provided with contact information to make reports in writing or by telephone to persons both within and external to the agency. The Auditor confirmed detainees were familiar with how to report allegations through random detainee interviews. During the 36 months preceding the audit there were no verbal, written, anonymous, or third-party reports of sexual abuse, sexual assault, or staff neglect or violation of responsibilities that may have contributed to these incidents. The duty to accept reports verbally, in writing, anonymously, and through third parties was confirmed through random staff interviews.

§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 Policy 11087.1 mandates that the FOD shall implement procedures for ERO personnel to accept reports of sexual assault, sexual abuse, retaliation for reporting sexual assault or sexual abuse, or incidents of staff neglect or violations of responsibilities that may have contributed to these incidents from third parties. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no third-party reports of incidents of this type. The ICE website at ICE.gov/prea also includes the toll-free telephone number to the ICE ERO Detention Reporting Information Line which members of the public may utilize to report incidents relating to sexual abuse. The Auditor confirmed in the event

that third party reports of this nature were received in the future they would be accepted by staff. This was confirmed through interviews with SDDO [b] (6), (7)(C) and random staff.

§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) The ICE SAAPI policy mandates all ICE employees and holding facility staff shall immediately report to a supervisor or 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. This was confirmed through the Auditor's review of the policy. The Auditor also reviewed a memorandum from ICE headquarters to all ICE and holding facility staff indicating staff had multiple avenues of reporting allegations of misconduct outside the staff member's chain of command. Offices which may receive these reports include the DHS Office of Inspector General, the Joint Intake Center, the Office of Professional Responsibility and when appropriate, the United States Office of Special Counsel. The facility provided documentation that there were no allegations of sexual abuse, sexual assault, retaliation for reporting or being involved in investigations of allegations of incidents of sexual abuse or sexual assault, or staff neglect or violation of responsibilities regarding incidents of sexual abuse or sexual assault for the 36 months preceding the audit. The practice was confirmed through interviews with AFOD [b] (6), (7)(C) SDDO [b] (6), (7)(C), and random staff and security contractors.
- (b) The ICE SAAPI policy mandates that staff members who become aware of alleged sexual abuse to immediately report the incident to a supervisor or designated official. This was confirmed through the Auditor's review of the policy. The facility provided documentation that there were no reported allegations of sexual abuse for the 36 months preceding the audit. The practice was confirmed through interviews with AFOD [b] (6), (7)(C), SDDO [b] (6), (7)(C) and random staff and security contractors.
- (c) The ICE SAAPI policy mandates that apart from reporting knowledge, suspicion, or information regarding an incident of sexual abuse or assault or any related allegations of retaliation, neglect, or violation of responsibilities ICE staff shall not reveal any information related to these allegations to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff, or to make medical treatment, investigation, law enforcement, or other security or management decisions. This was confirmed through the Auditor's review of the policy. The facility provided documentation that there were no allegations of sexual abuse, sexual assault, retaliation for reporting or being involved in investigations of allegations of incidents of sexual abuse or sexual assault, or staff neglect or violation of responsibilities regarding incidents of sexual abuse or sexual assault for the 36 months preceding the audit. The practice that would be followed was confirmed through interviews with AFOD [b] (6), (7)(C) SDDO [b] (6), (7)(C) and random staff.
- (d) VCC houses only adult detainees. In the 36 months preceding the audit there were no instances in which detainees considered vulnerable adults were held at the facility.

§115.162 – Agency protection duties.

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

Notes:

The ICE SAAPI policy mandates that if an ICE employee or holding facility staff 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. This was confirmed through the Auditor's review of the policy. In the 36 months prior to the audit there were no incidents in which a staff member took immediate actions to protect a detainee based on his or her reasonable belief the detainee was subject to substantial risk of imminent sexual abuse or assault. The Auditor confirmed that protective measures would be taken if an incident of this type occurred in the future through interviews with AFOD [b] (6), (7)(C) SDDO [b] (6), (7)(C) and random staff. Specific protective measures include placing the detainee in a single-occupancy cell.

§115.163 – Report to other confinement facilities.

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

Notes:

- (a) The ICE SAAPI policy mandates that upon notification of an alleged incident of sexual abuse that is alleged to have occurred at a facility that is different from the one in which it was reported the FOD shall ensure that the administrator of the facility where the assault is alleged to have occurred is notified. This was confirmed through the Auditor's review of the policy. In the 36 months preceding the audit there were no incidents in which the facility received an allegation that a detainee had been sexually abused while confined to another facility. The Auditor confirmed the practice would be followed through interviews with AFOD [b] (6), (7)(C) and SDDO [b] (6), (7)(C).
- (b) The ICE SAAPI policy mandates that upon notification of an alleged incident of sexual abuse that is alleged to have occurred at another facility the FOD shall ensure that the administrator of 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. This was confirmed through the Auditor's review of the policy. In the 36 months preceding the audit there were no incidents in which the facility received an allegation that a detainee had been sexually abused while confined to another facility. The Auditor confirmed the practice would be followed through interviews with AFOD [b] (6), (7)(C) and SDDO [b] (6), (7)(C).
- (c) The ICE SAAPI policy mandates that upon notification of an alleged incident of sexual abuse that is alleged to have occurred at a facility that is different from the one in which it was reported the FOD shall ensure that the administrator of the facility where the assault is alleged to have occurred is notified and the notification is documented. This was confirmed through the Auditor's review of the policy. In the 36 months preceding the audit there were no incidents in which the facility received an allegation that a detainee had been sexually abused while confined to another facility. The Auditor confirmed the practice would be followed through interviews with AFOD [b] (6), (7)(C) and SDDO [b] (6), (7)(C).
- (d) The ICE SAAPI policy mandates that upon notification of an alleged incident of sexual abuse that is alleged to have occurred at another facility the Field Office Director shall ensure that the administrator of the facility where the assault is alleged to have occurred is notified. This was verified through the Auditor's review of the policy. Notification to the administrator where the incident is alleged to have occurred provides notice of the allegation and the administrator may initiate an investigation into the allegations consistent with applicable policies of the facility. The ICE SAAPI policy also provides that if an alleged incident of sexual abuse or sexual assault occurs in ERO custody the OPR shall coordinate with the FOD and facility staff to determine an appropriate investigative response. This was confirmed through the Auditor's review of the policy. In the 36 months preceding the audit there were no incidents in which the facility received an allegation that a detainee had been sexually abused while confined to another facility. The Auditor confirmed the practice would be followed through interviews with AFOD [b] (6), (7)(C) and SDDO [b] (6), (7)(C).

§115.164 – Responder duties.

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

Notes:

- (a) ICE Policy 11087.1 mandates upon learning of an allegation that a detainee was sexually abused, the first law enforcement staff member to respond to the report, or his or her supervisor, shall be required to (1) Separate the alleged victim and accuser; (2) Preserve and protect, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; (3) If the sexual abuse occurred within a time period that allows for the collection of physical evidence, request the alleged victim not to take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; (4) If the sexual abuse occurred within a time period that allows for the collection of physical evidence, ensure the alleged abuser does not to take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there were no alleged incidents of sexual abuse or assault to which law enforcement staff functioned as first responders to the scene of the alleged incident. The practice was confirmed through interviews with random staff.
- (b) ICE Policy 11087.1 mandates that if the first responder is not an officer or agent, the responder shall request the alleged victim not take any action that could destroy physical evidence, then notify an officer or agent. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there were no alleged incidents of sexual abuse or assault to which staff who were not officers or agents functioned as first responders to the scene of the alleged incident. The practice was confirmed through interviews with random staff.

§115.165 – Coordinated response.

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

Notes:

- (a) The ICE SAAPI policy when read with the ICE OEROHF policy functions as an agency-driven comprehensive plan designed to prevent, detect, and respond to sexual abuse and sexual assault utilizing a coordinated, multi-disciplinary approach. This was confirmed through the Auditor's review of the policy. In addition to offices such as the DHS Office of Inspector General and the ICE Office of Professional Responsibility there are various public and private agencies providing services that support the zero-tolerance policy toward sexual abuse and assault. These agencies include Federal Protective Services which may provide investigative services and St. John's Pleasant Valley Hospital, which may be utilized to provide emergency medical services. During the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there were no incidents requiring a multi-disciplinary response to an incident of this type. This was confirmed through interviews with SDDO (b) (6), (b) (7)(C).
- (b) The ICE SAAPI policy permits the transfer of sexual abuse victims to other ICE holding facilities or ICE detention facilities. This was confirmed through the Auditor's review of the policy. During the 36 months prior to the audit there no allegations of sexual assault or sexual abuse. Accordingly, there were no incidents requiring the transfer of a sexual assault victim to another ICE holding facility or ICE detention facility. This was documented in a memorandum from SDDO (b) (6), (b) (7)(C). The practice that would be followed would include communication between the sending and receiving facility. This was verified through an interview with SDDO (b) (6), (b) (7)(C).
- (c) The ICE SAAPI policy authorizes ICE staff, as permitted by law, to share information with non-DHS facilities receiving sexual assault victims in transfer from a DHS holding facility. This was confirmed through the Auditor's review of the policy. During the 36 months prior to the audit there no allegations of sexual assault or sexual abuse. Accordingly, there were no incidents requiring the transfer of a sexual assault victim to a non-DHS facility. This was documented in a memorandum from SDDO (b) (6), (b) (7)(C). The practice that would be followed was verified through an interview with SDDO (b) (6), (b) (7)(C).

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

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

Notes:

The ICE SAAPI policy mandates that when an ICE employee, facility employee, contractor is suspected of perpetrating sexual abuse or assault the Field Office Director shall ensure the suspected perpetrator is removed from all duties requiring detainee conduct pending an investigation into the allegations. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there were no incidents requiring a suspected perpetrator to be removed from all duties requiring detainee conduct pending an investigation into the allegations. The practice that would be followed was confirmed through an interview with AFOD (b) (6), (b) (7)(C).

§115.167 – Agency protection against retaliation.

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

Notes:

The ICE SAAPI policy mandates that an ICE employee shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there were no allegations of retaliation for reporting or participating in an investigation into an allegation of sexual abuse or assault and no cases in which it was alleged that a person had engaged in sexual activity as a result of force, coercion, or fear of force. This was confirmed through the Auditor's review of the policy. The practice that would be followed if such an incident occurred was confirmed through an interview with AFOD (b) (6), (b) (7)(C).

§115.171 – Criminal and administrative investigations.

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

Notes:

- (a) The ICE SAAPI policy mandates that all investigations of allegations of sexual abuse must be prompt, thorough, objective, and conducted by specially trained, qualified investigators. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit there were no allegations of sexual abuse. Accordingly, there were no investigations into allegations of this type. At VCC investigations are not conducted at the facility level. This was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C). The ICE SAAPI policy further mandates that all allegations of sexual abuse be reported to the JIC. The JIC forwards the report to the DHS Office of Inspector General (OIG)

which may retain investigative jurisdiction of the case or refer the case to the ICE OPR. The OPR may investigate the case or coordinate with the facility to determine the appropriate investigative response. Some cases may be appropriately resolved through the use of ERO fact finders. The only exception to this is that allegations of potentially criminal behavior shall be promptly referred to the appropriate investigative agency. This was confirmed through the Auditor's review of the policy. This process that would be followed in event of an allegation of sexual abuse was made in the future was explained by AFOD (b) (6), (b) (7)(C). Any administrative investigations would be conducted by trained OPR investigators. Any criminal investigations would be referred to the FPS for investigation.

- (b-c) These sections of the standard require that upon the conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon the conclusion of a criminal investigation where the allegation was unsubstantiated, the agency shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS and the assigned criminal investigative entity. These sections of the standard further require that the agency develop written procedures for administrative investigations including provisions requiring (1) Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; (2) Interviewing alleged victims, suspected perpetrators, and witnesses; (3) Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; (4) Assessment of the credibility of an alleged victim, suspect, or witness without requiring any detainees to submit to a polygraph; (5) Documentation of each investigation by written report, which staff shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and (6) Retention of such reports for as long as the alleged abuser is detained or employed by the agency, plus five years. Such procedures shall establish the coordination and sequencing of the two types of investigations to ensure the criminal investigation is not compromised by an internal administrative investigation. The ICE SAAPI policy addresses specific requirements relating to administrative and criminal investigations including provisions governing evidence collection and preservation, witness interviews, cooperation with external investigative agencies including ensuring administrative investigations don't interfere with criminal investigations, provision of access to victim services, forensic medical examinations, and the preservation of investigative records. During the 36 months preceding the audit there were no allegations of sexual abuse. Accordingly, there were no investigations into allegations of this type and no reviewable investigation files.
- (d) The ICE SAAPI policy mandates that the departure of the alleged abuser or victim from the employment or control of the agency shall not provide the basis for terminating an investigation. This was confirmed through the Auditor's review of the policy. For the 36 months preceding the audit there were allegations of sexual abuse. Accordingly, there were no investigations into allegations of this type and no reviewable investigation file. The Auditor confirmed that the departure of the alleged abuser or victim from the facility would not form the basis for terminating an investigation through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).
- (e) The ICE SAAPI policy mandates that when outside agencies investigate allegations of sexual abuse, the agency shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation. For the 36 months preceding the audit there were no allegations of sexual abuse. Accordingly, there were no investigations into allegations of this type. The practice that would be followed if an incident of this type occurred in the future was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).

§115.172 – Evidentiary standard for administrative investigations.

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

Notes:

The ICE SAAPI policy mandates that when an administrative investigation is undertaken, no standard higher than a preponderance of evidence shall be imposed to substantiate an allegation of sexual abuse. This was confirmed through the Auditor's review of the policy. For the 36 months preceding the audit there were no allegations of sexual abuse or assault. Accordingly, there were no administrative investigations into allegations of this type and no investigation files available for review. The Auditor noted that if an administrative investigation into an allegation of sexual abuse is undertaken in the future, no standard higher than a preponderance of evidence may be imposed to substantiate the allegation.

§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) Federal employment regulations mandate that staff shall be subject to disciplinary or adverse action up to and including removal from their position in Federal service for substantiated allegations of sexual abuse or violating agency sexual abuse policies. During the 36 months preceding the audit there were no allegations of sexual abuse, sexual assault, or violation of sexual abuse policies. Accordingly, there were no incidents of staff receiving discipline or adverse action for sexual abuse, sexual assault, or violation of sexual abuse policies. The practice that would be followed in the event an incident of this type occurred was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).
- (c) The ICE SAAPI policy mandates that OPR shall, upon receiving information for a FOD of the removal or resignation in lieu of removal of staff for violating the agency or facility sexual abuse or assault policy, report the removal or resignation in lieu of removal to appropriate law enforcement agencies unless the activity was clearly not criminal. During the 36 months preceding the audit, there were no allegations of sexual abuse or assault. Accordingly, there were no incidents in which staff were removed, or resigned in lieu of removal for substantiated allegations of sexual abuse, sexual assault, or violating sexual abuse policies. The practice that would be followed in the event of an incident of this type occurred was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).
- (d) The ICE SAAPI policy mandates that OPR shall, upon receiving information for a FOD of the removal or resignation in lieu of removal of staff for violating the agency or facility sexual abuse or assault policy, report the removal or resignation in lieu of removal 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. This was confirmed through the Auditor's review of the policy. During the 36 months preceding the audit, there were no allegations of sexual abuse or sexual assault. Accordingly, there were no incidents in which staff were removed, or resigned in lieu of removal for substantiated allegations of sexual abuse, sexual assault, or violating sexual abuse policies. The practice that would be followed in the event an incident of this type occurred was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).

§115.177 – Corrective action for contractors and volunteers.

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

Notes:

(a-b) The ICE SAAPI mandates that any ICE employee, facility employee, contractor, or volunteer is suspected of perpetrating sexual abuse or sexual assault be removed from all duties requiring detainee contact until an investigation is completed. This was confirmed through the Auditor's review of the policy. It was noted that the facility does not utilize volunteers to deliver services at the facility. In the event the misconduct did

not rise to the level of sexual assault AFOD could consider whether or not the ICE employee or contractor should be removed from duties requiring detainee contact until an investigation was completed. This was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C). During the 36 months preceding the audit there were no allegations of sexual abuse or sexual assault. Accordingly, there were no incidents in which an ICE employee or contractor suspected of perpetrating sexual abuse or sexual assault was removed from all duties requiring detainee contact pending an investigation. The practice that would be followed in the event an incident of this type occurred was confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C).

§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 Policy 11087.1 mandates 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 infection prophylaxis, in accordance with professionally accepted standards of care. This was confirmed through the Auditor's review of the policy. The Auditor clarified through interviews with AFOD Santacruz and SDDO that the term "unimpeded" was interpreted to mean that these services would be at no cost to the detainee and would not be contingent upon the victim naming the abuser or otherwise cooperating with the investigation. During the 36 months preceding the audit there were no allegations of sexual abuse or sexual assault. Accordingly, there were no incidents in which victims of sexual abuse received emergency medical treatment or crisis intervention services as a result of a sexual abuse incident. The practice that would be followed if such an incident occurred was confirmed through interviews with AFOD (b) (6), (b) (7)(C), SDDO (b) (6), (b) (7)(C) and random staff.

Notes: §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:

ICE Policy 11087.1 mandates that the FOD shall conduct a sexual abuse and sexual assault incident review 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, prepare a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. The policy further mandates that the review shall normally occur within 30 days of the ERO's receipt of the investigation results and that the FOD shall implement the recommendations for improvement, or shall document its reasons for not doing so, in a written justification. Both the report and the justification shall be forwarded to the ICE PSA Coordinator. For the 36 months preceding the audit there were no allegations of sexual abuse or sexual assault. Accordingly, there were no sexual abuse and assault incident reviews conducted in response to the incident. The Auditor confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C) that any future incidents of sexual abuse would receive a formal review.

§115.187 – Data collection.

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

Notes:

(a) The ICE SAAPI policy mandates that all data collected shall be securely retained and stored in accordance with agency policy. This was confirmed through the Auditor's review of the policy. There were no allegations of sexual abuse or assault during the 36 months preceding the audit. Accordingly, there were no case records, data or other information generated as a result of a sexual abuse or sexual assault incident. The Auditor confirmed through interviews with AFOD (b) (6), (b) (7)(C) and SDDO (b) (6), (b) (7)(C) that all sensitive or confidential information maintained at the facility was securely stored in either a secure file cabinet or electronically with appropriate safeguards. It was noted that the DHS Office of Inspector General was the official custodian of investigative files relating to claims of sexual abuse or assault investigated by that office.

§115.193 – Audits of standards.

Outcome: Low risk

Notes:

The facility was determined to be low risk based on the following three factors: (1) Based on the information derived from a review of the pre-audit questionnaire, the on-site audit, and the post-audit review, the Auditor determined VCC was in compliance with all applicable standards; (2) Facility characteristics such as the utilization of secure holding rooms and direct monitoring and supervision of detainees by staff are consistent with the facility designation as low risk; and (3) For the 36 months preceding the audit there were no allegations of sexual abuse or sexual assault.

§115.201 – Scope of audits.

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

Notes:

This standard requires in part that (d) The Auditor shall have access to, and shall observe, all areas of the audited facility; (e) The agency shall provide the Auditor with relevant documentation to complete a thorough audit of the facility; The Auditor shall be permitted to conduct private interviews with detainees; and (j) Detainees shall be permitted to send confidential correspondence to the Auditor. Prior to the audit the Auditor was provided with full access to all relevant documentation to complete the audit. The documentation was posted on the ERAU Share Point site which was accessible to the Auditor approximately three weeks prior to the audit. The documentation was also made available to the Auditor in hard copy form during the on-site audit. Prior to the audit a notice of audit was posted which included the contact address to which detainees could send correspondence to the Auditor. This was observed and verified by the Auditor during the audit. During the course of the audit, the Auditor was permitted to conduct private interviews with detainees.

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.

Joseph Rion

August 18, 2018

Auditor's Signature & Date