

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



**Homeland
Security**

AUDIT DATES

From:	2/22/2022	To:	2/23/2022
--------------	-----------	------------	-----------

AUDITOR INFORMATION

Name of auditor:	Ron Kidwell	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	571-406-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement (ICE)
------------------------	--

FIELD OFFICE INFORMATION

Name of Field Office:	Washington Field Office (Washington D.C.)
Field Office Director:	Acting Field Office Director (b) (6), (b) (7)(C)
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	14797 Murdock Street, Chantilly VA 20151
Mailing address: (if different from above)	14797 Murdock Street, MS5216, Chantilly, VA 20598-5216

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Washington Field Office Hold Room
Physical address:	14797 Murdock Street, Chantilly, VA 20151
Mailing address: (if different from above)	14797 Murdock Street, MS5216, Chantilly, VA 20598-5216
Telephone number:	703-633-2100
Facility type:	Hold Room Choose an item.
PREA Incorporation Date:	5/8/2019

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:	202-560-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	571-405-(b) (6), (b) (7)(C)

ICE HQ USE ONLY

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

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) Audit of the Washington Field Office Hold Room (WASHOLD) was conducted from February 22-23, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Ron Kidwell for Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Custom Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C), and Assistant ICE Program Manager (APM), (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards from May 8, 2019, through January 2022; the audit period was extended to capture closed investigations that occurred since the facility's last audit, but there were none.

The WASHOLD is a Hold Room operated by DHS ICE. The facility was constructed in 2021 in Chantilly, Virginia (VA). Chantilly is located in the County of Fairfax, VA, and is considered part of the Washington Metropolitan area. The facility is a one-story building surrounded by a security fencing perimeter with a secure Sallyport. The building perimeter and public entrance is manned by a private security firm called Golden Services. However, this security company's staff does not have contact with detainees and no access to the Hold Room. The building contains office space on the first floor for both ICE Enforcement and Removal Operations (ERO) and Homeland Security Investigations (HSI). The actual Hold Room is located towards the rear of the building. There is also a large waiting reception area where undocumented noncitizens are instructed to check in with their local ICE facility.

The WASHOLD also contracts with Immigration Centers of America (ICA) for transporting and manning security posts located inside the Hold Room. These contracted employees have contact with detainees and are contractually obligated to follow ICE detention facility policies through an intergovernmental service agreement between the DHS/ICE, and the town of Farmville, VA. The agreement contract was asked for and provided to the Auditor for review. This service agreement was accepted and dated on September 15, 2008, by (b) (6), (b) (7)(C) Contracting Officer for ICE, and (b) (6), (b) (7)(C) Town Manager for the Town of Farmville, VA.

This is the second PREA audit conducted for the WASHOLD to determine compliance with the DHS PREA standards. However, this was the first PREA audit conducted at this location. The WASHOLD moved locations in the summer of 2021. Team Lead (b) (6), (b) (7)(C) from OPR ERAU provided the completed Pre-Audit Questionnaire (PAQ), along with supporting documents and policies for the WASHOLD on the secure ERAU SharePoint website approximately three weeks prior to the on-site phase of the audit. The provided information included agency policies, memorandums of understanding (MOUs), training records and curricula, facility schematics, and a multitude of other related documentation and materials to determine compliance with the DHS PREA standards.

The Auditor completed the review of all the documentation that was provided by the Team Lead and WASHOLD in the FY22 Facility Document folder found on the SharePoint platform. The documentation is supposed to help support how a facility is establishing a baseline for its actual practice for zero tolerance for sexual abuse; however, the Auditor identified possible gaps or issues that needed to be followed up on and in some cases requested additional information. The request was captured on an easy to review document called an Issue Log. The log is used to outline requests for response to questions that need to be clarified during the audit process. The Auditor submitted his Issue log to the Team Lead on February 12, 2022, containing nine requests for additional information. On February 17, 2022, the Team Lead provided all the requested information from the Issue Log so that the Auditor could conduct a comprehensive audit review of the facility.

On February 22, 2022, at approximately 8:00 a.m., the Auditor met up with the ERAU team at the facility and proceeded to the Conference Room where the in-briefing was conducted by the ERAU Team Lead, (b) (6), (b) (7)(C) Those in attendance where:

(b) (6), (b) (7)(C) ICE/ERO, Assistant Field Office Director (AFOD)

(b) (6), (b) (7)(C) ICE/ERO, Supervisory Deportation and Detention Officer (SDDO)

(b) (6), (b) (7)(C) ICE/OPR/ERAU, Section Chief

(b) (6), (b) (7)(C) ICE/OPR/ERAU, Acting Section Chief

(b) (6), (b) (7)(C) ICE/OPR/ERAU, Inspections and Compliance Specialist (ICS)

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

Ron Kidwell, Certified DOJ/DHS Auditor, Creative Corrections, LLC

The meeting was designed to create a positive working relationship, place names with faces, and prepare for the next two days. Soon after the conclusion of the meeting, the Auditor began the facility tour, accompanied by the AFOD, SDDO, ERAU Acting Section Chief, ERAU Team Lead, and the remaining ICE OPR ERAU ICS member who were present at the in-briefing. The tour covered the entire Hold Room over the next two hours. The Auditor observed six holding cells, a booking area consisting of seven processing workstations, property room, storage room, control room, kitchen/lunch break room, two sallyport processing holding cells, secure sallyport, separate single shower room, and an office. During the tour, the Auditor looked at camera placements for possible blind spots and detainee-to-officer ratio in accordance with the holding room capacity occupancy. The Auditor looked at privacy issues, how

the toilet and a single shower area were configured and if detainees have adequate privacy. The Auditor documented that PREA Posters and PREA Audit Notices were displayed utilizing a 43-inch monitor in each holding room. PREA Posters were placed in public areas as well. The Auditor observed both the documented cell check log and PREA questionnaire that is used to capture information regarding sexual safety. The cell check log was located at the intake desk and the questionnaire was placed in a detainee file that was also present at the intake desk for those detainees that were currently present in the hold room. PREA Audit Notices in English and 11 other languages were sent to the WASHOLD prior to the on-site visit. The PREA Audit Notice communicates to staff and detainees that the facility will be undergoing an audit for compliance with DHS standards to prevent, detect, and respond to sexual abuse in a confinement setting. The notice also spells out how confidential information is to be handled and where that confidential information can be reported. No correspondence was received from detainees, staff, or other individuals during this audit phase. The Auditor noted the number of phones in each holding room and that the advocacy information along with the outside reporting entity contact information was readily available in the holding rooms. The Auditor also conducted a test call to the outside entity in an attempt to prove the effectiveness of the facility's practice. Finally, the Auditor observed the processing of a detainee that was brought to the facility by ICE. The Auditor was able to conduct three detainee interviews during this audit. Besides the detainee taken into custody, the other two detainees were transported to the facility from other local detention centers awaiting removal from the United States.

According to Detention Officers (DOs) and the AFOD during the interview process, detainees are usually brought to the WASHOLD by two means, either during an initial apprehension by a DO or during a transport to or from other detention facilities. The WASHOLD's typical hours of operation is 7:30 a.m. to 10:30 p.m. No detainee is ever kept overnight and is never kept longer than 12 hours. The detainees are separated based on: age, gender, gang affiliation, criminal history, and information gathered through the PREA questionnaire. If the DO or ICA staff recognizes or is informed that a detainee is possibly at risk of sexual abuse, then that detainee is immediately separated and placed in a holding cell by themselves. The WASHOLD has magnetic placards identifying these categories that are placed on the holding cell doors. All detainees held at the WASHOLD are processed, printed, and receive an initial risk assessment referred to as a PREA questionnaire that will follow them to their next destination, if necessary, and the Auditor observed examples of these completed forms during the documentation review on-site.

Immediately following the facility tour, the Auditor interviewed staff as well as detainees at the facility. Staff interviews were conducted in a private office located on the first floor of the facility. During the interview process, seven random staff were interviewed. These interviews included four DOs and three contracted staff that assist in the supervision of detainees in the Hold Room. The staff were randomly selected by the Auditor using the daily duty roster provided by the SDDO. The Auditor chose staff from all shifts, working different assignments, and with different levels of experience. The Auditor also made sure interviews were conducted with the appropriate number of female staff that corresponded with the daily duty roster. The Auditor relied on the AFOD for the majority of the Designee Interviews as indicated on the PAQ. The WASHOLD made available PREA training certificates for every employee currently working at the facility to include all assigned contracted staff that has contact with detainees.

On Wednesday, February 23, 2022, an exit briefing was held at approximately 12:30 p.m. in the conference room to discuss the audit findings. ERAU Team Lead (b) (6), (b) (7)(C) opened the meeting and then turned it over to the Auditor for an overview of the findings. The following individuals were in attendance:

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

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

(b) (6), (b) (7)(C) ICE/OPR/ERAU, Acting Section Chief

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

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

Ron Kidwell, Certified DOJ/DHS Auditor, Creative Corrections, LLC

The Auditor thanked everyone present and the entire staff at the WASHOLD for their cooperation, professionalism, and hospitality during the audit. The Auditor reported that when a call was placed to the outside reporting entity, the DHS Office of the Inspector General (OIG), the Auditor was unable to confirm that the OIG would take a report of a sexual abuse allegation and forward that information back to the Washington Hold Room. The call taker informed the Auditor that a supervisor would make contact with the auditing team and the Team Lead's contact information was provided. To date, no return call or correspondence has been received. The Auditor advised those in attendance that he would be unable to provide them with the audit findings until performing an audit triangulation (policy, interviews, observations) to determine if each standard is met before making a final decision.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 28

- §115.111 Zero-tolerance of sexual abuse
- §115.113 Detainee supervision and monitoring
- §115.114 Juveniles 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
- §115.117 Hiring and promotion decisions
- §115.118 Upgrades to facilities and technologies
- §115.121 Evidence protocol and forensic medical examinations
- §115.122 Policies to ensure investigation of allegations and appropriate agency oversight
- §115.131 Employee, contractor, and volunteer training
- §115.132 Notification to detainees of the agency's zero-tolerance policy
- §115.134 Specialized training: Investigations
- §115.141 Assessment for risk of victimization and abusiveness
- §115.154 Third-party reporting
- §115.161 Staff reporting duties
- §115.162 Protection duties
- §115.163 Reporting to other confinement facilities
- §115.164 Responder duties
- §115.166 Protection of detainees from contact with alleged abusers
- §115.167 Agency protection against retaliation
- §115.171 Criminal and administrative investigations.
- §115.172 Evidentiary standard for administrative investigations
- §115.176 Disciplinary sanctions for staff
- §115.177 Corrective action for contractors and volunteers
- §115.182 Access to emergency medical services
- §115.186 Sexual abuse incident reviews
- §115.187 Data collection
- §115.201 Scope of audits

Number of Standards Not Met: 2

- §115.151 Detainee reporting
- §115.165 Coordinated response

Number of Standards Not Applicable: 0

- §115.193 Audits of standards - Not Low Risk

PROVISIONS

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

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

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

Notes:

(a) The WASHOLD provided a written directive, Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI), which states in part that, ICE has a "zero-tolerance policy for all forms of sexual abuse or assault." It is the 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, monitoring and oversight as outlined in this directive.

During the interview with the AFOD, he discussed the policy and stressed the importance of sexual safety for detainees. The staff that were interviewed was also aware of the zero-tolerance policy.

§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)(c) The WASHOLD provided a written directive, Policy 11087.1, which states in part that, "the Field Office Director (FOD) shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels and where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing the FOD shall take into consideration a) The physical layout of each holding facility; b) The composition of the detainee population; c) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; d) The findings and recommendations of the sexual abuse review reports; e) Any other relevant factors, including the length of time detainees spend in custody." During the interview with the AFOD, he stated that staff members conduct regular or scheduled detainee cell checks on 15-minute intervals. The holding cells are constantly monitored by video camera and the control booth is always manned. The AFOD reported that his staff consists of nine DOs and seven contractors, for which at least two DOs must be working per shift. This does not count the three contracted staff members that operate the holding facility. There were zero allegations of sexual abuse reported at WASHOLD during the audit period.

(b) The WASHOLD provided employee duty rosters and an email confirming the final assessment results from the ERO Holding Facility Assessments Office dated April 30, 2021, showing compliance with their self-assessment. This process is completed annually and is identified as the "Hold Room Facility Self-Assessment Tool (HFSAT)" and is used to review the supervision guidelines. It should be pointed out that the last HFSAT was conducted on the previous ICE Detention facility with the same name. However, the new audited facility's HFSAT is due by April 30, 2022.

§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) The WASHOLD provided a written directive, Policy 11087.1, which states in part that, "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. The FOD shall ensure minors are detained in the least restrictive setting appropriate to his or her age and special needs, provide that such settings are consistent with the need to protect the minor's well-being and that of others, as well as with any laws, regulations, or legal requirements. Unaccompanied minors will generally be held separate from adults. The unaccompanied minor may temporarily remain with a non-parental adult family member where a) The family relationship has been vetted to the extent feasible, b) The agency determines that remaining with the non-parental adult family member is appropriate, under the totality of the circumstances."

The WASHOLD presented a memorandum dated January 26, 2022, authored by the AFOD stating that the WASHOLD has not held any juveniles or families during the audit period. When interviewing the AFOD, he stated that if they encountered a juvenile, they would ensure the juvenile was placed out of sight and sound of any adults. He also confirmed that an unaccompanied minor may temporarily remain with a non-parental family member until the family relationship is established or until it has been established that remaining with the adult family member is appropriate. When interviewing the seven random staff, all seven stated that they had not taken any juveniles into custody or processed any juveniles. All seven random staff members stated that if they were to come into contact with unaccompanied minors, they would ensure the juvenile was kept separate from all adults.

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

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

Notes:

(b)(c)(e)(f) The WASHOLD provided a written directive, Policy 11087.1, that governs limits to cross gender viewing and searches. The policy states in part that, "the FOD shall ensure that when pat down searches indicate the need for a more thorough search, and

extended search (i.e., strip search) is conducted in accordance with ICE policies, including that a) All strip searches and visual body cavity searches are documented; b) Cross-gender strip searches or cross gender visual body cavity searches are not conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners; and c) Visual body cavity searches of minors are conducted by a medical practitioner and not by law enforcement personnel.”

Policy 11087.1 further states “the FOD shall ensure that ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee’s gender. If the detainee’s gender is unknown, it may be determined during conversation, reviewing medical records, or learning that information as part of a broader medical examination conducted in private by a medical practitioner.”

The WASHOLD presented a memorandum dated January 26, 2022, authored by the AFOD, stating that the WASHOLD has not conducted any strip searches or visual body cavity searches in the 12 months preceding the audit. In addition, the WASHOLD provided a copy of a blank ICE Record of Search form that must be completed if a strip search or visual body cavity search is conducted. The WASHOLD also provided ICE training slides from the June 2018 training curriculum titled, “Best Practices for Cross Gender, Transgender, and Intersex Searches.” Finally, the WASHOLD provided the Auditor with 25 training certificates acknowledging the completion of the training. These certificates of completion included both ICE and ICA employees. All WASHOLD DOs and contracted staff from ICA are required to complete this training.

During the interview with the AFOD, he stated that cross-gender strip searches are only permitted in exigent circumstances and should be performed by medical staff, if needed. However, it should be noted that there are no medical staff working at the WASHOLD. Therefore, if the need for such a search was deemed necessary, the detainee would have to be transported to a facility with medical staff for the search. The AFOD also stated that searches are not conducted for the sole purpose of identifying a detainee’s gender. He stated that the detainee would be asked what gender they identify with. When interviewing random staff, all four DOs and three ICA staff stated that they were taught how to conduct pat searches during the academy and that they rely on utilizing facility staff of the same gender when confronted with the need to conduct a search of a detainee of the opposite gender. Also, all seven random staff stated that they had not conducted or witnessed any strip searches or visual body searches of any detainees of the opposite gender or juveniles.

(d) Policy 11087.1 states in part that, “the FOD shall ensure that detainees are permitted to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks, a medical exam, or monitored bowel movement under medical supervision. The FOD will also ensure that ERO personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.”

When the random staff were asked how a detainee can privately shower, use the bathroom, and change clothes, the staff identified the use of pixelated camera footage around the restroom, the surrounding half walls around the toilet area for privacy, the single shower room with no observation area, and making announcements of their presence when entering the hold rooms. The only shower is located on the opposite side of the holding rooms and is completely separate. It is a single shower stall within a shower room. According to the interviews with the AFOD and staff, no one has ever taken a shower in that shower area. Due to the mission and short-term presence of detainees at the hold room, no detainees change clothes at the hold room. They are either brought in upon the initial arrest and then transferred to a long-term facility or they arrive from another local detention center to be taken to a long-term facility or removed from the country. In either situation, there is no need for the detainee to change clothes.

When interviewing the three detainees, they were asked if they were able to use the restroom without being viewed by staff of the opposite gender. One detainee stated yes, and the other two indicated that they believed so, given the half wall partition surrounding the toilet area. They were also asked if staff of the opposite gender announce their presence before entering the holding room. One detainee stated no, and the other two indicated that no female staff member had entered their hold room.

During the on-site facility tour, the Auditor observed the privacy half walls and distorted camera views on the live monitors in areas surrounding the bathroom areas inside the hold rooms, which provide adequate privacy for detainees to use the restroom.

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

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

Notes:

(a)(b)(c) The WASHOLD provided a written directive, Policy 11087.1 which states in part that, “the FOD shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in and benefit from processes and procedures in connection with placement in an ERO holding facility, consistent with established statutory, regulatory, DHS and ICE policy requirements. The FOD shall take reasonable steps to ensure meaningful access to detainees who are limited English proficient, consistent with established regulatory and DHS/ICE policy requirements.” In addition, Policy 11062.2 states in part that, “appropriate steps in accordance with applicable law to ensure that detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse. In matters related to allegations of sexual abuse or assault, ensure the provision of in-person or telephonic interpretation that enable effective, accurate, and impartial interpretation by someone other than another detainee, unless the detainee expresses a preference for another detainee

to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS Policy.” The WASHOLD provided the Auditor with PREA information in the forms of the Breaking the Silence and Zero Tolerance posters in both English and Spanish, the DHS Sexual Abuse and Assault Awareness pamphlet in both English and Spanish, and a copy of the ERO Language Services Resource flyer, along with the Sign Language Interpretation Services brochure during the Pre-Audit documentation phase of this audit.

During the interview with the AFOD, he stated that constant information regarding PREA information is being broadcast over the 43-inch monitoring screens located above the door of every hold room. Also, the numbers for individuals to contact their consulate are made available as part of the information provided over the 43-inch monitoring screen. The AFOD also explained that many staff members are bilingual, and staff have access to the ERO Language Access Resource Center. A copy of the flyer for the ERO Language Services was provided to the Auditor for review and staff interviewed were aware of how to access this flyer when needed. These ERO Language Services are provided 24/7 and provides access to a language line for translation or transcription for use by facility staff with detainees, when needed. This resource flyer provides information on how to access the ERO Language Resource Center; the 24-Hour Language Line to request translation or transcription; and the USCIS Language Line to request translations. Finally, the AFOD informed the Auditor that his staff do not utilize other detainees for interpretation responsibilities. Random staff were interviewed and asked about communicating with detainees that have disabilities or are limited English proficient (LEP). The staff identified the information provided on the monitor screens in multiple languages, utilizing the Language Line services, reading the information to the detainee, or communicating with the detainee in writing. Also, all random staff had not encountered a detainee that was either blind or deaf at the WASHOLD facility. Finally, the random staff indicated that the majority of the detainees that they come in contact with that are LEP speak a form of Spanish. All stated that they would either utilize the language line services or another staff member to communicate.

When conducting interviews with the detainees, all three stated that they did not have any disability that affects their ability to see, speak, or communicate with others. From the three detainees that the Auditor interviewed, the Auditor utilized the Creative Corrections language line services to conduct one interview in order to communicate. The other two individuals spoke both Spanish and English fluently. Two of the detainees were very familiar with PREA and the third detainee stated that he was not aware of how to report because he did not pay attention but did confirm that he noticed information being scrolled across the monitor in the holding room in Spanish.

The Auditor observed the PREA information in multiple languages and Consulate contact information being continuously looped across every monitor stationed in each holding room during the on-site facility tour.

Recommendation: The Auditor recommends the facility have available the DHS Sexual Abuse and Assault Awareness pamphlet in the additional seven languages (Arabic, Chinese, French, Haitian-Creole, Hindi, Portuguese, Punjabi) in either the publication or PDF for printing to distribute to detainees who speak languages other than English or Spanish, when needed.

§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)(e)(f) 5 CFR 731, Executive Order (E.O.) 10450, ICE Directive 6-7.0, and ICE Directive 6-8.0 requires “anyone entering into or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, financial check, residence and neighbor checks, and prior employment checks. The policy documents the above outlined misconduct and criminal misconduct as grounds for unsuitability including material omissions or making false or misleading statements in the application.” The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors who attended virtual training in November 2021 that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Based on information provided in an email by the OPR Personnel Security (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. According to the SDDO, no staff received a promotion during the audit period; therefore, there were no records to review regarding the misconduct questions that are required to be asked during interviews for promotions.

(c)(d) 5 CFR 731, and ICE Directive 6-8.0 requires the agency to “conduct a background investigation on everyone to determine access into government employment or into a facility. 5 CFR 731 requires investigations every five years.” The Auditor created a list of eight random employees working at the WASHOLD to include several ICA employees and submitted them to the ICE PSO. The ICA contractors that are allowed access to the Hold Room and have contact with detainees must undergo, submit, and complete the same background investigation as ICE employees. The Auditor received a response regarding up-to-date background checks on all eight employees on February 8, 2022, with two reinvestigations in process.

§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)(b) The WASHOLD provided a written directive, Policy 11087.1 which states in part that, "when designing or developing any new ERO holding facility and in planning and substantial expansion or modification of existing facilities, the FOD, in coordination with the Office of Facilities Administration (OFA), shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse. 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 OFA shall consider how such technology may enhance the agency's ability to protect detainees from sexual abuse."

The WASHOLD presented a memorandum dated February 1, 2022, authored by the AFOD, stating that "the WASHOLD does not have any documentation related to designing or modifying new or existing facilities and the effect on sexual abuse prevention. However, constant discussions related to design, layout and the technology at the new Holding Facility did take into account the safety and privacy of all detainees that would be held in custody on-site". "Moreover, in the process of construction and relocation to the Chantilly, Virginia site, [Subject Matter Experts] (SME's) from within OPR/PSO/Security Infrastructure Section did attend several construction or design related meetings. The aforementioned SMEs provided valuable input as the construction ensued and before WASHOLD personnel were cleared for occupancy. The security cameras and monitoring infrastructure was purchased and installed with the necessary restrictions and/or following appropriate guidelines, per input from the Security Infrastructure Section SMEs. Some of the requirements implemented included: camera position or placement, camera motion or zooming capabilities, pixelization of toilet area for privacy, video storage limits etc."

The Auditor requested meeting minutes that may have been captured during these interactions and received a meeting agenda from April 27, 2021, and meeting minutes from April 20, 2021. However, neither document had any specific information regarding sexual safety as it related to the design or technology of the new facility. When discussing the move to the new facility with the AFOD, he assured the Auditor that sexual safety was taken into consideration regarding the design configuration and camera placement of the new facility now located in Chantilly, VA.

§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 WASHOLD provided a written directive, Policy 11062.2, S which states in part that, "when feasible, secure and preserve the crime scene and safeguard information and evidence, consistent with ICE uniform evidence protocols and local evidence protocols in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions." Per policy 11062.2, when a case is accepted by OPR, "OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures". OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The local law enforcement agency is Fairfax County Police Department (FCPD). The OPR will coordinate with the 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 OIG, OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted. The Hold Room had no sexual abuse allegations reported during the audit period.

(b)(c)(d) The WASHOLD also provided Policy 11087.1, which states in part that, "the FOD shall coordinate with the ERO HQ and the ICE 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 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, 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."

During the interview with the AFOD, he informed the Auditor that if an allegation of sexual abuse was made and appeared to be credible, he would contact the FCPD to investigate. If necessary, his staff would transport the detainee to the INOVA Fairfax Hospital for a forensic medical examination with the detainee's consent. The Auditor confirmed that the hospital offers and employs SANEs that are on call and available to provide this service. The Auditor was also provided information regarding the rape crisis advocacy provided by the Fairfax County Family Services Department. The advocate service is called the Domestic and Sexual Violence Services Division (DSVS), which is part of Family Services. This agency provides a 24-hour rape crisis hotline, crisis counseling, and will attend both court appearances and forensic medical examinations, if requested. In addition, the FCPD also has a Victim Witness Division within their department that provided victim advocacy and is mostly utilized in the community regularly. Finally, the INOVA Fairfax Hospital also employs rape crisis counselors that can be called upon if necessary. All these advocate services are available to the WASHOLD if called upon by the WASHOLD.

(e) WASHOLD provided the Auditor an email dated March 7, 2022, authored by the WASHOLD AFOD sent to the Commander of the FCPD Major Crimes Bureau requesting that they follow the DHS PREA standard 115.121. WASHOLD had no sexual abuse investigations during the audit period.

§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) The WASHOLD provided a written directive, Policy 11062.2, which states in part that, "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from [REDACTED] Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)." There were zero allegations of sexual abuse reported at WASHOLD during the audit period.

The WASHOLD presented a memorandum dated February 2, 2022, by the AFOD which states that; "The Washington Hold Room has not had to report an allegation to the JIC or the appropriate law enforcement agencies with legal authority to conduct a criminal investigation for PREA allegations within the audit period. In the event that an allegation or instance would have to be reported to the JIC or the appropriate law enforcement agency with legal authority to conduct a criminal investigation, the Washington Hold Room would ensure that it complies with investigative mandates in accordance with PBNDS 2011 Standard 2.11, as well as any other detention standards and contractual requirements for reporting sexual abuse and assault on any non-citizen victim in ERO custody. Whenever feasible, WASHOLD would preserve the crime scene and safeguard any information and evidence in accordance with established evidence protocols". When the Auditor interviewed the AFOD, he reconfirmed this practice and the protocol outlined in the memorandum he provided for the audit.

Based on Policy 11062.2, Sexual Abuse and Assault Prevention and Intervention, the agency protocol is developed in coordination with DHS investigative entities and includes a description of responsibilities of both the agency and investigative entities; Section 5.12, page 21, requires "all sexual abuse and assault data collected pursuant to [11062.2] shall be maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise." These protocols are posted to the agency's website and can be found at <https://www.ice.gov/detain/prea>.

The WASHOLD provided a memorandum dated February 2, 2022, by the AFOD that indicates; "The Washington Field Office will also ensure that the Fairfax County Police department having jurisdiction for the investigation is notified by the facility administrator or the Intake and Removals Unit supervisor of the alleged sexual abuse or assault. Additionally, the Washington Field Office will notify the ICE Joint Intake Center (JIC) telephonically, at 1-877-2INTAKE and/or at the joint.intake@dhs.gov mailbox within two hours of the alleged sexual abuse or assault, and in writing within 24 hours via the ICE SEN Notification Database. The Washington Field Office may also call the Office of the Inspector General (OIG) at 1-800-323-8603". When the Auditor interviewed the AFOD, he reconfirmed this practice and the protocol outlined in the memorandum he provided for this audit.

(e) Agency Policy 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."

When interviewing the AFOD, he stated that once made aware of an alleged sexual abuse incident, a Serious Incident Report (SIR) would be generated by him with a follow-up phone call to the ERO Field OPS, OPR, and the JIC within the first two hours of being made aware of the incident. The OPR or OIG could determine if either office would want to conduct the criminal investigation, if necessary. If an administrative investigation is warranted, the OPR would conduct the investigation or refer it to ERO's Administrative Inquiry Unit (AIU) for completion of a management inquiry.

§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) The WASHOLD provided a written directive, Policy 11062.2, which states in part that, "The PSA Coordinator, in consultation with ERO, shall develop training required by this directive. All current employees required to take the training, [...] shall [be trained as soon as practicable and ICE shall] provide each employee with biennial refresher training to ensure that all employees know ICE's current sexual abuse policies and procedures. All newly hired employees who may have contact with individuals in ICE custody shall also take the training within one year of their entrance on duty."

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

of sexual abuse involving detainees with mental or physical disabilities, and how to communicate effectively and professionally with victims reporting sexual abuse.”

Additional training also includes how to avoid inappropriate relationships with detainees, accommodating LEP individuals and individuals with mental or physical disabilities, communicating effectively and professionally with LGBTI or gender nonconforming individuals and members of other vulnerable populations, procedures for fulfilling notification and reporting requirements, the investigation process, and 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 or investigative purposes.

The Auditor reviewed the ICE PREA Employee Training curriculum that was provided and concluded that the training addresses all the topics that are listed in the agency’s policy.

When interviewing the AFOD, he stated that the WASHOLD employs seven contracted ICA staff that work in the area where detainees are held and that they have contact with detainees. During the interview process, the Auditor spoke to three ICA contracted facility security officers who reported that they received the ICE Employee PREA training and that they receive refresher training annually through PALMS. In addition, the Auditor interviewed one contracted perimeter security officer from Golden Services who confirmed that his agency staff do not have any contact with ICE detainees.

During the random interview phase, all seven officers stated that they had received the established PREA training as outlined in the policy. The seven officers also stated that they receive PREA training through PALMS within the last year. The agency presented 25 employees’ signed PREA acknowledgement forms and 25 certificates of training. These documents also include all seven ICA contracted officers that are assigned at the WASHOLD.

§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:

(a) The WASHOLD provided a written directive, Policy 11087.1, which states in part that, “the FOD shall ensure that key information regarding ICE’s zero-tolerance policy for sexual abuse is visible or continuously and readily available to detainees (e.g., through posters, detainee handbooks, or other written formats).”

During the interview with the AFOD, the Auditor was informed that zero-tolerance and reporting posters for detainees are available in each of the holding rooms through a 43-inch monitor affixed inside each holding room above the room door. This information is on a continuous loop and available in both English and Spanish alerting the detainee to the zero-tolerance of sexual abuse and how to report it. In addition, the poster slide provides directions about contacting the toll-free number to make a PREA report in six additional languages. Also, pamphlets containing all the PREA information is provided at each processing station. When interviewing random staff, they were asked how this information is provided to detainees. Six staff members identified the monitors located inside the holding cells, six staff members identified the pamphlets, and two mentioned the posters. When the Auditor interviewed the three detainees, all three acknowledged the information being played on the monitors and that the information was also in Spanish. During the facility tour, the Auditor observed the zero-tolerance and reporting poster slides being played on the monitors affixed to the walls in each of the holding rooms. The Auditor also observed zero-tolerance and reporting posters and the DHS Sexual Abuse and Assault pamphlets placed at each processing station.

§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 WASHOLD provided a written directive, Policy 11062.2, which states in part that, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover, at a minimum: interviewing sexual abuse victims, sexual abuse evidence collection in a confinement setting, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process."

The WASHOLD provided the Specialized Training in a Confinement Setting Curriculum that was established and created by the Moss Group. The Auditor reviewed the PowerPoint training and an excel spreadsheet titled "ICE Staff trained on Investigating Incidents of Sexual Abuse & Assault" located on the ICE SharePoint. The spreadsheet is inclusive of all ICE employees who have completed the specialized training. There were no sexual abuse allegations reported during the audit period. Compliance is based on policy review, review of required training curriculum, and completed training records.

§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)(b) The WASHOLD provided a written directive, Policy 11087.1, which states in part that, "the FOD should ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused and when appropriate, shall take necessary steps to mitigate any such danger to the detainee. The FOD shall ensure that detainees who may be held overnight with other detainees are assessed to determine their risk of being either sexually abused or sexually abusive, to include being asked about their concerns for their physical safety." When conducting the interview with the AFOD, he informed the Auditor that no detainee is left overnight at the WASHOLD. The detainees are kept at the holding facility for no more than 12 hours and all detainees must be transferred by 2200 hours.

(c) Agency Policy 11087.1 states that, "the FOD shall ensure that the following criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available: whether the detainee has a mental, physical, or developmental disability, the age of the detainee, the physical build and appearance of the detainee, whether the detainee has previously been incarcerated or detained, the nature of the detainee's criminal history, whether the detainee has any convictions for sex offenses, whether the detainee has self-identified as LGBTQI or gender nonconforming, whether the detainee has self-identified as previously experiencing sexual victimization, and the detainee's own concerns about his or her physical safety." The WASHOLD provided blank copies of a Risk Classification Assessment (RCA) identifying that the criteria listed above are present on the form and are assessed during the risk screening process, the PREA Questionnaire, and a medical screening form. Based on the AFOD interview, the only initial background information about a detainee that would be available and considered is information collected from criminal history checks, non-citizen removability, prior incarcerations, medical screening form, and the PREA Questionnaire, or self-disclosure. He further explained that the RCA captures the required information in accordance with Policy 11087.1, but RCAs are completed at long-term detention facilities and not at the WASHOLD. However, the AFOD stated that the PREA Questionnaire captures prior sexual victimization and human trafficking, gender identity, and fear of being harmed in detention because of gender identity and sexual orientation. All available information regarding sexual safety would be considered when placing the detainee in a holding cell. During the on-site facility tour, the Auditor reviewed completed PREA Questionnaires and witnessed a questionnaire being completed.

(d) Agency Policy 11087.1 states 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 feasible."

The AFOD stated that if a detainee provided information regarding their sexual safety, his staff would have the capability to place the detainee in a hold room by themselves or place the detainee outside the room to be face to face with staff. During the on-site visit, the Auditor identified six separate holding cells that could be used to separate possible detainee victims from alleged detainee abusers.

The Auditor interviewed seven staff members and during those interviews they were asked how they would decide where to place detainees at the WASHOLD. Five staff members identified housing locations by sex or gender. Four staff members indicated they would separate juveniles from adults, three staff members indicated gang affiliation, two by sexual victimization, and two mentioned by criminal history. Finally, all seven staff members stated that if they became aware of a detainee that is at high risk of sexual victimization, then the staff member would immediately separate that individual from the potential danger. WASHOLD does not hold a detainee overnight and therefore the RCA is completed at the long-term detention facility where the detainee will be housed. When the three detainees were asked if questions were asked regarding their sexual safety, two of the three detainees stated yes.

(e) Agency Policy 11087.1 states that, "the FOD shall implement appropriate controls on the dissemination of any sensitive information regarding a detainee provided pursuant to screening procedures." The AFOD stated that sensitive information concerning a detainee is placed in their file. He informed the Auditor that only those with a need-to-know would have access to that information.

§115.151 - Detainee reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c) The WASHOLD provided a written directive, Policy 11087.1 which states in part that, "the FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse, retaliation for reporting sexual abuse, or violations of responsibilities that may have contributed to such incidents to ERO personnel. The FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports." Finally, "the FOD shall ensure that detainees are provided with instructions on how they can contact the DHS/Office of the Inspector General (OIG) or as appropriate, another public or private entity which is able to receive and immediately forward detainee reports of sexual abuse to agency officials. Also, to confidentially and if desired, anonymously, report these incidents."

The WASHOLD provided a copy of the Consulate List with instructions on how to contact 150 consulates located in the United States along with the zero-tolerance poster, breaking the silence poster, ICE Sexual Abuse and Assault Awareness pamphlet, and the ICE Detention Reporting and Information Line (DRIL) poster. All these posters have the ways to report a sexual abuse allegation. The WASHOLD also provided a copy of the DHS/OIG Poster containing a mailing address and toll-free phone number to contact the office. During the facility tour, the Auditor observed these forms scrolling across the monitor which are located in each hold room.

When interviewing staff members, they were asked if detainees have multiple ways to privately report a sexual abuse allegation. From that question, all seven staff members identified verbally, two acknowledged the OIG Hotline, two said in writing, and one staff member mentioned by third party reporting. They were also asked how they would accept an allegation of sexual abuse, and they all stated verbally, written, or by a third party. During the interview with the AFOD, he was also asked to identify the ways a detainee can report an alleged sexual abuse. The AFOD explained that the detainees can report verbally, in writing, or through the OIG. He also indicated that the information on how to report is provided through the scrolling monitor system. Finally, when the detainees were asked if they had seen any information about how to report a sexual assault, all three indicated yes on the television set.

While conducting the facility tour, the Auditor accompanied by the ERAU Team Lead, attempted to make several phone calls to the OIG on the phones located in the holding cells using the instructions provided on the poster slides that scrolled across monitors. On the initial call, the Auditor was placed on hold by a pre-programmed recording. After approximately five minutes the Auditor hung up and tried the OIG number once again. This time, the Auditor attempted to leave a message as prompted by a pre-recorded message. However, the Auditor received a message stating that the mailbox was full, and no message could be left. On the third attempt, the Auditor's call was answered, and the Auditor asked the OIG if they were aware of detainees being able to contact this number to report a sexual abuse allegation. The OIG informed the Auditor that they would have their supervisor contact us to discuss. The Auditor left the Team Lead's contact information (cell number, email address) and to date the Team Lead has not received any correspondence with the OIG. Therefore, the WASHOLD has not provided proof that the Hold Room phone system is capable of reporting a sexual abuse allegation by a detainee to the OIG as stated in the ICE policy. Consequently, the WASHOLD does not meet this standard.

Additionally, the Auditor placed two separate calls to the DRIL and, after going through the prompts and substantial hold time, was never able to make contact with a person or the opportunity to leave a message.

Does Not Meet (b): The facility has not demonstrated that detainees are provided at least one way to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. The Auditor was unable to confirm that procedures to utilize the OIG as their outside reporting entity was able to take a confidential, and if requested anonymous call, and that the report would be immediately forwarded to agency officials. The facility shall provide to the Auditor for compliance review documented evidence that test calls have been completed successfully to the OIG reporting lines and that the reports are able to be immediately forwarded to agency officials, and that the detainees may remain anonymous upon request.

§115.154 - Third-party reporting.

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

Notes:

The WASHOLD provided a written directive, Policy 11087.1 which states in part that, "the FOD shall also implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports." The agency provided both the OIG Poster with contact information and the DRIL contact information and website address. All of this information can be found on the Agency website at www.ice.gov/prea for making third party reports by the public.

§115.161 - Staff reporting duties.

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

Notes:

(a)(b)(c) The WASHOLD provided a written directive, Policy 11062.2 which states in part that, "all ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation." The supervisor or designated official shall report the allegation to the FOD or SAC, as appropriate. Apart from such reporting, ICE employees shall not reveal any information related to a sexual abuse allegation to anyone other than the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff, or to make medical treatment, investigation, law enforcement, or other security and management decisions. The agency also provided a memorandum titled "Employee Obligation to Report Corruption

and Misconduct" dated November 08, 2021, authored by the Acting Deputy Director. This memo reiterates the types of misconduct allegations that employees must report to the JIC, OPR, or the OIG and those types of allegations that should be referred to local management. Employees should report allegations of substantive misconduct or serious mismanagement to the JIC, OPR, or OIG. Listed in this memo as a substantive misconduct is "sexual assault, sexual harassment of ICE employees, contract employees, or detainees."

When interviewing the AFOD, he was asked if a staff member learns about a sexual abuse allegation, when and to whom would they report the allegation. The AFOD responded that staff would report the allegation immediately and to their immediate supervisor. The AFOD stated that staff can also contact the JIC and make a report outside of their chain of command. When asked how the WASHOLD would ensure only staff with a need-to-know is informed about the allegation, the AFOD stated that this practice is policy driven and staff are aware of the policy that they must keep information regarding the allegation to themselves and only divulge the information to those who have a need-to-know. The AFOD also stated that there are systems in place using email to control distribution. When interviewing random staff, the Auditor asked the staff members if detainees had multiple ways to report sexual abuse allegations or other concerns such as retaliation for reporting sexual abuse allegations; the staff members indicated that there were multiple ways to report and provided examples such as verbally, in writing, and through the hotline. The Auditor also asked the staff members how and when they would report if a detainee came to them with a sexual abuse allegation and they informed the Auditor they would immediately report the allegation to their supervisor and generate a written statement about the incident. When asked what steps would be taken, the staff members indicated they would immediately protect the safety of the detainee and arrange for medical personnel to respond if necessary. All seven staff members indicated that they are aware that information regarding a sexual abuse allegation must be limited to those individuals with a need-to-know to maintain the integrity of the case and safety of the detainee.

(d) Policy 11062.2 states in part that, "if the alleged victim is under the age of 18 or determined, after consultation with the relevant OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, report the allegation to the designated state or local services agency as necessary under applicable mandatory reporting laws; and document his or her efforts taken under this section."

The facility has reported that they have not housed or detained any juveniles and have not received any reports of sexual abuse involving vulnerable adults during the current 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:

The WASHOLD provided a written directive, Policy 11062.2 which states in part that, "if an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." When interviewing the staff members, they all indicated that, if confronted by the possibility of a detainee being subject to substantial risk of being sexually abused, they would immediately separate the detainee from the threat and place the detainee under direct supervision.

§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) The WASHOLD provided a written directive, Policy 11062.2 which states in part that, "if the alleged assault occurred at a different facility from the one where it was reported, ensure that the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation and document such notification." When interviewing the AFOD, he indicated that if a detainee reported being sexually abused at another facility, he would report that allegation to the facility for which the alleged sexual abuse took place as soon as possible. The AFOD also stated that if he received a report from another facility administrator stating that sexual abuse allegedly occurred at the WASHOLD, he would take a report and send it to the JIC and OPR.

The WASHOLD provided a memorandum dated February 3, 2022, authored by the AFOD, indicating that the WASHOLD has not had to give the agency or any facility a notification within 72 hours of any sexual abuse allegation that might have occurred at another confinement facility during the current audit period. There have been no allegations of sexual abuse reported at the facility during the audit period.

§115.164 - Responder duties.

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

Notes:

(a) The WASHOLD provided a written directive, Policy 11087.1, which states in part that, "the FOD shall ensure that upon learning of an allegation that a detainee was sexually abused, the first responder, or his or her supervisor shall; separate the alleged victim and abuser, preserve and protect to the greatest extent possible any crime scene until appropriate steps can be taken to collect any evidence, and if the sexual abuse occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence." These actions would include "washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating." If the sexual abuse occurred within a time period that still

allows for the collection of physical evidence, ERO staff would ensure that the alleged abuser does not take any actions that could destroy physical evidence, including as appropriate all the same described actions as explained above involving the alleged victim.

When conducting interviews with the WASHOLD staff members, they indicated that they would separate the victim from the abuser, preserve the scene, contact medical personnel, secure the area, and notify a supervisor. The AFOD stated that he would separate the alleged victim and abuser, preserve, and protect the crime scene, and preserve and protect physical evidence such as asking the alleged victim not to drink, eat, use the bathroom, etc. There were no allegations of sexual abuse reported at WASHOLD during the audit period.

(b) Agency Policy 11087.1 and PBNDS 2011, 2.11 states in part that, "if the first responder is not a security staff member, the responder shall request the alleged victim not to take any actions that could destroy physical evidence, and then notify security staff." The AFOD was asked what steps non-law enforcement first responders should take if they arrive at the scene of a sexual abuse. The AFOD explained they should report to law enforcement immediately and request that the alleged victim not destroy any physical evidence. The Auditor interviewed three ICA staff regarding what actions they would take if they were the first person on the scene of an alleged sexual abuse. Two ICA staff members indicated that they would separate the alleged victim and abuser, preserve the scene, contact an ERO agent, and request the victim not destroy any physical evidence. The other ICA staff member stated that he would separate the individuals and contact ERO staff.

§115.165 - Coordinated response.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a) The WASHOLD provided a written directive, Policy 11087.1, section 4.11, pages 11-13, which states in part that, "the FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse occurring in holding facilities or in the course of transit to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse that occurred elsewhere in ICE custody."

The interview with the AFOD indicated that when any allegation of sexual abuse occurs, his response would be to report the incident via policy following the SIR and Significant Event Notification (SEN) procedures which would include notifications to the OIG, JIC, Assistant Director of Field Operations, and PSA Coordinator. He would also ensure a coordinated response by the FCPD, INOVA Fairfax Hospital Forensics Unit, and the Fairfax County Domestic Sexual Assault and Violence Services. The AFOD indicated that all the outside entity's services would be requested and orchestrated by the FCPD. The Auditor was advised by the AFOD that the facility uses Policy 11087.1, Operations of ERO Holding Facilities, as its Coordinated Response Plan.

(b)(c) Policy 11087.1 states in part that, "If a victim is transferred from a holding facility to a detention facility or to a non-ICE facility, the FOD shall inform the receiving facility of the incident and the victim's potential need for medical or mental health care or victim services." The policy does not allow for a victim to request that the sending facility not inform the receiving facility of an incident of sexual abuse in cases where a victim is transferred from a DHS holding facility to a facility not covered by DHS subpart A or B.

Based on interview with the AFOD, if an instance were to occur, the AFOD would provide as much information as possible to ensure the receiving facility could meet the immediate needs of the victim, or possibly a transfer of the alleged victim to a facility where the victim's needs for additional medical, mental health care, or victim services could be met would be initiated. The WASHOLD provided a memorandum dated February 3, 2022, authored by the AFOD, stating that there were no allegations of sexual abuse reported at WASHOLD during the audit period.

Does Not Meet (c): Policy 11087.1 does not allow for a victim to request that the sending facility not inform the receiving facility of an incident of sexual abuse in cases where a victim is transferred from a DHS holding facility to a facility not covered by DHS subpart A or B, as required in subpart (c), and the interview with the AFOD did not further confirm compliance with this part of the standard. To be compliant with subpart (c), the agency must update their policy to include the appropriate language allowing for this request to be made by victims of sexual abuse.

§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 WASHOLD provided a written directive, Policy 11062.2 which states in part that, "the FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation." During the interview, the AFOD verified the policy and confirmed that the policy and standard would be followed in every case. In addition, when asked about how the WASHOLD would handle the ICA staff, the AFOD stated that the criminal investigation would be conducted by the FCPD and the administrative investigation by OPR or ERO. If the incident did not rise to the level of criminal prosecution but did reveal to be substantiated by the preponderance of the evidence, the agency would no longer allow the contracted employee to work on any ICE contract and would share the findings with the contracting agency for termination. There were no allegations of sexual abuse reported at WASHOLD during the audit period.

§115.167 - Agency protection against retaliation.

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

Notes:

The WASHOLD provided a written directive, Policy 11062.2 which states in part that, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or for participating in sexual activity as a result of force, coercion, threats, or fear of force."

The AFOD was interviewed and asked how the WASHOLD ensures that staff do not retaliate against other staff or detainees. The AFOD stated that the agency policy dictates retaliation is prohibited. Staff interviews further confirmed their understanding that retaliation is prohibited and their duty to report knowledge or suspicion of retaliation against detainees or staff who report sexual abuse or who cooperates in an investigation.

The agency provided a memorandum dated February 3, 2022, authored by the AFOD, indicating that the WASHOLD does not have any documentation demonstrating a report of retaliation related to sexual abuse because the WASHOLD has not had any sexual abuse incidents during the audit period.

§115.171 - Criminal and administrative investigations.

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

Notes:

(a) The WASHOLD provided a written directive, Policy 11062.2 SAAP1 which states in part that, "the FOD shall ensure that the facility complies with the investigation mandates established by PBNDS 2011 Standard 2.11, as well as other relevant detention standards and contractual requirements including by conducting a prompt, thorough, and objective investigation by qualified investigators." The WASHOLD provided a memorandum dated February 2, 2022, by the AFOD that indicates, "the Washington Hold Room would ensure that it complies with investigative mandates in accordance with PBNDS 2011 Standard 2.11, as well as any other detention standards and contractual requirements for reporting sexual abuse and assault on any non-citizen victim in ERO custody." "The Washington Field Office will also ensure that the Fairfax County Police department having jurisdiction for the investigation is notified by the facility administrator or the Intake and Removals Unit supervisor of the alleged sexual abuse or assault." The Auditor's interview with the AFOD reconfirmed these practices and the protocol outlined in the referenced memorandum.

(b)(c) In accordance with Policy 11062.2 "the FOD shall ensure that the facility complies with the investigation mandates established by the Performance-Based National Detention Standards (PBNDS) 2011 2.11, as well as other relevant detention standards."

PBNDS 2011 2.11 states in part that, "upon conclusion of a criminal investigation where the allegation was substantiated, or in instances where no criminal investigation has been completed, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate." PBNDS 2001 2.11 requires "coordination and sequencing of administrative and criminal investigations", to ensure the "criminal investigation is not compromised by an internal administrative investigation. These standards further require, "Administrative investigations shall be conducted after consultation with the appropriate investigative office within DHS, and the assigned criminal investigative entity. The ICE Office of Professional Responsibility will typically be the appropriate investigative office within DHS, as well as the DHS OIG in cases where the DHS OIG is investigating. The facility shall develop written procedures for administrative investigations, including provisions requiring; preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator, assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph, an effort to determine whether actions or failures to act at the facility contributed to the abuse, documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years." When the Auditor interviewed the AFOD, he confirmed WASHOLD adheres to these protocols outlined in the PBNDS 2011 2.11.

(d) The WASHOLD adheres to PBNDS 2011 2.11 which states that; "the departure of the alleged abuser or victim from employment or control of the agency shall not provide a basis for terminating an investigation." This was further confirmed during the Auditor's interview with the AFOD.

(e) The WASHOLD adheres to PBNDS 2011 regarding cooperation with outside agencies which states in part that, "When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation."

There were no allegations of sexual abuse reported at WASHOLD during the audit period. When conducting the interview with the AFOD, he stated that he and his staff would fully cooperate with investigators in both criminal and administrative PREA investigations.

§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 WASHOLD provided a written directive, Policy 11062.2 which states in part that, "the OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse and may not be terminated solely due to the departure of the alleged abuser or victim from employment or control of ICE." The interview with the AFOD confirmed that a preponderance of the evidence is the standard utilized when substantiating allegations of sexual abuse. There were no allegations of sexual abuse reported at WASHOLD during the audit period.

§115.176 - Disciplinary sanctions for staff.

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

Notes:

(a)(c)(d) The WASHOLD provided a written directive, Policy 11062.2 which states in part that, "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 the OPR will 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 WASHOLD provided a memorandum dated February 3, 2022, authored by the AFOD, indicating that there were no allegations of sexual abuse reported at WASHOLD during the audit period; therefore, WASHOLD did not have any documentation demonstrating a termination, resignation, or other sanctions of an ICE staff member for violating sexual abuse policies.

The interview with the AFOD confirmed the disciplinary outcome of removal from service for violating the sexual abuse policy.

§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 WASHOLD provided a written directive, Policy 11062.2 which states in part that, "the FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation."

When interviewing the AFOD, he explained that if a contractor was involved in an allegation of sexual abuse, that contractor would be removed from the facility and any ICE contract until an investigation into the allegation was completed. A criminal investigation would be conducted by the FCPD, and an administrative investigation would be conducted by the OPR or ERO. Based on information from the PAQ and the interview with the AFOD, the facility has no volunteers who have contact with detainees.

The WASHOLD provided a memorandum dated February 3, 2022, authored by the AFOD, indicating that there were no allegations of sexual abuse reported at the WASHOLD during the audit period; therefore, WASHOLD did not have any documentation demonstrating a termination, resignation, or other sanctions of a contractor/volunteer to include an instance where a licensing body was notified for violating sexual abuse policies. The WASHOLD also provided the Auditor with a memorandum dated February 23, 2022, from a Human Resources Specialist from the Employee Relations Section, Employee and Labor Relations Unit, Office of Human Capital. The memorandum is addressed to the Section Chief of the ERAU, Office of Professional Responsibility and indicates that Employee Relations has no provisions or procedures in place for sanctioning contractors and or volunteers. This is the responsibility of the FOD.

§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) The WASHOLD provided a written directive, Policy 11087.1 which states in part that, "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. Also, the FOD shall coordinate with ERO HQ and the ICE PSA Coordinator in utilizing, to the extent available, community resources and services that provide expertise and support in the areas of crisis intervention and counseling to address the victims' needs." In accordance with policy 11062.2, "the FOD shall ensure that the facility complies with the investigation

mandates established by the Performance-Based National Detention Standards (PBNDS) 2011 2.11, as well as other relevant detention standards." PBNDS 2011 2.11 states in part that; "detainee victims of sexual abuse shall be provided emergency medical and mental health services and ongoing care. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

When conducting the interview with the AFOD, he stated that if there is a sexual abuse allegation and the need of emergency care, the WASHOLD is obligated to provide those services. The AFOD stated that the detainee would be taken to INOVA Fairfax Hospital to be evaluated by medical professionals at no cost to the detainee. The AFOD also indicated that if sexual assault advocacy services were warranted, and requested by the detainee, the WASHOLD would utilize either the services of the Fairfax County Domestic Sexual Abuse and Violence Services or the FCPD's Victim Services Division. The Auditor is familiar with these practices and confirmed this procedure. The Auditor has also confirmed that if a medical forensic examination were needed by the WASHOLD, INOVA Fairfax Hospital would provide the appropriate services needed.

The WASHOLD provided a memorandum dated February 3, 2022, from the AFOD, indicating there were no allegations of sexual abuse reported at WASHOLD during the audit period; therefore, the WASHOLD did not have any documentation demonstrating that emergency medical services were provided to a sexual abuse victim in a timely manner and without cost. This was further confirmed during the interview with the AFOD.

§115.186 – Sexual abuse incident reviews.

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

Notes:

(a) The WASHOLD provided a written directive, Policy 11087.1 which states in part that, "the FOD shall conduct a sexual abuse and 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. Such review shall ordinarily occur within 30 days of the ERO's receipt of the investigation results from the investigating authority. The FOD shall implement the recommendations for improvement, or shall document its reasons for not doing so, in written justification. Both the report and justification shall be forwarded to the ICE PSA Coordinator."

There were no allegations of sexual abuse reported at the WASHOLD during the audit period; therefore, there has been no sexual abuse incident review or annual review of investigations. The AFOD stated during the interview that he is aware of the review requirement in the event there is an incident and subsequent investigation.

§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 WASHOLD provided a written directive, Policy 11062.2, which states in part that, "data collected pursuant to this Directive shall be securely retained by the agency in accordance with agency record retention policies and the agency protocol regarding investigation of allegations, (see PBNDS 2011, section 2.11). 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." During the interview with the AFOD, he was asked how and where does the holding facility maintain case records related to sexual abuse allegations. The AFOD stated that he has not had any, but if he did the case would be kept in a locked cabinet. The AFOD also stated that the case file should follow the detainee to whatever detention facility center the detainee was being transferred to.

§115.193 – Audits of standards.

Outcome: Not Low Risk [Choose an item.](#)

Notes:

Based on the Auditor's interview with the AFOD and interviews with DOs and ICA contracted staff, the WASHOLD does not house detainees overnight. While the physical layout of the facility provides clear direct sight of detainee's while being processed and while in the holding rooms, detainee supervision consists of direct contact and observation of detainees enhanced by video monitoring, and the facility had no allegations of sexual abuse during the audit period, the Auditor considers the Washington Hold Room "not low risk" as deficiencies were identified during the audit. Staff was knowledgeable about their duties and responsibilities.

§115.201 - Scope of audits.

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

Notes:

(d)(i) The Auditor was provided full access to and observed all areas of the WASHOLD without restriction. The Auditor received all requested documents or copies of relevant materials. The Auditor was also permitted to conduct all interviews in a private setting with the WASHOLD staff. The WASHOLD received three detainees during the on-site visit. All three detainees were immediately interviewed by the Auditor.

(e) The Auditor was provided relevant documentation to complete a thorough audit of the facility prior to the on-site visit, during the visit, and upon request during the post audit period.

(j) Audit notices were posted in the Holding Room which explained that detainees, staff, or any other interested party were permitted to send the Auditor confidential correspondence through the Creative Corrections, LLC. mailing address. No correspondence was received pertaining to the WASHOLD.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	0
Number of standards met:	28
Number of standards not met:	2
Number of standards N/A:	0
Number of standard outcomes not selected (out of 31):	0
Facility Risk Level:	Not Low Risk

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

Ron L. Kidwell

4/7/2022

Auditor's Signature & Date

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

12/2022

Program Manager's Signature & Date

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

13/2022

Assistant Program Manager's Signature & Date

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



**Homeland
Security**

AUDITOR INFORMATION			
Name of auditor:	Ron Kidwell	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	571-606- (b) (6), (b) (7)(C)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	772-579- (b) (6), (b) (7)(C)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Washington Field Office (Washington D.C.)		
ICE Field Office Director:	Acting Field Office Director (b) (6), (b) (7)(C)		
PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	14797 Murdock Street, Chantilly, VA 20151		
Mailing address: (if different from above)	14797 Murdock Street, MS5216, Chantilly VA 20598-5216		
INFORMATION ABOUT FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Washington Field Office Hold Room		
Physical address:	14797 Murdock Street, Chantilly, VA 20151		
Mailing address: (if different from above)	14797 Murdock Street, MS5216, Chantilly VA 20598-5216		
Telephone number:	703-633-2100		
Facility type:	Hold Room Choose an item.		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Assistant Field Office Director (AFOD)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	202-560- (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	AFOD
Email address:	(b) (6), (b) (7)(C)	Telephone number:	571-405- (b) (6), (b) (7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) Audit of the Washington Field Office Hold Room (WASHOLD) was conducted from February 22-23, 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Ron Kidwell 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 Custom Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant ICE Program Manager (APM), (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE, Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards from May 8, 2019, through January 2022; the audit period was extended to capture closed investigations that occurred since the facility's last audit, but there were none. The WASHOLD is operated by DHS ICE. According to Detention Officers (DOs) and the AFOD during the interview process, detainees are usually brought to the WASHOLD by two means, either during an initial apprehension by a DO or during a transport to or from other detention facilities. The WASHOLD's typical hours of operation are 7:30 a.m. to 10:30 p.m. The facility reported that they had not held any juveniles or family detainees during the audit period. This is the second PREA audit conducted for the WASHOLD to determine compliance with the DHS PREA standards. However, this was the first PREA audit conducted at this location. The WASHOLD moved locations in the summer of 2021.

During the audit, the Auditor found WASHOLD met 28 standards, had 0 standards that were non-applicable, and 2 non-compliant standards (115.151 and 115.165), and was deemed not low risk. As a result of the facility being out of compliance with 2 standards, the facility entered a 180-day corrective action period which began on April 27, 2022 and ended on October 24, 2022. The purpose of the of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

The Auditor received notification of the first CAP on May 25, 2022, from ERAU. The CAP was reviewed and approved by the auditor for the two standards that did not meet compliance during the PREA audit site visit and documentation review. The Auditor received CAP documents on July 8, 2022 and received the final CAP documents for review on September 16, 2022 that were provided by the facility to demonstrate compliance with these standards. This documentation was reviewed, and the Auditor determined that the facility demonstrated compliance with each of the two standards found non-compliant at the time of the site visit.

After assessing the documentation provided by the facility during the CAP, the Auditor has determined the facility is now fully compliant and is deemed low risk.

Number of Standards Met: 2

§115.151 Detainee Reporting
§115.165 Coordinated Response

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. 151 - Detainee reporting

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

Notes:

(b) The WASHOLD provided a written directive, Policy 11087.1 which states in part that, "the FOD shall ensure that detainees are provided instructions on how they can privately report incidents of sexual abuse, retaliation for reporting sexual abuse, or violations of responsibilities that may have contributed to such incidents to ERO personnel. The FOD shall ensure that detainees are provided with instructions on how they can contact the DHS/Office of the Inspector General (OIG) or as appropriate, another public or private entity which is able to receive and immediately forward detainee reports of sexual abuse to agency officials. Also, to confidentially and if desired, anonymously, report these incidents."

Does Not Meet (b): The facility has not demonstrated that detainees are provided at least one way to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. The Auditor was unable to confirm that procedures to utilize the OIG as their outside reporting entity was able to take a confidential, and if requested anonymous call, and that the report would be immediately forwarded to agency officials. The facility shall provide to the Auditor for compliance review documented evidence that test calls have been completed successfully to the OIG reporting lines and that the reports are able to be immediately forwarded to agency officials, and that the detainees may remain anonymous upon request.

Corrective Action Taken (b): On June 27, 2022, the WASHOLD responded to the CAP by implementing a phone log to document evidence that test calls were made successfully to the OIG and DRIL phone lines. The phone lines, from the Hold Room, connected to the OIG and DRIL lines. This allowed for the reporting of sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request. The phone log provided as evidence of the completed corrective action included documentation of the date, phone location, call start/end time, caller name, public or private entity name and number, and test call notes. On August 5, 2022, The Auditor assessed the attached WASHOLD phone log that documented evidence of successfully completed calls to both the OIG and DRIL lines. The Auditor also reviewed the memorandum provided by the AFOD explaining the evidence offered to meet this standard and the agency's protocol to be followed. After reviewing all the information, the Auditor concluded that the WASHOLD has satisfied the necessary action required to be in compliance with this standard. Therefore, no further corrective action was needed for Standard 115.151.

§115. 165 - Coordinated response

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

Notes:

(b)(c) The WASHOLD provided Policy 11087.1 which states in part that, "If a victim is transferred from a holding facility to a detention facility or to a non-ICE facility, the FOD shall inform the receiving facility of the incident and the victim's potential need for medical or mental health care or victim services." The policy does not allow for a victim to request that the sending facility not inform the receiving facility of an incident of sexual abuse in cases where a victim is transferred from a DHS holding facility to a facility not covered by DHS subpart A or B.

Does Not Meet (c): Policy 11087.1 does not allow for a victim to request that the sending facility not inform the receiving facility of an incident of sexual abuse in cases where a victim is transferred from a DHS holding facility to a facility not covered by DHS subpart A or B, as required in subpart (c), and the interview with the AFOD did not further confirm compliance with this part of the standard. To be compliant with subpart (c), the agency must update their policy to include the appropriate language allowing for this request to be made by victims of sexual abuse.

Corrective Action Taken (c): On September 16, 2022, the WASHOLD submitted a memorandum written by the Acting AFOD dated September 15, 2022, providing a local directive stating, "As required in 6 CFR 115.165 (c) if a victim of sexual abuse is transferred between facilities covered by subpart A or B, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. To comply with 6 CFR 115.165 (c), if a victim of alleged sexual abuse is to be transferred from the Hold Room to a non-DHS facility, staff members shall inform the victim of the option to not inform the receiving facility of the incident of sexual abuse. Staff shall document the victim's request in an email through their chain of command to the AFOD over Intake and Removals." After reviewing this directive on September 21, 2022, the Auditor concluded that the WASHOLD has demonstrated compliance with 115.165.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115.193

Outcome: Low Risk

Notes:

Based on the Auditor’s interview with the AFOD and interviews with DOs and ICA contracted staff, the WASHOLD does not house detainees overnight. While the physical layout of the facility provides clear direct sight of detainee’s while being processed and while in the holding rooms, detainee supervision consists of direct contact and observation of detainees enhanced by video monitoring, and the facility had no allegations of sexual abuse during the audit period. After a careful review of corrective action, it is determined that the facility is now in compliance with both deficient standards, and therefore now in compliance with the DHS PREA Standards. Therefore, the Auditor has determined that the facility is now low risk.

AUDITOR CERTIFICATION:

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

Ron L. Kidwell _____

Auditor’s Signature & Date

September 29, 2022

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

Assistant Program Manager’s Signature & Date

October 11, 2022

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

Program Manager’s Signature & Date

October 11, 2022