

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Robert L. Manville	Organization:	The Nakamoto Group, Inc.
Email address:	(b) (6), (b) (7)(C)	Telephone number:	912-486 (b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	San Antonio
ICE Field Office Director:	Daniel B ble
PREA Field Coordinator:	
Field Office HQ physical address:	1777 NE Loop 410 Suite 1500, San Antonio, Texas
Mailing address: (if different from above)	Same

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Harlingen Resident Office Holding Room		
Physical address:	1717 Zoy Street, Harlingen Texas 78552		
Mailing address: (if different from above)			
Telephone number:	956-389-7804		
Facility type:	<input checked="" type="checkbox"/> Holding	<input type="checkbox"/> Staging	
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Supervisory Deportation Detention Officer
Email address:	(b) (6), (b) (7)(C)	Telephone number:	956-535- (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Jose Cortez	Title:	Supervisory Deportation Detention Officer
Email address:	(b) (6), (b) (7)(C)	Telephone number:	210-818 (b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The on-site PREA (Prison Rape Elimination Act) audit of the Harlingen Resident Office Holding Room, (HROHR), Harlingen, Texas, was conducted on August 15-16, 2017. The audit was completed by Robert Manville, Nakamoto Group Inc., a certified auditor. This was the first PREA audit for this facility. Prior to the on-site audit, the facility submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire to the auditor. The documentation consisted of ICE policies and procedures, as well as other supporting documents.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: Office of Detention Oversight (ODO) Section Chief (b) (6), (b) (7)(C), Assistant Field Office Director (AFOD) (b) (6), (b) (7)(C), Supervisory Detention & Deportation Officer (SDDO) (b) (6), (b) (7)(C), SDDO Jose Cortez and SDDO (b) (6), (b) (7)(C). Following the entrance meeting, the SDDO staff and Section Chief (b) (6), (b) (7)(C) accompanied the PREA audit on a tour of the holding room area.

The holding room facility is located in a Federal Government multipurpose building that serves the Immigration Enforcement community. The facility is located on the first floor with a secure sally port garage for loading and off-loading detainees. There is a sally port area that is utilized to access other administrative areas of the building. The holding facility has seven holding rooms with a total capacity of 114 detainees. There is an intake and a processing section located in the center area. There are four (4) private interview rooms located in the holding room area. There is a control room that controls access to the holding room area. There are approximately 10 cameras monitored from the control room. These cameras are used to monitor the (b) (6), (b) (7)(C) that serve the Immigration community. Each holding room is equipped with a bathroom area that contains a privacy wall, a bulletin board with ICE information and a telephone. The bulletin board included PREA Zero Tolerance, OIG Hotline Report Alternative Assistance Reporting, a Consulate Offices phone list, "I Speak All Language" Posters in English and Spanish. Notice of audit was also posted in the holding room and common areas. There are no showers available for detainees at HROHR.

Detainees are not housed at HROHR, but are held for processing. The facility receives detainees from local jail and eligible juveniles from Hester Juvenile Center. Based on prior information, the center begins making an A file and developing a plan of action for processing the detainee prior to the detainee arriving at the holding facility. Prior to picking up any juveniles, the Field Office Juvenile Coordinator develops a plan of care for the placement of those juveniles with a family member or the Office of Refugee Resettlement (ORR). The facility begins receiving detainees at six o'clock a.m. and removes all detainees by four-thirty p.m. Each detainee is processed and bussed to a detention facility or other deportation area during this time period. The facility utilizes Trai boss, an Immigration and Customs contract transportation service, only to pick up detainees from local jails and to transport them to their final destination after being processed.

ICE staff provide all services related to the care, custody and supervision of the detainee population.

A total of eleven staff interviews were conducted during the audit. The interviews included ICE officers and supervisors. All ICE staff interviewed were aware of the agency's zero tolerance policy and knew their responsibilities to protect detainees from sexual abuse/harassment and their duties as first responders as part of a coordinated response. All interviewed staff demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status. The AFOD, SDDO in charge of the facility operations and the SDDO Prevention of Sexual Abuse (PSA) Compliance Manager, were also interviewed. The ICE Health Service Corps (IHSC) Field Office Medical Coordinator was interviewed regarding the provision of medical services. The facility utilizes Valley Baptist Medical Center to provide required medical services. Telephonic interviews were conducted with an administrative assistant and the emergency room lead nurse from Valley Baptist Medical Center. Staff verified the Medical Center employed nurses trained as Sexual Assault Nurse Examiners (SANE). Staff at the hospital also verified they had a cooperative agreement with the Family Crisis Center to provide advocacy services to persons that have been sexually abused. Telephonic interviews with Family Crisis Center service delivery staff verified they served as victim advocates and provided counseling services for sexually abused persons when requested.

During the audit, the facility processed 17 detainees. The average population was eight detainees, all of which were adult males. Interviews were conducted with 11 detainees in a private room inside the facility. One of the detainees interviewed self-identified as being Lesbian Gay Bisexual Transgender or Intersex (LGBTI). No detainees were disabled and nine were limited English proficient (LEP). Certified Languages International Interpretation Services was utilized to interview the detainees that were not English proficient. None of the detainees reported any previous sexual abuse. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms and stated that they felt safe at the facility. Additionally, they indicated they would contact staff, if necessary, concerning a PREA related issue. All detainees reported they had been asked if they had been sexually abused prior to coming to the facility or if they had any fears that would require them to be housed separately from anyone at the facility. None of the detainees interviewed had been in the facility for more than six hours. Two detainees refused to be interviewed.

SUMMARY OF OVERALL FINDINGS:

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

When the on-site audit was completed, a close-out meeting was held with the following persons were in attendance: ODO Section Chief (b) (6), (b) (7)(C) AFOD (b) (6), (b) (7)(C) SDDO (b) (6), (b) (7)(C) SDDO Jose Cortez and SDDO (b) (6), (b) (7)(C) and Captain (b) (6), (b) (7)(C) IHSC. The facility staff were courteous, cooperative and professional. The interaction observed between staff/detainee was considered appropriate. Observations during the tour confirmed that the facility was clean and appropriately staffed with ICE personnel. There were no blind spots observed during the tour. The control room is used to control access to the control room area and also to provide security for all operations within the multi-function building. The SDDO assigned to operate the facility and the SDDO that serves as the PREA Compliance Officer were extremely knowledgeable about ICE PREA standards. Both had attended ICE Sexual Abuse Investigation Training.

The standards used for this audit became effective in March 2014. There are thirty one (31) PREA standards for a Subpart B audit. Thirty (30) standards were found to "Meet" the standards, one standard was found to be at "Low Risk". No standard was found as "Does Not Meet" and no corrective plan is required.

The facility provided the auditor with a plan for additional cameras and upgrades to the video equipment. The AFOD indicated the Field Office had requested the project be funded and would upgrade the system if approved. These modification would enhance the monitoring capabilities of the facility. The auditor was provided with extensive and lengthy documents and files prior to and during the audit to support the findings of the audit. Observations made during the tour and interviews support compliance. All areas of the facility were observed to be very clean and well maintained. At the conclusion of the audit, the auditor thanked the staff for their preparation, hard work, and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	31
Number of standards not met:	0

PROVISIONS

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

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

Sexual Abuse and Assault Prevention and Intervention (ICE Policy 11062.2) addresses the requirements of this standard. This agency-wide policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting and responding to such conduct. ICE has a full-time agency-wide PREA Coordinator who is responsible for the implementation, evaluation, coordination, and compliance with the PREA standards throughout the agency. The HROHR AFOD appointed a PSA Coordinator who reports to the AFOD and also serves as the facility PSA Compliance Manager, working with the SDDO in charge of the facility on PREA issues. The PSA Coordinator confirmed he has sufficient time and authority to oversee compliance with the PREA. (Continued on last page)

§115.113 – Detainee supervision and monitoring.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

Operation of ERO Holding Facilities (ICE Policy 11087.1) and Harlingen Holding Policy HRO-2017-01 address all requirements of this standard. Policy requires that the facility conduct documented hold room checks a minimum of once every fifteen minutes. Policy also requires that a comprehensive staffing analysis is completed annually and that the SDDO in charge of the facility maintain adequate staff to supervise the detainee population. A review of the staffing plan, organizational chart and an interview with the SDDO in charge provided sufficient evidence that staff are available to ensure a safe and secure environment for staff and detainees. A review of hold room logs confirmed the facility conducted security checks within the required time frames. The facility conducted a video mapping on January 11, 2017. (Continued on last page)

§115.114 – Juvenile and family detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address all requirements of this standard. The facility houses juveniles separately from adult detainees. The facility also attempts to further separate the population by age and size of the juveniles. Intake staff review all appropriate documentation and interview the juvenile to determine maturity and/or gang affiliation. Further, staff separate younger and smaller juveniles from older, larger juveniles. Families are not housed at the facility. Due to the design of the holding room, juveniles are not allowed to stay outside of their rooms. Facility management staff were aware of the Flores Agreement and the requirement for keeping juveniles separate from non-parental adults. Compliance was determined based on interviews with intake staff and Supervisory Deportation and Detention Staff.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 outline the requirements of this standard. The facility SDDO indicated that cross-gender strip searches or cross-gender visual body cavity searches are not permitted, except in exigent circumstances or when performed by medical practitioners. The facility reported there were no visual body cavity or strip searches conducted during the audit period. If conducted, the search is required to be documented. Additionally, detainees have privacy to change clothes and perform bodily functions without being seen by staff of the opposite gender. (Continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 outline the requirements of this standard. The facility takes necessary steps to implement these requirements. The facility has bilingual staff and a contract with an interpretation service to provide any language interpretation for detainees who are LEP. The facility also displays "We Speak Every Language" posters in English and Spanish in the processing area of the facility. The facility PREA Compliance Officer and the AFOD indicated that any detainee who is hearing or seeing impaired would be transported to Port Isabel, a nearby detention facility, for processing.

§115.117 – Hiring and promotion decisions.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The facility operates under Executive Order 13764, 5 C.F.R. 731 and ICE Personnel Security and Suitability Program (ICE Directive 6-7.0) which requires all staff to pass a background investigation to comply with this standard. The provision of false information is grounds for termination. The AFOD was interviewed and stated that all components of this standard have been met. All ICE employees have had background checks completed every five years.

§115.118 – Upgrades to facilities and technologies.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

The facility had a technology upgrade review on January 11, 2017. The review included equipment upgrades and a video mapping of the facility. (b) (7)(E) . The facility has requested funding from the FOD's office and plan to complete the project when funding is made available.

§115.121 – Evidence protocols and forensic medical examinations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address the requirements of this standard. Regional Supervisor for the Federal Protective Service advised they would investigate in any criminal activity within a Federal Building and would coordinate with local law enforcement as required. There are two trained ICE Sexual Abuse Investigators on staff at HROHR. All forensic medical examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) from Valley Baptist Hospital. Local victim advocacy services were confirmed through interviews with staff from the Family Crisis Center. The lead emergency room nurse at Valley Hospital and a first responder from Family Crisis Center were contacted and verified this information.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11062.2 addresses the requirements of this standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse. The Federal Protective Service conducts criminal investigations. The Regional Supervisor for the Federal Protective Service was interviewed and advised the agency had trained sexual abuse investigative staff. Trained ICE staff would conduct administrative investigations at the facility. The PSA Coordinator is a trained sexual abuse investigator and was found to be very knowledgeable concerning his responsibilities in the investigative process. The on-site ICE staff have the responsibility of notifying the PSA Coordinator, AFOD, FOD and necessary ICE departments as directed by the FOD or AFOD. Compliance was verified through interviews with staff and the AFOD.

§115.131 – Employee, contractor and volunteer training.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11062.2 establishes the requirements of this standard. ICE staff receive PREA training initially at the ICE Training Academy and additionally during refresher training. All ICE staff received initial training during the implementation of PREA in 2014 and the training program was implemented at the ICE Training Academy during the same time period. A review of the training curriculums confirmed all required elements of the standard are included. A review of the ICE training files confirmed ICE staff completion of training.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

Detainees indicated that, at the time of arrival, they were told about their right to be free from sexual abuse, sexual harassment and retaliation. Additionally, they received information relative to zero tolerance and reporting procedures, to include multiple ways of how to report sexual abuse or sexual harassment from posters located in each holding room. The tour of the facility confirmed that these PREA education posters including methods of reporting. These posters included OIG hotline and Detainee Assistants Posters (poster is designed to encourage detainees to communicate needs with staff) and Zero Tolerance Posters in English and Spanish. Interviews with staff and detainees, as well as a review of supporting documentation, confirm the facility's compliance with this standard.

§115.134 – Specialized training: Investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. The PSA Compliance Manager and one other SDDO assigned to the facility completed Sexual Abuse Investigators training. OPR staff that conduct sexual abuse investigation have also completed this required training. Facility staff provided their training certificates and auditor reviewed power point training program and sign in roster from the specialized training.

§115.141 – Assessment for risk of victimization and abusiveness.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address the requirements of this standard. All detainees are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or being sexually abusive towards other detainees. Juveniles are housed separately from adults. Information received during the screening process is only available to staff with a need-to-know. Detainees at high risk or predator history are housed by themselves. This standard was verified through auditor observation and interviews with staff and detainees. Each detainee interviewed verified that staff asked about their past history of being abused and whether they feared for their safety. Staff interviewed reported they reviewed each detainee's records and interviewed the detainees to determine any past history of victimization or predatory behavior.

§115.151 – Detainee reporting.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address the requirements of this standard. A review of documentation indicated that there are multiple ways of reporting allegations. The facility allows reports to be in writing via a letter to ICE, to the DHS Office of the Inspector General (OIG), anonymously, privately and from a third party. Policy requires staff to document all allegations. There are posters and other documents on display throughout the facility which explain reporting methods. These posters included OIG hotline and Detainee Assistants Posters and Zero Tolerance Posters. All posters are provided in English and Spanish. A telephone is located in all holding rooms. Facility staff accept reports made verbally, in writing, anonymously and from third parties and would promptly report allegations and begin a preliminary investigation (Continued on last page)

§115.154 – Third-party reporting.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address the requirements of this standard. The facility has procedures in place for third-party reporting. The ICE website also lists procedures and telephone numbers for third party reporting. Staff interviewed were aware of the established procedures for third-party reporting. The facility also has posters in English and Spanish in the hold rooms and other common areas which address the procedures for reporting sexual abuse and sexual harassment allegations.

§115.161 – Staff reporting duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. Staff confirmed, during interviews, that they are aware of their responsibility to immediately report any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participate in an investigation about such an incident. Further these reports are not share with anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Interviews with staff confirm compliance with this standard.

§115.162 – Agency protection duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. During the intake process, intake staff ask all new arrivals if they believe they are at any risk. Staff also indicated they could make the decision independently, regardless of the detainee's response, based on the initial interview. Interviewed staff were well aware of their duties and responsibilities to determine if there is reasonable belief that a detainee is at imminent risk of sexual abuse or that a detainee was a sexual predator. All staff interviewed were knowledgeable of their first responder duties, to include separating the victim and predator. Staff were also aware of the policy to provide information only on a need-to-know basis when determining the placement of at-risk detainees.

§115.163 – Report to other confinement facilities.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. Policy requires that, upon receiving an allegation that a detainee was sexually abused while confined at another facility, the facility must contact the administrator of the facility where the alleged abuse occurred and report the information. The notification must be completed as soon as possible, but no later than 72 hours after staff become aware of the allegation, and the notification must be documented. An interview with the PSA Coordinator and SDDO in charge of facility operations confirmed their awareness of the requirement of this standard. Staff asked all new arrivals whether they had been abused in the last twelve months and, if so, would notify the PSA Coordinator. During the last twelve months, there were no allegations received from a detainee.

§115.164 – Responder duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address the requirements of this standard. All staff interviewed were knowledgeable concerning their required first responder actions. They stated they would separate the victim from the perpetrator, secure the scene to protect possible evidence, not allow the detainees to destroy possible evidence and contact their supervisor. Staff indicated they would continue to protect the detainee and immediately notify the PSA Coordinator, AFOD and upper-level management staff. Interviews with staff and an examination of supporting documentation confirm compliance with this standard.

§115.165 – Coordinated response.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address the requirements of this standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse. The facility does not have medical or mental health staff on-site. The PSA Coordinator was interviewed and stated that detainees that had been abused would be removed from the facility and would be provided services at Valley Baptist Medical Center in Harlingen. The hospital indicated they would coordinate services with the advocacy group to provide person(s) to respond to the medical center. (Continued on last page)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. The policy states that ICE employees, contractors and volunteers who are suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact, pending the outcome of an investigation. Interviews with the AFOD and SDDO in charge of facility operations confirmed compliance with this standard. Volunteers are not utilized at the facility.

§115.167 – Agency protection against retaliation.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11062.2 includes a requirement that prohibits any type of retaliation against any staff or detainee who has reported sexual abuse or cooperated in any related investigation. The PSA Coordinator and all SDDOs are the designated Retaliation Monitors. When interviewed, they indicated they would follow up on all potential sexual abuse cases to ensure that this protection is being enforced. There have been no suspected or actual incidents of retaliation in the last 12 months. Staff interviews confirmed they were aware of the prohibition against retaliation.

§115.171 – Criminal and administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. The Federal Protective Service is responsible for all criminal investigations and would be consulted on any administrative investigations. The PSA Coordinator is responsible for coordinating investigations within the facility. The PSA Coordinator or other trained Sexual Abuse Investigators would conduct administrative investigations when required. The facility would fully cooperate with any outside agency that initiates an investigation. The AFOD serves as the liaison that provides requested information to the outside agency and provides access to the detainees. There were no criminal or administrative investigations during this auditing period.

§115.172 – Evidentiary standard for administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. Administrative investigations impose no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse. Interviews with Federal Protective Service's Regional Supervisor, PSA Coordinator and SDDO in charge of facility operations confirm compliance with this standard.

§115.176 – Disciplinary sanctions for staff.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. All staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violating agency sexual abuse policies. This policy also includes contract staff. Policy requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policy, supporting documentation, and interviews with the staff.

§115.177 – Corrective action for contractors and volunteers.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address the requirements of the standard. The facility does not utilize contractors or volunteers at the facility.

§115.182 – Access to emergency medical services.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 and Harlingen Holding Policy HRO-2017-01 address the requirements of the standard. The facility does not have any medical or mental health staff on-site. The facility utilizes Valley Baptist Medical Center to provide emergency medical care. Follow up services would be provided by IHSC staff at an ICE Detention Facility or at a local hospital, for detainees who are not transferred to a detention facility. ICE policy and IHSC protocol provide for victims of sexual abuse to be offered information on sexually transmitted infections prophylaxis and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate. Compliance with this standard was determined by a review of policies and interviews with the SDDO and Field Office Medical Coordinator.

§115.186 – Sexual abuse incident reviews.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy 11087.1 addresses the requirements of the standard. The AFOD, SDDO in charge of facility operations and PSA Coordinator indicated the facility would conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. The PSA Coordinator indicated the review would be conducted within 30 days of the conclusion of the investigation and consideration would be given as to whether the incident was motivated by race, ethnicity and gender identity or status and/or gang affiliation. The team would also make a determination as to whether additional monitoring technology should be added to enhance staff supervision. There were no investigations to review during the audit period. Interviews with the PSA Coordinator and AFOD confirm compliance with this standard.

§115.187 – Data collection.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

ICE Policy 11062.2 addresses the requirements of the standard. All sexual abuse and assault data collected pursuant to this policy shall be maintained for at least 10 years after the date of initial collection. The interview with the PSA Coordinator and other staff support compliance with this standard. DHS OIG maintain the official investigative file related to claims of sexual abuse. The facility maintains a separate file for all administrative investigations that are kept in the AFOD's office.

§115.193 – Audits of standards.

- Low risk
- Not low risk

Notes:

The facility is considered low risk due to the constant supervision of the facility's holding room by staff and the limited time detainees remain at the facility. ICE ERO staff operate the facility in a professional manner. Interviews were conducted with detainee; they all indicated they felt safe and that staff were readily available

§115.201 – Scope of audits.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The agency provided documentation prior to audit that provided information on the agency and facility operations. The facility was visually inspected and time was spent observing the operation of the facility. Additionally, supporting documentation was provided to the auditor during the on-site visit. All staff were very cooperative and professional, and responded to concerns of the auditor quickly and effectively.

ADDITIONAL NOTES

Directions: Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

115.111 - The facility has zero tolerance posters located throughout the facility. Interviews with staff, the SDDO in charge and detainees interviewed confirmed that each person was aware of the zero-tolerance policy towards all forms of sexual abuse.

115.113 – Compliance was determined by reviewing hold room log sheets, observing staff stationed at their post and interviews with staff and detainees. Compliance was also established by review of the completed video mapping which included all areas required of the standard.

115.115 - The facility design has the ICE processing stations located in the center of the Holding Room area. Staff working in this area have constant view of the holding rooms. The bathroom areas are partitioned to allow detainee privacy for performing bodily functions and changing clothes. Staff received training on the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. When male staff conduct searches of females and juveniles, they use a security wand rather than conducting an actual pat-down search. Staff interviews confirmed their knowledge of cross-gender viewing and search policies and procedures. They were also aware that pat-down searches are not performed for the sole purpose of determining the genital status of a transgender or intersex detainee. Staff interviewed indicated they did not pat search a transgender detainee that arrived at the facility during the audit. The review of training documents and interviews with personnel confirmed that they were educated in the proper procedures for conducting pat-down searches, cross-gender pat-down searches and searches of transgender and intersex detainees. Staff were observed conducting pat-down searches of adult males. These searches were performed in a professional and least restrictive manner.

115.151- Detainees interviewed were aware of the posters and demonstrated knowledge of how to report sexual abuse.

115.165- Since the facility is operational only 12 hours per day, all detainees would be moved to an ICE Detention Facility or other deportation center. Harlingen District Office Staff would brief the receiving facility and provide information for following up with a continuum of coordinated responses to sexual abuse. The IHSC Regional Medical Coordinator confirmed that each ICE Detention Facility where detainees are transferred has trained medical and mental health staff to provide follow up treatment, counseling and monitoring. Community service provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. The local advocacy group and local hospital both reported they had staff trained to deal with minors who had been sexually abused. The AFOD and PSA Coordinator advised that ORR would be advised of the abuse of juveniles and they would be transported to one of the ORR centers. The Family Crisis Center advised that detainees that were released would continue to receive their services.

ADDITIONAL NOTES

[Empty box for additional notes]

AUDITOR CERTIFICATION:

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

Robert Manville

Auditor's Signature

11/29/2017

Date