

**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:	Phoenix
ICE Field Office Director:	Enrique M. Lucero
PREA Field Coordinator:	Shane Kitchen, SDDO
Field Office HQ physical address:	2035 N. Central Avenue, Phoenix, AZ 85004
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Phoenix District Office		
Physical address:	2035 N. Central Avenue, Phoenix, AZ 85004		
Mailing address: (if different from above)			
Telephone number:	602-766-7030		
Facility type:	<input checked="" type="checkbox"/> Holding	<input type="checkbox"/> Staging	
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Assistance Field Office Director (AFOD)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	602-257- (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Shane Kitchen	Title:	Supervisory Deportation Detention Officer
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-464- (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 Prison Rape Elimination Act (PREA) audit of the Phoenix District Office (PDO), Immigration and Customs Enforcement (ICE), Department of Homeland Security (DHS), was conducted July 25 -26, 2017, by Robert Manville, a certified PREA auditor of The Nakamoto Group, Inc. Prior to the on-site audit, the auditor was provided with agency and local policy, supporting documents, a description of the facility layout and the Pre-Audit Questionnaire. This was the first official PREA audit for this facility.

An in-briefing meeting was held the first day of the audit to discuss the audit process and finalize the facility's tour and interview schedules. The following persons were in attendance: Assistant Field Office Director (AFOD) (b) (6), (b) (7)(C) Office of Detention Oversight Section Chief (b) (6), (b) (7)(C) Supervisory Deportation Detention Officer (SDDO) (b) (6), (b) (7)(C) and G4S Supervisor Lieutenant (b) (6), (b) (7)(C). The facility has ten holding rooms with capacities being from three to 32 and a total maximum capacity of 150 detainees. There is an intake and a processing area located in the center of the facility. The facility contains a private interview room and a private shower. The facility has a control room that is manned twenty-four hours a day. (b) (7)(E)

PDO is operated by a combination of ERO staff and contract security staff provided by G4S. G4S provides (b) (7)(E) security staff for transportation, care, and custody, and supervisory security staff to augment the operations of the facility. A total of eighteen random staff interviews were conducted during the audit. The interviews included ICE ERO and contract security staff, including control room and supervisory security staff from all shifts. Interviews were conducted in the private offices located within the facility. Supervisory staff from ERO and G4S were interviewed in the conference room located on the second floor of the facility. No staff refused to be interviewed. All staff were aware of the agency's zero tolerance policy, their responsibilities to protect detainees from sexual abuse, and their duties as first responders as part of a coordinated response. All staff were able to answer questions posed that would have been gained through attending the mandated training. The AFOD, PSA Compliance Manager, and the G4S Project Manager were also interviewed. Each was able to identify the facility's efforts in fully implementing the requirements established by PREA. The G4S Project Manager indicated the company had agreed to comply with PREA. South Arizona Against Sexual Assault (SAASA) provides advocacy counseling, education and victims advocate services under a Memorandum of Understanding (MOU) with several ICE facilities. SAASA was contacted by telephone to verify that an MOU is in place to provide these services for PDO. The AFOD indicated Saint Joseph's Hospital (SJH) is utilized for emergency room treatment for detainees. SJH was contacted by telephone. The emergency room lead nurse advised they would provide emergency care and transfer patients who were sexually assaulted to Honor Health Scottsdale Shea Medical Center (HHSSMC) for forensic examination. In cases where local law enforcement is involved, prior to a detainee being transported to the emergency room, the detainee would be taken directly to HHSSMC for forensic examination and treatment by a Sexual Assault Nurse Examiner (SANE), via a cooperative agreement with the Arizona Crime Lab. The Administrative Assistant at HHSSMC was contacted by phone and verified they conducted forensic examinations and provided patient advocacy services for patients during the examination. The facility does not utilize volunteers.

PDO serves as a reception hub for the majority of the Arizona Field Office's Area of Responsibility (AOR). Each eligible detainee is processed and bussed to a detention facility or other deportation area, two to three times a day. Juveniles are referred to the Office of Refugee Resettlement (ORR) for placement. Staff indicated there are several ORR centers close to the Phoenix District Office and, typically, juvenile detainees are moved within 12 hours of arriving at the facility. Families units are referred to ERO Headquarters (HQ) for placement and are usually transferred within 24 hours. The facility has contract transportation staff located at the facility that are available to transfer detainees 24 hours per day.

During the audit review, the facility processed approximately 59 detainees. The average hourly population was 27 detainees, which included adult males, females, unaccompanied children, and family units. There were a total of 19 detainee interviews. Three family units were interviewed. The families consisted of a mother and infant, a mother with two infant children and a mother and a teenage son. The teenage son was interviewed in the presence of his mother. Four unaccompanied children were interviewed. Two female and nine adult male detainees were interviewed. Interviews were conducted in a private room inside the facility or in the detainees' hold room when no other areas were available. When detainees were interviewed in the hold rooms, ICE made an accommodation by allowing the auditor to utilize a hold room when no other detainees or staff were present. No interviewed detainees self-admitted to being lesbian, gay, bisexual, transgender or intersex (LGBTI), and none were disabled. Six of the detainees were Limited English Proficient (LEP). Certified Interpretive Services International was utilized to interview detainees that were not English proficient. None of the detainees reported any previous sexual abuse. All detainees interviewed demonstrated an understanding of the PREA program and stated that they felt safe at the facility and would contact staff, if necessary, concerning a PREA 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. There were no PREA allegations in the past 12 months. None of the detainees interviewed had been in the facility for more than twenty-four hours.

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 briefing was held with the AFOD (b) (6), (b) (7)(C) SDDO (b) (6), (b) (7)(C) and ODO Section Chief (b) (6), (b) (7)(C) to discuss the audit findings. The ICE and contract staff were found to be courteous, cooperative and professional. Care and custody of the detainee population appeared to be appropriate. ICE staff and contracting staff were observed being in continuous communication that facilitated the seamless care and custody of the detainee population. Due to the influx of male and female adults, unaccompanied children, and families with varying ages of children, staff had to continuously move detainees to other hold rooms to accommodate the population demographics. There were no "blind spots" observed during the tour and adequate video cameras supplement the staff monitoring of detainees. (b) (7)(E) staff member is assigned to monitor the cameras at all times. Staff perform (b) (7)(E) security checks on all detainees housed in the hold rooms. The standards used for this audit became effective on May 6, 2014. Phoenix District Office staff provided policies, the pre-audit questionnaire, staff and detainee rosters prior to the audit. During the audit the facility provided additional files to support the auditor's conclusion that the facility is compliant with the DHS PREA standards. Compliance was also determined through observations made during the tour and interviews with a cross section of the detainee population. There were no allegations of sexual abuse reported by detainees during the audit period. At the conclusion of the audit, the auditor toured the facility area to thank the ICE and contract security staff for their cooperation, hard work, and dedication to the PREA audit process.

Thirty standards were found to be compliant with PREA and one standard (§115.118 – Upgrades to facilities and technologies) was found to be not-applicable. Due to the facility's level of staff supervision, past history of no allegations of abuse, and compliance with PREA standards, the facility is considered a low risk facility.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	30 (1 was not-applicable)
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 PDO PSA Compliance Manager, who reports to the Field Office Director (FOD), also serves as the Facility PSA Compliance Manager, and in that specific role works directly with the AFOD in charge of the facility on facility-specific PREA issues. The PSA Compliance Manager 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) addresses all requirements of this standard. Policy requires that the facility conduct room checks a minimum of once every fifteen minutes and that a comprehensive staffing analysis be completed annually. Policy also requires additional measures, such as video monitoring to protect detainees against sexual abuse. A review of the staffing plan, organizational chart, and an interview with the AFOD and the contract supervisor confirmed that the facility has adequate staff to ensure a safe and secure environment for staff and detainees. The facility requires room checks a minimum of (b) (7)(E). A review of room logs confirmed that the facility conducted room checks within the required time frames. The facility also relies on video monitoring. There are (b) (7)(E) cameras and (b) (7)(E) monitors the cameras on a continuous basis. (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 addresses 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. Parental determination is evaluated by intake staff in coordination with the arresting officers and ICE ERO. As a general rule, juveniles are not allowed to remain with a non-parental adult family member. Only the AFOD can authorize the placement of juvenile with non-parental family members. Parents are not separated from their children and families are housed separately from other adults and juveniles. Due to the design of the holding room, juveniles are not allowed to stay outside of their hold rooms. (Continued on last page)

§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 outlines the requirements of the standard. The facility AFOD indicated that the facility does not permit cross-gender strip searches or cross-gender visual body cavity searches, 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 shower, 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 outlines the requirement of the standard. The facility takes necessary steps to implement these requirements. ICE posters indicating "I Speak..." are prominently displayed throughout the facility. The facility has bilingual staff (primarily English and Spanish speaking) and a contract which provides interpretation services for detainees, if required. Staff interviewed indicated they had access to sign language interpreters through several organizations in Phoenix, AZ. One staff interviewed indicated an active language center called Valley Center for the Deaf, sponsored by Catholic Charities, provided these services. (Continued on last page)

§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 Directive 6-7.0 (ICE Personnel Security and Suitability Program) and 6-8.0 (ICE Suitability Screening Requirements for Contractor Personnel) which requires all staff to pass a background investigation to comply with this standard. The provision of false information is grounds for termination. All ICE employees and contractors have had background checks completed. Part of the background check includes criminal and past employment history. This includes interviews with past employers which would include any past history of sexual abuse or harassment. The auditor reviewed the Contractors Background Check Log and found that all staff had received background checks through ICE during the last five years. (Continued on last page)

§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:

Not Applicable. There have been no upgrades to the facility or monitoring technology.

§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 addresses the requirements of this standard. The AFOD stated that the facility PSA Compliance Manager would coordinate with the FOD and OPR for a person to conduct administrative investigations relative to sexual abuse allegations and the Phoenix Police Department conducts the criminal investigations and would collect forensic evidence at the local crime scene. All forensic medical examinations are conducted by a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner at an outside hospital designated by the Arizona Crime Lab (none were conducted within the last year). The PSA Compliance Manager was interviewed and confirmed this information (Continued on last page)

§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 Phoenix Police Department conducts criminal investigations. Appropriately trained ICE staff, including OPR, will conduct administrative investigations at the facility. The PSA Compliance Manager was interviewed and found to be very knowledgeable concerning his responsibilities in the investigative process. All allegations are reported immediately to the on-site ICE staff. The on-site ICE supervisor notifies the AFOD, PSA coordinator, FOD, OIG and other ICE Departments. Based on interviews with the OIC and PSA coordinator the FOD or his designee will contact ICE HQ including agency PREA coordinator to determine level of investigations. (Continue on last page)

§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 receives PREA training during initial academy training and through annual refresher training. G4S contract staff receive the required training prior to being assigned to work with detainees. Contract staff also receive annual refresher training. The review of training documents/curriculum, training logs, and staff interviews, confirmed that all ICE employees and contract staff received PREA training that includes each element required by the standard. The AFOD and G4S Supervisor indicated staff also receive updates when necessary. The facility does not employ medical or mental health staff.

§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 received information that staff had told them about their right to be free from sexual abuse, sexual harassment and retaliation. Some of the detainees indicated they had been given a pamphlet with information in Spanish. Additionally, they receive information relative to reporting procedures, to include multiple ways of how to report abuse. Most detainees indicated they were told there was zero tolerance for participating in any sexual activities. This information was also noted on the posters throughout the PDO hold rooms. Detainees interviewed indicated they had read the posters. The tour of the facility confirmed that PREA education posters were prominently displayed in all hold rooms and common areas. 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 this standard. The agency policy mandates that persons completing these investigations must have received specialized training. Phoenix Police Department would complete all criminal investigations reported at the facility. The Police Department has a sexual abuse investigation unit. Based on policy and an interview with the PSA Compliance Manager, administrative investigations are conducted by appropriate trained staff. Compliance was confirmed by interviews with the PSA Compliance Manager and review of policy.

§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 addresses 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 non-parental adults. Information received during the screening process is only available to staff with a need-to-know and no others. This standard was verified by auditor observation and through 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. (Continued on last page)

§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:

Facility staff accept reports made verbally, in writing, anonymously and from third parties, and would promptly make appropriate nonfiction and open an investigation as required. The PSA Compliance Manager, A telephone is located in all holding rooms. AFOD and staff were interviewed relative to established reporting system. Detainee interviews indicated they were aware of being able to report any abuse.

§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 addresses the requirements of this standard. The facility has procedures in place for third-party reporting which are in accordance with ICE Policy 11062.2. The ICE website, <https://www.ice.gov/prea>, 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 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 this 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 and that this information should be shared only with staff that need to know. The AFOD and SDDO were aware of the child protection laws in the State of Arizona and indicated they would be required to report any allegation made by or on behalf of any juvenile to the Arizona Department of Child Safety. Staff may report misconduct outside of their chain of command by calling or writing upper-level management officials or as indicated on the posters in the facility. 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 this standard. The facility has first responder duties on card stock paper placed in transparent protectors taped to the desktop of the intake area, processing area, and control room. 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, as they relate to the staff member having a reasonable belief that a detainee is at imminent risk of sexual abuse. All staff interviewed were knowledgeable of their first responder duties, to include separating the victim and predator.

§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 Directive 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. The notification must be completed as soon as possible, but no later than 72 hours after becoming aware of the allegation and the notification must be documented. An interview with the PSA Compliance Manager and AFOD confirmed their awareness of the requirement. The AFOD stated she would notify the facility administrator immediately by phone and follow up with email to facility and supervising FOD. She indicated she would also notify her FOD, as well as, PSA Compliance Manager and would document notifications. PSA Compliance Manger indicated he would notify the Agency PREA Coordinator.

§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 addresses the requirements of this standard. The facility has written guidelines for first responders posted in the intake processing area and the control room. 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. The supervisor would continue to protect the detainee and immediately notify the PSA Compliance Manager, 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 addresses 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. The PSA Compliance Manager was interviewed and stated that detainees that had been abused would be removed from the facility and would be provided services at a designated hospital and the victim advocacy group would be notified and would provide person(s) to respond to the medical center. When possible, detainees would be moved to an ICE detention facility in the AOR which is serviced by the same victim advocacy group. (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 G4S Project Manager confirm 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 Compliance Manager and AFOD are the designated Retaliation Monitors. They both 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 regarding 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 Directive 11062.2 and 2011 PBNDS Standard 2.11 Sexual Abuse Prevention and Intervention address the requirements of this standard. The PSA Compliance Manager is responsible to coordinate all administrative investigations within the facility. The facility would refer all allegations to FOD, OPR, JIC, and OIG. If OPR forwards the investigation to the Field Office, the PSA Compliance Manager would coordinate with Field Office staff to have an ICE/ERO trained staff conduct the local investigation. All criminal investigations are referred to the Phoenix Police Department. While there are no trained investigators at Phoenix Holding Room, there are ICE/ERO trained staff employed at several facilities in the Field Office Area of Responsibility. There were no allegations of sexual abuse reported in the last twelve months and as such, there were no criminal prosecutions. (Continued on last page)

§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 preponderance of the evidence to substantiate an allegation of sexual abuse. Interviews with the PSA Compliance Manager and AFOD 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 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 11062.2 addresses the requirements of the standard. Any contractor (the facility does not use volunteers) who engages in sexual abuse would be prohibited from contact with the detainees and would be reported to law enforcement agencies with jurisdiction over the facility and relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. During the past year, there were no incidents where a contractor was accused or found guilty of sexual abuse at this facility. Compliance with this standard was determined by a review of policy, supporting documentation, and an interview with the G4S Project Manager.

§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 addresses the requirements of this standard. The facility does not have any medical or mental health staff on-site. There is a MOU with SJH, located within five minutes of the facility that provides emergency medical care. While this hospital provides all services required by the standard, the facility would transfer the detainee to HHSSMC to have forensic examinations conducted and mental health services provided when appropriate. This hospital is preferred due to its relationship with the Arizona Crime Lab. Follow up services would be provided by ICE Health Services Corp (IHSC) staff at an ICE detention facility or by SJH for detainees that are not transferred to a detention facility. (Continued on last page)

§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 this standard. The AFOD and PSA Compliance Manager indicated the facility would conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. Based on interviews with members of the incident review team, 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 Compliance Manager 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 this 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 Compliance Manager and other staff support compliance with this standard. The DHS OIG maintains 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:

PDO is considered low risk due to the constant supervision of the facility's holding room area by staff, both through direct supervision and video monitoring. The video recordings are monitored 24 hours per day. ERO and contract staff operate in a cohesive and seamless fashion in the intake, processing, and monitoring of detainees. Interviews were conducted with detainee families, juveniles, and adult detainees.

§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 on all three shifts. ICE staff, contractors, and detainees were interviewed with no refusals. PDO management staff, to include the AFOD, G4S Supervisor and G4S Project Manager, discussed their roles and responsibilities of ensuring compliance with all the PREA standards. Additionally, supporting documentation was provided to the auditor prior to the on-site visit. All staff were very cooperative, 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 and the AFOD and review of the ICE/ERO PREA training curriculum and refresher training documents verified that all ERO staff received training when they were initially hired and refresher training throughout the year. Contracting staff received the initial training prior to being assigned to a shift. Some of the contracting staff indicated they had received refresher training and the remaining are scheduled for refresher training within one year of initial training. Each staff has a training file that is maintained by the Contracting Project manager. All ICE staff, contractors, and detainees interviewed confirmed that each 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 observing video cameras on a continuous basis, and interviews with staff and detainees.

115.114 - 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 auditor observations and interviews with intake staff, the ICE SDDO, juveniles, and families. During the review, the facility processed twelve juveniles and three families. ICE SDDO staff and contract intake staff were observed discussing the best housing arrangement, based on the age and size of the juveniles and the make-up of the family members. The juveniles and families all stated they felt safe. Additionally, the juveniles further stated they had not been placed in the same area with non-parental adults during the processing and housing.

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 indicated they announce their presence when a detainee is in these petitioned areas. Detainees take clothing with them into the private shower area and are allowed to change and shower without being observed. All security 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 cannot be performed for the sole purpose of determining the genital status of a transgender or intersex detainee. The review of training documents and interviews with security 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. All ICE staff undergo training on appropriate search procedures. This was verified by review of refresher curriculum.

115.116 The facility has telephones equipped for detainees with hearing deficiencies. The AFOD indicated that one phone was located in the processing area that had a speaker phone where the volume could be adjusted to higher level and one mobile phone that was equipped with adjustments for hearing impaired. The PSA Compliance Manager stated he would coordinate for appropriate staff and resources based on the detainee's disability. The center has access to Language Services for non-English or Spanish speaking detainees. Detainees that are deaf, mentally ill or with medical disabilities requiring mental health or medical staff to conduct processing would be moved to Eloy or Florence SPC.

115.117 - The background clearances and approvals to hire are maintained in the G4S Project Manager's Office. The G4S Project Manager was interviewed and indicated that all persons promoted received background checks prior to promotion. Compliance was determined by review of documents and interviews with AFOD and G4S Project Manager.

115.121- The facility utilizes SJH for medical treatment. During telephone interview with lead nurse at SJH she indicated they would provide emergency care and transport to HHSSMC for forensic and sexual abuse treatment. HHSSMC administrative assistant was contacted and confirmed this information. Local victim advocacy services were confirmed through an interview with staff from the SAASA victim advocacy group.

115.122- The PREA coordinator and AFOD OIC indicated that they would refer all administrative investigations to the Office of Professional Responsibility for investigating all administrative investigations. Policy 11062.2 provides guidance that OPR will conduct of coordinate and determine appropriate staff and type of investigations. There were no sexual abuse allegations reported by detainees during the audit period.

115.141 – Staff interviewed reported they reviewed each detainee's records to determine any past history of assaultive behavior and conducted an interview at intake to assess their potential for violence. The facility has holding rooms that are rated for two to three detainees. Detainees that are at risk of victimization and detainees that are identified as possibly predatory or assaultive are placed in these rooms with no other detainees.

115.165 - Community service provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. The SAASA and HHSSMC both reported they had staff trained to deal with minors who had been sexually abused. The AFOD and PSA Compliance Manager advised that ORR would be advised of the abuse of juveniles and they would be transported to one of the ORR centers. The AFOD also advised that she would have the responsibility of notifying the Arizona Department of Child Safety. SAASA (victim advocacy group) advised that detainees that were released would continue to receive their services.

115.171 - The facility staff indicated the investigation would continue even after the detainee or staff left the facility. Policy mandates that all investigations will be maintained for the amount of time the detainee is in ICE custody or staff are employed by ICE plus five (5) years. Compliance was determined by interview with AFOD, PSA Coordinator, nurse at SJH and administrative assistant at HHSSMC. Further compliance was confirmed by review of policy, Sex Abuse Investigator's training curriculum and sign in roster for this training.

115.182 - Detainee victims of sexual abuse, while detained, would be offered information about sexually transmitted infection prophylaxis and emergency contraception, in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided at detention facilities and by the victim's advocacy group, if requested by detainees that are released from the facility. Compliance with this standard was determined by a review of policy and interviews with the PSA Compliance Manager and Regional IHSC administrative Captain.

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 L. Manville

Auditor's Signature

October 11, 2017

Date