PREA Audit: Subpart B
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	1/30/2024	**To:**	1/31/2024
AUDITOR INFORMATION			
Name of auditor:	Jodi Upshaw	**Organization:**	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866-
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Phoenix		
Field Office Director:	John Cantu		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	2035 N. Central Ave. Phoenix, AZ 84119		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Yuma Hold Room		
Physical address:	3911 S. Pico Ave. Yuma, Arizona 85365		
Telephone number:	928-341-7800		
Facility type:	Holding Facility		
PREA Incorporation Date:	Click or tap to enter a date.		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	619-576-
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	928-341-

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 Yuma Hold Room (YHR) was conducted on January 30-31, 2024, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. This is the first PREA audit for YHR. There were no allegations of sexual abuse reported at the YHR for the audit period. YHR is operated by DHS ICE, Enforcement and Removal Operations (ERO). The facility holds adult male and female detainees who are targeted arrests, prison release deportations and transports to other facilities. The facility does not house juveniles or family unit detainees. The facility is located in Yuma, Arizona.

The entry briefing was held in the YHR conference room on January 30, 2024. The ICE ERAU Team Lead (TL), (b) (6), (b) (7)(C), opened the briefing. In attendance were:

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

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance with those present. Five weeks prior to the audit, the ERAU TL, provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), agency policies, and other pertinent documents through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and the Document Request DHS Immigration Detentions Facilities form and placed within folders for ease of auditing. The main policies that provide facility direction for YHR is ICE Directive 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI) and ICE Directive 11087.1 Operation of ERO Holding Facilities. All documentation, policies, and the PAQ were reviewed by the Auditor prior to the onsite audit. A tentative daily schedule was provided to the Auditor for the onsite inspection, binder review, and interviews with staff and detainees. The Auditor also reviewed the facility's website, www.ice.gov/detain/prea. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the onsite inspection, provided documentation, and the outcome of both staff and detainee interviews. No correspondence was received from any detainee, outside individual, or staff member.

The facility provided the requested information to be used for the auditor's random selection of staff to be interviewed (random and specific categories) including lists of staff by duty position and shifts. The facility reported in the PAQ that ICE works staggering shifts from 6:00 a.m. to 5:00 p.m. and there is no contract security that works at the facility. YHR employs 14 ICE staff (11 male and 3 females) who have continuing contact with detainees. There are no contracted medical, mental health, or food service staff. The facility does not have volunteers who come into the facility. The Auditor interviewed the AFOD, SDDO who is the PSA Compliance Manager, and two ICE officers. There were no detainees processed through YHR during the

onsite audit for the Auditor to interview.

According to the PAQ, 310 detainees were processed into YHR during the last year with an average stay of less than 8 hours. Since no detainees were processed through the YHR during the onsite audit, the Auditor viewed a video of a detainee being processed on January 29, 2024. The Auditor observed the intake process of the one male detainee and confirmed the detainee received a pat-down search by a staff member of the same gender, was placed into a holding room cell until transportation was scheduled and received appropriate PREA information. Once detainees arrive at YHR, they are held in one of three cells within the processing area. Two cells have a capacity of 16 and one cell has a capacity of 40. The smaller cells have (b) (7)(E) and the larger cell has (b) (7)(E). Each cell has a telephone, integrated toilet and sink, and PREA information posted within the cell. YHR does not have detainee shower facilities. The Auditor observed the DHS-prescribed Sexual Assault Awareness Notice in English and Spanish with facility contact name and number, SAAPI pamphlets, Consulate posters, DHS Office of Inspector General (OIG) posters with address for written correspondence, ICE Detention Reporting and Information Line (DRIL) poster, and poster for the local rape crisis center Amberly's Place within the intake area and holding cells. The DHS-prescribed Sexual Awareness Notice and SAAPI pamphlets were displayed in English and Spanish.

Detainees arrive through a sallyport area then enter a door leading directly into the intake area. Pat searches take place in the intake area, hallway outside of intake or within the holding cell. The intake area has several desks with computers that ICE staff utilize and a bench for detainees to sit on. Detainees are processed by ICE staff within the intake area, given the ICE National Detainee handbook, and other immigration paperwork. Detainees are then moved from this area into a holding cell. Holding cells are located on one side of a hallway that is monitored (b) (7)(E).

There are (b) (7)(E) located throughout the facility that record 24 hours a day, 7 days a week. Cameras can be monitored by screens (b) (7)(E). Cameras, have the ability to pan, tilt and zoom, but do not record sound. Video is recorded for at least 30 days until being written over. The Auditor viewed (b) (7)(E) for direct viewing of toilet areas. (b) (7)(E) had a pre-filled gray box obstructing the viewer from seeing the detainee (b) (7)(E). Detainees only have access to the intake area and holding cells.

On January 31, 2024, an exit briefing was held in the SDDO's office. The ICE ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C) AFOD, ICE ERO
(b) (6), (b) (7)(C), SDDO/PSA Compliance Manager, ICE ERO
(b) (6), (b) (7)(C) TL, ICS, ICE/ERAU/OPR
(b) (6), (b) (7)(C) ICS, ICE/ERAU/OPR
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

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

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 1

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

Number of Standards Met: 28

- §115.111 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.113 - Detainee supervision and monitoring
- §115.115 - Limits to cross-gender viewing and searches
- §115.117 - 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
- §115.151 - Detainee reporting
- §115.154 - Third-party reporting
- §115.161 - Staff reporting duties
- §115.162 - Agency protection duties
- §115.163 - Reporting to other confinement facilities
- §115.164 - Responder duties
- §115.165 - Coordinated response
- §115.166 - Protection of detainees from contact with alleged abusers
- §115.167 - Agency protection against retaliation
- §115.171 - Criminal and administrative investigations
- §115.172 - Evidentiary standards for administrative investigations
- §115.176 - Disciplinary sanctions for staff
- §115.177 - Corrective action for contractors and volunteers
- §115.182 - Access to emergency medical services
- §115.186 - Sexual abuse incident reviews
- §115.187 - Data collection
- §115.201 - Scope of Audits

Number of Standards Not Met: 0

Number of Standards Not Applicable: 1

- §115.114 - Juvenile and family detainees

Facility Risk Rating

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

PROVISIONS

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

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

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

§115.113 - Detainee supervision and monitoring

Outcome: Meets Standard

Notes:

(a)(b)(c): The facility provided ICE Directive 11087.1 for compliance review which mandates, "The FOD shall ensure that each holding facility maintains sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, video monitoring, to protect detainees against sexual abuse and assault. In so doing, the FOD shall take into consideration: The physical layout of each holding facility; The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse and assault; The findings and recommendations of sexual abuse and assault incident review reports; and any other relevant factors, including but not limited to, the length of time detainees spend in custody at the holding facility. The FOD shall ensure detainees placed in holding cells are subject to direct supervision, which shall include regular visual monitoring (b) (7)(E) as well as physical hold room checks at least every 15 minutes." In addition, ICE Directive 11087.1 further states, "The FOD shall at least annually review the application of this policy at each holding facility within his or her [Area of Responsibility] (AOR) to ensure ongoing compliance." The Auditor was provided with the facility staff roster for ICE staff. Facility staff work staggering shifts from 6:00 a.m. to 5:00 p.m. from Monday through Friday. The Auditor reviewed the annual facility Holding Facility Self-Assessment Tool (HFSAT) approved on March 29, 2023. This document, combined with the ICE Directive 11087.1 comprises the facility's comprehensive supervision guidelines. The Auditor reviewed a 15-minute Inspection Log Physical Check that confirmed detainees are monitored every 15 minutes while detained at the YHR. Interview with the SDDO/PSA Compliance Manager further confirmed that detainees are observed every 15 minutes while detained at YHR and the checks are documented on inspection logs that are posted outside of the holding cell door. Interview with the AFOD further confirmed that (b) (7)(E) to increase detainee supervision.

Corrective Action:

No corrective action needed.

§115.114 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

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

Corrective Action:

No corrective action needed.

§115.115 - Limits to cross-gender viewing and searches

Outcome: Meets Standard

Notes:

(b)(c)(d)(e)(f): The facility provided ICE Directive 11087.1 for compliance review which mandates, "The FOD shall ensure that when pat down searches indicate the need for a more thorough search, an extended search (i.e., strip search) is conducted in accordance with ICE policies and procedures, including that: All strip searches and visual body cavity searches are documented; Cross-gender strip searches or cross-gender visual body cavity searches are not conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners; and Visual body cavity searches of minors are conducted by a medical practitioner and not by law enforcement personnel. The FOD shall ensure that detainees are permitted to shower (where showers are available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks, or is otherwise appropriate in connection with a medical exam or monitored bowel movement under medical supervision. The FOD will also ensure that ERO personnel of the opposite gender announce their presence when entering an area where detainees are likely to be showering, performing bodily functions or changing clothing. The FOD shall ensure that ERO personnel do not search or physically examine a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records (if available), or, if necessary, learning that information as part of a broader medical examination conducted in private, by a medical practitioner." During the onsite audit, the Auditor observed (b) (7)(E) . The view to the toilet area within the holding cells is obstructed by a 4-foot wall that prevents casual viewing by staff walking in the hallway. The Auditor additionally observed (b) (7)(E) of the holding cells. (b) (7)(E) contained gray areas over the toilets that provided privacy for the detainee during use. The Auditor reviewed a memorandum from the facility stating that they have not conducted any strip searches or visual cavity searches in the last three

years. The Auditor reviewed the Agency training curriculum "Cross-Gender, Transgender, and Intersex Searches" and confirmed it was compliant with subsection (f) of the standard. The Auditor was provided and reviewed signed training certifications for Cross-Gender, Transgender, and Intersex Searches training for all ICE staff assigned to YHR. The Auditor was able to view a video of the last detainee processed into YHR. The search was performed by staff of the same gender as the detainee and was accomplished in a professional, respectful manner, and the least intrusive as possible. Interview with the SDDO/PSA Compliance Manager confirmed that opposite gender strip searches or visual body cavity searches are not conducted at YHR. Interviews with two ICE staff additionally confirmed that strip searches or body cavity searches are not conducted at the facility, but should one occur, it would be documented on Form G-1025 Record of Search. Interviews further confirmed that searching or physically examining a detainee for the sole purpose of determining the detainee's gender is not allowed.

Corrective Action:

No corrective action needed.

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

Outcome: Exceeds Standard

Notes:

(a)(b)(c): The facility provided ICE Directive 11087.1 for compliance review which mandates, "The FOD shall take appropriate steps to ensure that detainees with disabilities have an equal opportunity to participate in and benefit from processes and procedures in connection with placement in an ERO holding facility, consistent with established statutory, regulatory, DHS and ICE policy requirements. The FOD shall take reasonable steps to ensure meaningful access to detainees who are limited English proficient, consistent with established regulatory and DHS and ICE policy requirements." The facility also provided policy 11062.2 which states, "Appropriate steps in accordance with applicable law to ensure that detainees with disabilities (including detainees who are deaf or hard of hearing, those who are blind, or have low vision those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in, and benefit from all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse and sexual assault. In matters related to allegations of sexual abuse or assault, ensure the provision of in-person or telephonic interpretation that enable effective, accurate, and impartial interpretation by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and ICE determines that such interpretation is appropriate and consistent with DHS Policy." During the onsite audit the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number and the SAAPI pamphlet posted in English or Spanish. The facility had the capability to print the SAAPI pamphlets in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese for distribution to detainees. The facility also had the capability to provide the 2023ICE National Detainee Handbook in 15 languages: Arabic, Bengali, English, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Punjabi, Romanian, Russian, Simplified Chinese, Spanish, Turkish, and Vietnamese. DRIL posters were posted in English and Spanish. The Auditor observed the ERO Language line posters in the processing area. The Auditor reviewed the HFSAT dated March 29, 2023, which confirms that the facility has not detained any detainees requiring special needs at the facility during the audit period. The Auditor also observed a folder that automatically loads to the intake area desktops when staff sign on. The folder contains informational guides for the ERO Language Access Resource Center (Lionbridge language line), Disability Accommodation links that include instructions on how to access Visual Language Professionals (VLP) for sign language and video remote interpretation. The folder additionally contains links to the ICE Detainee National Handbook and SAAPI pamphlets in all available languages. Interview with the SDDO/PSA Compliance Manager confirmed prior to arrival staff would be notified of any detainee that required special accommodation. Interviews with two ICE staff confirmed that should a detainee have a vision disability information would be read to them or if a detainee was hearing impaired information would be provided in a written format or through the VLP service. Interviews further confirmed that should a detainee have an intellectual or psychiatric disability facility staff would speak slower or utilize language that is easily understood

to the detainee. Interviews with staff also confirmed they would not allow another detainee to interpret for another in matters relating to allegations of sexual abuse unless the detainee expresses a preference for another detainee to provide interpretation, and the agency determines that such interpretation is appropriate and consistent with DHS policy. Both staff members and the designee were able to show the Auditor where the folder was located and could articulate how resource information within the folder would be used. Staff could additionally locate the ICE National Detainee Handbook and SAAPI information pamphlets in all available languages within the folder. Both staff members interviewed also stated they would utilize the language line as needed for interpretation services and pointed out signage in the intake area.

Corrective Action:

No corrective action needed.

§115.117 - Hiring and promotion decisions

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The facility provided 5 CFR 731, E.O. 10450, ICE Directive 6-7.0 and ICE Directive 6-8.0 for compliance review which mandate, "The agency shall not hire or promote anyone including a contractor or volunteer that has contact with detainees who has engaged in or attempted to engage in, been convicted of sexual abuse in a prison, jail, holding facility community confinement facility, juvenile facility or other institution or who has been civilly or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse. When the agency is considering hiring or promoting staff, it shall ask all applicants about previous misconduct described above in written applications or interviews. The agency shall also impose a continuing affirmative duty to disclose any misconduct. Before hiring any new employee, who may have contact with detainees, a background investigation for suitability of employment shall be conducted and an updated background investigation shall be completed for employees every five years." These documents collectively require anyone entering into or remaining in government service undergo a thorough background examination for suitability and reinvestigations every 5 years. The background investigation, depending on the type of work, is thorough to include education checks, criminal records check, neighbor, and residence checks, financial checks, and prior employment checks. The policy documents outline misconduct and criminal misconduct being grounds for unsuitability, including material omissions or making false or misleading statements in the application. The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Based on information provided in an email by the OPR PSO (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. Based on the memorandum dated November 8, 2021, issued by the ICE Acting Deputy Director, Employee Obligation to Report Corruption and Misconduct, ICE employees are obligated to report criminal and other allegations of employee and contractor misconduct, specifically including "sexual assaults, sexual harassment, or non-sexual harassment of […] detainees." The Auditor submitted six ICE names to PSO to determine compliance with background investigations. All six staff members were current on background investigations. YHR does not hire employee contractors or utilize volunteer services who may have detainee contact. Interviews with two ICE staff confirmed their awareness of the agency's requirements to disclose any misconduct outlined in provision (a) of this standard. YHR did not have any promotions within the audit period.

Corrective Action:

No corrective action needed.

§115.118 - Upgrades to facilities and technologies

Outcome: Meets Standard

Notes:

(a): This subsection of the standard is not applicable. YHR has not designed or acquired a new holding facility or planned a substantial expansion or modification of the existing holding facility.

(b): The facility provided ICE Directive 11087.1 for compliance review which mandates, "When designing or developing any new ERO holding facility and in planning any substantial expansion or modification of existing holding facilities, the FOD, in coordination with the Office of Facilities Administration, Office of the Chief Financial Officer, shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse and assault. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology in a hold room, the FOD, in coordination with the Office of Facilities Administration, Office of the Chief Financial Officer, shall consider how such technology may enhance the agency's ability to protect detainees from sexual abuse and assault." The Auditor reviewed a memorandum which stated YHR completed an upgrade to the video monitoring system in 2022 which included the addition of two cameras. The memorandum additionally stated that during the planning, designing, and installation the agency did consider how such technology may enhance the ability to protect detainees from sexual abuse. Interview with the AFOD confirmed that the new cameras were added during the upgrade planning phase to protect detainees from sexual abuse and provide additional security for detainees and staff.

Corrective Action:

No corrective action needed.

§115.121 - Evidence protocol and forensic medical examinations

Outcome: Meets Standard

Notes:

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

coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE Enforcement and Removal Operations ERO FOD and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of the Inspector General (OIG), OPR, or the local law enforcement agency, the ICE AFOD would assign an administrative investigation to be conducted." A review of agency policy confirmed the agency will follow a uniform evidence protocol which is developmentally appropriate for juveniles as applicable. The Auditor was provided with Forensic Sexual Assault Violence Against Women Act Compliance Protocol for the County of Yuma, Arizona, and the Arizona Sexual Assault Statewide Guidelines for review. The Auditor reviewed emails between Yuma Police Department (YPD) and YHR which confirmed YPD would conduct the investigation. Review of the emails additionally confirmed YHR has requested YPD follow the requirements of subsections (a) through (d) of the standard. Interview with the SDDO/PSA Compliance Manager confirmed the YPD would conduct investigations of sexual assault and sexual abuse allegations occurring at the YHR. There were no allegations of sexual abuse reported at YHR during the audit period.

(b)(c)(d): ICE Directive 11087.1, states in part that; "The FOD shall coordinate with the ERO [Headquarters] HQ, and the Agency PSA Coordinator, in utilizing, to the extent available and appropriate, community resources and services that provide expertise and support in areas of crisis intervention and counseling to address victims' needs." The policy also states that "where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the FOD shall arrange or refer an alleged victim detainee to a medical facility to undergo a forensic medical examination, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified health care personnel. If in connection with an allegation of sexual abuse, the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available consistent with security needs." The Auditor reviewed emails between YHR and Amberly's Place Advocacy Center establishing services that include crisis intervention, counseling, and free forensic medical examinations completed by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE). The Auditor observed posters for Amberly's Place on the walls in the intake area and holding cells with contact numbers. The Auditor attempted to make a telephone call to Amberly's Place; however, the call was not completed because they do not accept collect calls. The Auditor was able to contact the center using her private telephone. The advocate confirmed crisis intervention and counseling would be provided. The facility reported in the PAQ that victims of sexual assault would be transferred for treatment to Yuma Regional Medical Center. Interview with the SDDO/PSA Compliance Manager confirmed detainees would be sent to Yuma Regional Medical Center for treatment. There were no allegations of sexual abuse reported at YHR during the audit period.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The facility provided ICE Directive 11062.2 for compliance review which states, "When an alleged sexual abuse incident occurs in ERO custody, the FOD shall a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006 Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically

within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum." ICE Directive 11062.2 further dictates, that "The JIC shall notify the DHS Office of Inspector General (OIG)," and "the OPR shall coordinate with the FOD or SAC and facility staff to ensure evidence is appropriately secured and preserved pending an investigation by federal, state, or local law enforcement, DHS OIG, or referral to OPR." ICE Directive 11062.2 further states, "All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise." The Auditor reviewed the ICE website (www.ice.gov/detain/prea) which confirms the protocols are available to the public. The facility submitted a memorandum stating that there has not been an allegation of sexual abuse or assault at YHR in the last five years. The memorandum further outlined actions of leadership, management, and staff to include reporting instructions to the Joint Intake Center and YPD. Interview with the PSA Compliance Manager confirmed that Agency protocols would be followed to ensure all allegations of sexual abuse are reported to the PSA Coordinator, the JIC, the DHS OIG, and YPD and all allegations would be thoroughly investigated. There were no allegations of sexual abuse reported at YHR during the audit period.

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

Corrective Action:

No corrective action needed.

§115.131 - Employee, contractor, and volunteer training

Outcome: Meets Standard

Notes:

(a)(b)(c): The facility provided ICE Directive 11062.2 for compliance review which mandates, "All current employees required to take the training, [as outlined in the Directive], shall be trained as soon as practicable, but no later than May 1, 2015, 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." Policy 11062.2 further states, "All ICE personnel who may have contact with individuals in ICE custody, including all ERO officers and HSI special agents, shall receive training on, among other items: a) ICE's zero-tolerance policy for all forms of sexual abuse and assault; b) The right of detainees and staff to be free from sexual abuse or assault; c) Definitions and examples of prohibited and illegal behavior; d) Dynamics of sexual abuse and assault in confinement; e) Prohibitions on retaliation against individuals who report sexual abuse or assault; f) Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including: i) Common reactions of sexual abuse and assault victims; ii) How to detect and respond to signs of threatened and actual sexual abuse or assault; iii) Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and iv) How to communicate

effectively and professionally with victims and individuals reporting sexual abuse or assault; g) How to avoid inappropriate relationships with detainees; h) Accommodating limited English proficient individuals and individuals with mental or physical disabilities; i) communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals, and members of other vulnerable populations; j) Procedures for fulfilling notification and reporting requirements under this Directive; k) The investigation process; and l) The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." Additionally, Directive 11062.2 requires the agency "document that all ICE personnel who may have contact with individuals in ICE custody have completed the training." The Auditor reviewed the ICE Sexual Abuse and Assault Prevention and Intervention (SAAPI) Awareness training slides, a roster of names and completion dates for ICE SAAPI training, and a SAAPI in person training roster for training completed at YHR during October/November 2023. The facility further provided PREA training certificates for all assigned ICE staff. Provided training included all of the elements required of subsection (a) of this standard. Interviews with the SDDO and two ICE staff confirmed that PREA training is received annually. There are no contractors or volunteers that enter the facility.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Notes:

The facility provided ICE Directive 11062.2 for compliance review which mandates, "The FOD shall ensure that key information regarding ICE's zero-tolerance policy for sexual abuse and assault is visible or continuously and readily available to detainees (e.g., through posters, detainee handbooks, or other written formats)." During the onsite audit the Auditor observed the DHS-prescribed Sexual Awareness Notice posted in English and Spanish posted in the intake area and on the holding cell walls. The facility had the capability to provide the ICE National Detainee Handbook in 15 languages: Arabic, Bengali, English, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Punjabi, Romanian, Russian, Simplified Chinese, Spanish, Turkish, and Vietnamese, and the SAAPI pamphlet in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. Interview with the SDDO/PSA Compliance Manager confirmed that the prevalent languages encountered at YHR are English and Spanish. The facility has bilingual staff available for communicating verbally with Spanish speaking detainees. Interviews with the SDDO and two ICE staff confirmed that the ERO language line would be utilized if other languages are needed.

Corrective Action:

No corrective action needed.

§115.134 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): The facility provided ICE Directive 11062.2 for compliance review which mandates, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process." The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to investigate an allegation of sexual abuse in a confinement setting. The Agency also offers Fact Finders Training which includes topics on administrative investigations, interacting with victims, how to interact with LEP or Lesbian, Gay, Bi-Sexual,

Transgender, or Intersex (LGBTQI), and disabled detainees. Both trainings and documented evidence of training for ICE staff were available on the ERAU SharePoint for review by the Auditor. Interview with the SDDO/PSA Compliance Manager confirmed that administrative investigations would be conducted by the PREA Field Coordinator. The Auditor confirmed the Field Coordinator's completion of specialized training for investigations through the ERAU SharePoint folder. The SDDO further stated that YPD would conduct the criminal investigation for the facility. There were no allegations of sexual abuse reported during the audit period.

Corrective Action:

No corrective action needed.

§115.141 - Assessment for risk of victimization and abusiveness

Outcome: Meets Standard

Notes:

(a)(c)(d)(e): The facility provided ICE Directive 11087.1 for compliance review which mandates, "The FOD should ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused or assaulted, and, when appropriate, shall take necessary steps to mitigate any such danger to the detainee. The FOD shall ensure that the following criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available: Whether the detainee has a mental, physical, or developmental disability; The age of the detainee; The physical build and appearance of the detainee; Whether the detainee has previously been incarcerated or detained; The nature of the detainee's criminal history; Whether the detainee has any convictions for sex offenses; Whether the detainee has self-identified as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI) or gender nonconforming; Whether the detainee has self-identified as previously experiencing sexual victimization; and The detainee's own concerns about his or her physical safety. For detainees identified as being at high risk for victimization, the FOD shall provide heightened protection, including continuous direct sight and sound supervision, single-housing, or placement in a hold room actively monitored on video by a staff member sufficiently proximate to intervene, unless no such option is feasible. The FOD shall implement appropriate controls on the dissemination of any sensitive information regarding a detainee provided pursuant to screening procedures." The Auditor was provided with a Risk Classification Assessment (RCA) for review, RCA ERO refresher training slides and the RCA in EARM 5.0 quick reference guide. The facility further provided a detainee in-processing form that is utilized for each detainee processed into YHR. The Auditor had an ICE staff member walk her through the intake procedure. The facility is provided special alert or needs information on each detainee prior to the detainee arriving onsite. Special needs or alerts can also be entered into the system for staff to review such as disability, prior victimization or if the detainee identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. Any special alerts are also noted on intake paperwork that is given to staff upon the detainee's arrival. YHR utilizes the RCA which includes information on whether the detainee has a mental, physical, or developmental disability, the age of the detainee, whether the detainee has been previously incarcerated or detained, the nature of the detainee's criminal history, disciplinary information, whether the detainee has self-identified as LGBTI or gender nonconforming, whether the detainee has self-identified as having previously experienced sexual victimization, and the detainee's own concerns about his or her physical safety. Staff review the information and will hold detainees accordingly within the facility. Appropriate controls are maintained for sensitive information and certain areas of the system can only be accessed based on job duties. Interview with the SDDO/PSA Compliance Manager confirmed that the RCA is utilized and detainees with special needs or vulnerabilities would be detained in cells closest to the intake area. The designee further confirmed that consideration for cell assignment is based on alerts, the RCA, information received by the sending facility and information obtained from the Deportation Officer assigned to the case. Interviews with two ICE staff confirmed that paperwork, to include the assessment, is completed prior to placing a detainee in the holding cell. As there were no detainees processed into the facility during the onsite, there were no records for the Auditor to review.

(b): ICE Directive 11062.2 states, "The FOD shall ensure that detainees who may be held overnight with other detainees are assessed to determine their risk of being either sexually abused or sexually abusive, to include being

asked about their concerns for their physical safety." According to the PAQ, the YHR does not hold detainees overnight. This subsection of the standard is not applicable.

Corrective Action:

No corrective action needed.

§115.151 - Detainee reporting

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

§115.154 - Third-party reporting

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

§115.161 - Staff reporting duties

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The facility provided ICE Directive 11062.2 for review which mandates, "All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of

responsibilities that may have contributed to an incident or retaliation." Generalized training for all ICE staff include, "The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." ICE Directive 11062.2 also states, "If alleged victim is under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] (OPLA) Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, [the FOD shall report] the allegation to the designated state of local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section." In addition, the facility provided a memorandum from Acting Deputy Director Lechleitner dated November 8, 2021. This memorandum reiterates the types of misconduct allegations that employees must report to the JIC, OPR, or the DHS OIG and those types of allegations that should be referred to local management. During the onsite audit the Auditor observed DHS OIG posters in the intake area and in the holding cells. Interviews with the SDDO and two ICE staff confirmed that any knowledge, suspicion or information of an allegation, retaliation against a detainee or staff or staff misconduct of responsibilities would be reported immediately to a supervisor. Interviews further confirmed staff were knowledgeable about how to utilize the DHS OIG as a reporting resource. Staff further stated that information related to a sexual abuse report would not be shared unless there was a valid need to know the information and would only be shared for safety, treatment, investigation, or security management purposes. YHR does not process juveniles through the facility, but an interview with the SDDO confirmed that should a vulnerable adult allege sexual abuse the appropriate Arizona Social Services Department would be notified.

Corrective Action:

No corrective action needed.

§115.162 - Agency protection duties

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

§115.163 - Reporting to other confinement facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The facility provided ICE Directive 11062.2 for compliance review which mandates, "If the alleged assault occurred at a different facility from the one where it was reported, ensure that the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation, and document such notification." The Auditor was provided with a memorandum that the facility has not received any allegations that a detainee was sexually abused while confined at another facility during the audit period. The memorandum additionally stated that should a detainee currently detained at YHR report abuse that occurred at a different facility the AFOD or SDDO would notify the appropriate agency, facility, or administrator of the facility as soon as possible, but no later than 72 hours. The AFOD or SDDO would follow up telephonic contact with email notification. The SDDO/PSA Compliance Manager confirmed that if information was received that a detainee was sexually abused while confined at another facility a notification would be made to the sending facility's administrator and appropriate agency office immediately. The designee further confirmed that should YHR receive notification a detainee was sexually abused while detained at their facility notifications would be made to the OPR, YPD, and ICE JIC via the ICE

Significant Event Notification (SEN) database. All notifications would be written via email with follow up telephone calls made immediately. There were no allegations of sexual abuse reported at YHR that occurred at another facility or reports received from another facility that an incident of sexual abuse had occurred at YHR during the audit period.

Corrective Action:

No corrective action needed.

§115.164 - Responder duties

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

§115.165 - Coordinated response

Outcome: Meets Standard

Notes:

(a)(b)(c): The facility provided ICE Directive 11087.1 for compliance review which mandates, "The FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse and assault occurring in holding facilities, or in the course of transit to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse or assault that occurred elsewhere in ICE custody." ICE Directive 11087.1 further states, "If a victim is transferred from a holding facility to a detention facility or to a non-ICE facility, the FOD shall inform the receiving facility of the incident and the victim's potential need for medical or mental health care of victim services." The Auditor reviewed a memorandum which stated there has not been any allegations of sexual abuse at YHR where a victim was transferred from YHR to another facility requiring notification of a victim's potential need for medical, mental health care or victim services. The Auditor was also provided with the ICE "Application of DHS PREA 115.165: Coordinated Response" broadcast which provides instruction to Hold Rooms pertaining victim transfers between subpart A and B facilities, noncovered facilities and the victim's potential need for services. Interview with the SDDO/PSA Compliance Manager confirmed that should a detainee be transferred to a DHS facility the receiving facility would receive information about the victim's potential need for medical or social services. Additionally, the SDDO confirmed that should a detainee be transferred to a non-DHS facility information would be given to the receiving facility unless the detainee did not consent.

Corrective Action:

No corrective action needed.

§115.166 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

The facility provided ICE Directive 11062.2 for compliance review which states: "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." The SDDO confirmed that currently there are no contractors who have contact with detainees or volunteers at the YHR. She also stated that any person alleged to have committed sexual abuse would be removed from all detainee contact until the conclusion of the investigation. There were no allegations of sexual abuse reported at YHR during the audit period.

Corrective Action:

No corrective action needed.

§115.167 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

The facility provided ICE Directive 11062.2 for compliance review which mandates, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force." The Auditor reviewed a memorandum that stated there had not been any reports of retaliation related to sexual abuse or assault during the audit period. Interview with the SDDO/PSA Compliance Manager confirmed that should an incident occur; the facility would monitor staff or detainees for retaliation. Interviews with two ICE staff confirmed that that retaliation in any form is not permitted and such conduct would be grounds for disciplinary action. There were no allegations of sexual abuse reported at YHR during the audit period.

Corrective Action:

No corrective action needed.

§115.171 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

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

abuse, documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings, and retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years, and that such procedures shall govern the coordination and sequencing of administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation. Interview with the SDDO/PSA Compliance Manager confirmed should an investigation be required, it would be prompt, thorough, objective and conducted by either the PREA Field Coordinator or, if criminal, the YPD. The Field PREA Coordinator has completed the specialized investigator training required under standard 115.134. The interview further confirmed that an investigation would only be conducted after consultation with the appropriate DHS investigative office, with ICE OPR having first right of refusal. This investigation would continue until it was finished even if the alleged abuse or victim has left the facility or not employed by the agency. The Auditor reviewed agency policy which confirms procedures for administrative investigations do include preservation of direct and circumstantial evidence, interviews with all parties involved, credibility assessments, descriptions of all evidence, investigative facts and findings and retention of reports. Interview with the SDDO/PSA Compliance Manager further confirmed that should YPD need to investigate an incident, the facility would remain informed by receiving a case number and following up via email or telephone about the progress of the case. There were no allegations of sexual abuse reported at YHR during the audit period.

Corrective Action:

No corrective action needed.

§115.172 - Evidentiary standards for administrative investigations

Outcome: Meets Standard

Notes:

The facility provided ICE Directive 11062.2 for compliance review which states, "the OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse and may not be terminated solely due to the departure of the alleged abuser or victim from employment or control of ICE." Interview with the SDDO/PSA Compliance Manager indicated that ICE would conduct any administrative investigations for the facility. The evidentiary standard used to determine the outcome of this investigation would be no standard higher than a preponderance of the evidence. There were no allegations of sexual abuse reported at YHR during the audit period.

Corrective Action:

No corrective action needed.

§115.176 - Disciplinary sanctions for staff

Outcome: Meets Standard

Notes:

(a)(c)(d): The facility provided ICE Directive 11062.2 for compliance review which mandates, "Upon receiving notification from a FOD or Special Agent in Charge (SAC) of the removal or resignation in lieu of removal of staff for violating agency or facility sexual abuse and assault policies; Report that information to appropriate law enforcement agencies, unless the activity was clearly not criminal; and Make reasonable efforts to report that information to any relevant licensing bodies, to the extent known." The Auditor was provided with a memorandum that stated the YHR did not have any termination, resignations or other sanctions imposed due to an incident of sexual abuse during the audit period. The memorandum further stated there is not a template letter that would be utilized for such instances; however, documentation would be forwarded to a licensing body and routed through the ICE Office of Principal Legal Advisor and ICE Office of Human/Capital/Employee & Labor relations. Interview with the SDDO/PSA Compliance Manager confirmed that staff would be subject to disciplinary or adverse action up to and including removal for substantiated allegations of sexual abuse or for violating agency sexual abuse policies. The SDDO/PSA Compliance Manager further confirmed that YHR

would report all removals or resignations in lieu of removal for violations of sexual abuse policies unless the action was clearly not criminal. Additionally, licensing bodies would be notified of removal or resignations if required. There were no allegations of sexual abuse reported at YHR during the audit period.

Corrective Action:

No corrective action needed.

§115.177 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b): The facility provided ICE Directive 11062.2 for compliance review which mandates "The FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring contact with detainees pending the outcome of an investigation." The Auditor was provided with a memorandum that stated YHR does not have any contractors or volunteers employed at the office. An additional memorandum stated that no licensing bodies were notified for staff violations of sexual abuse policies during the audit period. The Auditor reviewed a memorandum that stated YHR does not employ contractors or utilize volunteers that have detainee contact.

Corrective Action:

No corrective action needed.

§115.182 - Access to emergency medical services

Outcome: Meets Standard

Notes:

(a)(b): The facility provided ICE Directive 11062.2 for compliance review which mandates "The FOD shall ensure that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. The FOD shall coordinate with ERO HQ, and the Agency PSA Coordinator, in utilizing, to the extent available, any community resources and services that provide expertise and support in the areas of crisis intervention and counseling to address the victims' needs." Further, Policy 11087.1 provides that "victims of sexual abuse shall be provided emergency medical and mental health services and any ongoing care necessary. All treatment services, both emergency and ongoing, shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The facility provided a memorandum which stated the facility has not had to provide emergency medical services to a detainee victim during the audit period. Interview with the SDDO/PSA Compliance Manager confirmed emergent medical care would be provided by Yuma Regional Medical Center free of charge and whether the detainee names the abuser or cooperates with the investigation.

Corrective Action:

No corrective action needed.

§115.186 - Sexual abuse incident reviews

Outcome: Meets Standard

Notes:

(a): The facility provided ICE Directive 11087.1 for compliance review which states, "A sexual abuse and assault incident review shall be conducted at the conclusion of every investigation of sexual abuse or assault occurring at a holding facility and unless the allegation was determined to be unfounded, a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. Such review shall ordinarily occur within 30 days of the ERO's receipt of the investigation results from the investigating authority. The FOD shall implement the recommendations for improvement, or shall document its reasons for not doing so, in written justification. Both the report and justification shall be forwarded to the Agency PSA Coordinator." YHR did not have any allegations of abuse for

the Auditor to review but provided a blank Sexual Abuse Assault Incident Review Form for the Auditor to review. The form included sections for date, time, parties involved, team members, incident date, names of the parties involved, team members, investigation details, disciplinary sanctions imposed, and incident review findings which included: group dynamics, staffing, physical plant, incident response, and other general review areas. The last section of the form was for the facility to enter any recommended change in policies, procedures or practices, and the method of implementation. The Auditor reviewed two memorandums from YHR that stated the Sexual Abuse Incident Review form would be utilized; however, there have not been any reports to recommend changes in policy, practice, or procedures. Interview with the SDDO/PSA Compliance Manager confirmed that YHR would utilize the provided form and the review would be completed within 30 days following the conclusion of an investigation.

Corrective Action:

No corrective action needed.

§115.187 - Data collection

Outcome: Meets Standard

Notes:

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

Corrective Action:

No corrective action needed.

§115.193 - Audits of standards

Outcome: Low Risk (all standards met)

Notes:

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

§115.201 - Scope of Audits

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, and other relevant documentation were provided for review. There were no detainees processed into the facility during the onsite for the Auditor to interview. Audit notices in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese were observed by the Auditor posted in the intake area and holding cells advising detainees they were permitted to send confidential information or correspondence to the Auditor. The Auditor did not receive correspondence from any detainee, staff, or outside entity prior to the onsite audit.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Jodi Upshaw 3/7/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C) 3/8/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 3/7/2024

Assistant Program Manager's Signature & Date