

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



**Homeland
Security**

AUDITOR INFORMATION			
Name of auditor:	David R. Andraska	Organization:	Nakamoto Group, Inc.
Email address:	(b) (6), (b) (7)(C)	Telephone number:	715-896 (b) (6), (b) (7)(C)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement		
FIELD OFFICE INFORMATION			
Name of Field Office:	Phoenix Field Office		
ICE Field Office Director:	Enrique M. Lucero		
PREA Field Coordinator:	Lillian C. Rangel		
Field Office HQ physical address:	2035 North Central Avenue, Phoenix, AZ 85004		
Mailing address: (if different from above)	Same as above		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Florence Staging Facility		
Physical address:	3250 North Pinal Parkway Avenue, Florence, AZ 85132		
Mailing address: (if different from above)	Same as above		
Telephone number:	(213) 830-4927		
Facility type:	<input type="checkbox"/> Holding		<input checked="" type="checkbox"/> Staging
Facility Leadership			
Name of Officer in Charge:	Martin E. Zelenka	Title:	Assistant Field Office Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(520) 868 (b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Lillian C. Rangel	Title:	Supervisory Detention and Deportation Officer
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(520) 705 (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 Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Florence Staging Facility (FSF) in Florence, AZ, was conducted on April 4-5, 2017. The audit was completed by David R. Andraska, a certified PREA auditor with the Nakamoto Group Inc. This was the first PREA audit for this facility. Prior to the on-site audit, the facility provided responsive documents, the facility layout, and the completed pre-audit questionnaire, for review and use. The documentation consisted of U. S. Immigration and Customs Enforcement (ICE) and ICE Health Service Corps (IHSC) policies and procedures.

A brief entrance meeting was held the first day of the audit to discuss the audit logistics and finalize the facility tour and interview schedules. The following persons were in attendance: Office of Detention Oversight Section Chief (Team Lead) (b) (6), (b) (7)(E), Prevention of Sexual Assault (PSA) Compliance Manager Lillian Rangel, Supervisory Detainee Deportation Officer (SDDO) (b) (6), (b) (7)(E), Assistant Field Office Director (AFOD) Martin Zelenka and other management staff were not able to attend the entrance meeting as they were participating in an entrance meeting and tour for the Office of Enforcement and Removal (ERO) annual compliance inspection at the Florence Service Processing Center, which was taking place the same week. The auditor met with the AFOD later in the day to discuss the audit. The detainee population at FSF is always fluid, as detainees are arriving and departing throughout the day. There were 53 male adult detainees on the first day of the audit at the time of the facility tour. A comprehensive tour of the facility was completed. The tour included the intake processing area, all housing units, including special housing, the medical screening trailer, sally port and other facility support areas. During the tour, it was noted that there was sufficient staffing and video cameras to ensure a safe environment for detainees and staff. FSF has (b) (6), (b) (7)(E) video cameras that are continuously monitored by security personnel stationed in the control room. Signs were posted that indicated that employees of the opposite gender must announce entrance to bathroom areas. Detainees are able to shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. Zero tolerance posters for sexual abuse and harassment were prominently displayed in all housing units, common areas, and throughout the facility. Audit notifications were also posted in the same areas.

FSF is a staging facility operated by ICE, located on the back side of the Florence Service Processing Center (FSPC) compound. It is separated from FSPC main compound with a chain link fence and locking gate. The main building contains an intake/processing area, staff offices located on the second floor, three housing unit pods and a special housing pod with five single cells. The three housing pods have a maximum capacity of 100 detainees. Each pod is staffed by (b) (6), (b) (7)(E) security officer when the population is below (b) (7)(E) officer is assigned when the population exceeds (b) (6), (b) (7)(E). The pods have good line of sight that allows officers to visually monitor and supervise detainees and are equipped with video cameras. In addition to the main building, FSF also has two trailers that are used to house female detainees or detainees that need to be isolated. Each trailer has a maximum capacity of ten detainees. A medical screening trailer, psychologist's office, property storage, and the Criminal Alien Program (CAP) building are also located in the staging area. FSF detainees are escorted to FSPC for meals, recreation, medical, visitation, and for other services.

During the prior twelve months, FSF processed 32,623 male detainees. FSF indicated females and juveniles, on occasion, are temporarily detained pending movement to other detention facilities or waiting for transport. FSF does not track the number of females or juveniles that were at the facility. FSF does not hold family units. Juveniles are held separately from adult detainees and placed in the special housing pod. Juveniles are not allowed to temporarily remain with non-parental adult family members. Females are placed in the housing trailers and have no contact with male detainees. Only female staff are posted in the trailers with the females. ICE Immigration Health Service Corps (IHSC) operates medical and mental health care at the facility. Contract staff provide security and maintenance services.

A total of twenty-one staff interviews were conducted during the audit. The interviews included randomly selected security staff on all shifts. All 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. Specialized staff were also interviewed which included the AFOD, PSA Compliance Manager, Health Service Manager, Nurse, Psychologist, Investigator, Human Resource Officer, Intake Officer, Classification Officer, Training Officer, Chief of Security, and Grievance Officer. All interviewed ICE staff and contractors demonstrated an understanding of PREA and their responsibilities under the program, relative to their position in the organization and employment status. There are no volunteers that provide services at FSF. The auditor confirmed that the facility has a MOU with the Southern Arizona Center Against Sexual Assault for detainee reporting and victim advocate services.

Fourteen detainees were interviewed and were randomly selected from the housing units. The interviewed detainees were of various ages, nationalities and ethnic backgrounds. There were no detainees on site who were identified as disabled, who previously reported sexual abuse, or who self-identified as LGBTI. Twelve Limited English Proficient (LEP) detainees were interviewed utilizing the Certified Languages interpretation service. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection, and reporting mechanisms, and stated they felt safe at the facility. No detainees refused to be interviewed. No detainees verbally requested to speak to the auditor while on-site and no detainees wrote to the auditor.

As there were no allegations of sexual abuse, assault or harassment during the audit period, there were no investigative files to be reviewed and no incident reviews conducted.

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 Section Chief (b) (6), (b) (7) AFOD Martin Zelenka, PSA Compliance Manager Lillian Rangel, SDDO (b) (6), (b) (7)(C) SDDO (b) (6), (b) and Assistant Officer-in-Charge (b) (6), (b). The facility staff were courteous, cooperative, and professional. Staff morale appeared to be good and the observed staff/detainee interactions were seen as appropriate. There were no blind spots observed during the tour and adequate video cameras supplement staff monitoring of detainees. It was observed that the announcements by female staff were only made in English. As a best practice, it was recommended that announcements be made in the languages used by the majority of the detainees. At FSF, it would be Spanish.

The standards used for this audit became effective in March 2014. There are 31 PREA standards for a Subpart B audit. Twenty-nine standards were found to "Meet" the standards, one standard was found to be at "Low Risk" and one standard was determined to be "Not-Applicable." No standards were found as "Does Not Meet" and a corrective action plan is not required. The auditor had been provided with extensive and lengthy files prior to and during the audit for review, to support a conclusion of compliance. Observations made during the tour and all interviews also supported 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 AFOD and 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:	29
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:

ICE Directive 11062.2, Sexual Abuse and Assault Prevention and Intervention Directive, addresses the requirements of this standard. Written policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting, and responding to such conduct. The AFOD appointed a PSA Compliance Manager who reports to the AFOD on PREA issues. The PSA Compliance Manager, when interviewed, confirmed she has sufficient time and authority to oversee compliance of the facility's PREA program. Zero tolerance posters, in English and Spanish, are displayed throughout the facility. Staff receive initial PREA training and annual training, as well as refresher training throughout the year. (Continued on page 10)

§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:

ICE Directive 11087.1, Operations of ERO Holding Facilities Directive, address the requirements of the standard. Review of ICE employee and contractor staffing plans, and observations of the use of video monitoring, confirmed that the facility ensures the sufficient supervision of detainees to protect detainees against sexual abuse. The review of policy, and interviews with facility personnel, confirmed that the facility's physical layout, composition of the detainee population, prevalence of sexual abuse/assault allegations, and findings of incident reviews are used to determine staffing plans and placement of video monitoring equipment. The plans are reviewed at least annually. (b) continuously monitored video cameras are used to supplement staffing. Detainees are not typically housed in the facility for more than 72 hours.

§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 Directive 11087.1 addresses the requirements of the standard. During the previous 12 months, FSF indicated females and juveniles, on occasion, were temporarily detained pending movement to other detention facilities or waiting for transport. FSF does not track the number of juveniles or family unit detainees held. Juveniles are held separately from adult detainee and placed in the special housing pods. Juveniles are not allowed to temporarily remain with non-parental adult family members. Females are placed in the housing trailers and have no contact with male detainees. Only female facility staff is posted in these trailers.

§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 Directive 11087.1 addresses the requirements of the standard. The policy states that cross-gender strip searches or cross-gender visual body cavity searches are not to be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, the search is required to be documented. Detainee interviews confirmed they have privacy to shower, change clothes, and perform bodily function without being seen by staff of the opposite gender. Female staff are required to announce themselves when entering an area where detainees are showering, performing bodily functions, or changing clothes. All security staff received training on pat-down searches, including trans-gender pat-downs. (Continued page 10)

§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 Directive 11087.1 addresses the requirements of the standard. FSF takes appropriate steps to ensure detainees with disabilities and detainees with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the institution's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings, orientation video "Know Your Rights" and detainee handbooks are in both English and Spanish. The facility has a contract with an interpretation service to provide telephonic interpretation services for detainees who are LEP. Staff have access to Special Vulnerabilities Quick Reference Guides and I Speak Language Identification Guides. Interviews with LEP detainees confirm that they received PREA information in a language they understand.

§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:

FSPC, the hiring authority for FSF, confirmed that the agency does not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. Employees and contractors have a continuing affirmative duty to report such conduct. (Continued on page 10)

§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:

FSF has an extensive video and monitoring system in place. Since May 6, 2014, there have not been any significant upgrades to the facility, including technologies.

§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 Directive 11062.2 addresses the requirements of the standard. As there have been no allegations of sexual abuse/assault or harassment during the audit period, the facility has neither conducted a criminal nor administrative investigation. ICE and contract staff including mental health and medical service staff were interviewed concerning this standard, and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff was also aware that the facility investigator conducted investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by an outside SAFE/SANE hospital. (Continued on page 10)

§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 Directive 11062.2 addresses the requirements of the standard. Policies establish protocols and procedures to ensure that each allegation of sexual abuse is investigated. There were no allegations of sexual abuse reported in the last twelve months. At FSF, administrative and criminal investigations are completed on all allegations of sexual abuse/harassment. The FSF investigator and the Florence Police Department conduct investigations at the facility. The investigator was interviewed and found to be very knowledgeable concerning her responsibilities in the investigative process. All allegations are reported immediately to the on-site Supervisor. (Continued on page 10)

§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 Directive 11062.2 addresses the requirements of the standard. The review of training curriculum/documents, training logs, ICE PALMS training management system, and staff interviews confirmed that all ICE employees and contractors at FSF received PREA training that includes each element of the standard. Medical and mental health staff receive specialized training that includes detecting and assessing signs of sexual assault and abuse; preservation of physical evidence; responding effectively and professionally to victims and how to report sexual assault/abuse. Staff receive initial training when hired and an annual refresher 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:

As confirmed by observation during intake, and detainee interviews, each detainee receives a Sexual Assault Awareness Brochure, the National Detainee Handbook and the FSPC Handbook. The pamphlet and handbooks identify the key elements of the program and inform detainees of the zero-tolerance policy regarding sexual abuse/assault and multiple ways to report any such incidents. The pamphlet and handbooks are available in English and Spanish. Detainees sign a form acknowledging receipt of these documents. Staff are aware of their responsibility to assist detainees either individually or through translation services to make a confidential report. A "Know Your Rights" orientation video is played continually in English and Spanish in all housing units. The tour of the facility confirmed that PREA education posters were prominently displayed in housing units and common areas. Detainee PREA education material is available in accessible formats.

§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 Directive 11062.2 outlines the requirements of this standard. The facility investigators attended the ICE Homeland Security Investigations Specialized Sexual Abuse and Assault Training for ERO Personnel. This auditor reviewed the specialized training curriculum, sign-in sheet, and interviewed the investigator which confirmed compliance to this standard.

§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 Directive 11087.1 addresses the requirements of the standard. The review of medical intake screening documents and ICE Custody Classification Work Sheets, and interviews with staff and detainees confirmed that all detainees are assessed by ICE officers and IHSC staff during in-processing procedures, for their risk of being sexually abused or being sexually abusive towards other detainees. In-processing screening occurs within twelve hours of the detainee’s arrival. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to the mental health staff for additional assessment. Information received during the screening is only available to staff with a need to know and never to other detainees. (Continued page 10)

§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 Directive 11087.1 addresses the requirements of the standard. A review of documentation and staff/detainee interviews indicated that there are multiple methods for detainees to report sexual abuse (verbally to staff; in writing via a letter to ICE, the DHS OIG or consulate; or by telephone call to a hot line, information line, or crisis center). Many of the methods permit anonymous/private reporting and reporting by a third party. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. The detainee ICE Sexual Abuse and Assault Awareness Brochure provides detailed information on reporting methods. (Continued on page 10)

§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 Directive 11087.1 addresses the requirements of the standard. As confirmed by the observation of postings throughout the facility, review of detainee handbooks and by interviews with staff and detainees, the facility has established a method to receive third-party reports of sexual abuse at FSF. The agency website (<https://www.ice.gov/prea>) lists telephone numbers for third party reporting. Detainees are informed about the availability of third party reporting via the Sexual Abuse and Assault Awareness Brochure.

§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 Directive 11062.2 addresses the requirements of the standard. The review of policy and memorandums confirms that the agency requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred to any detainee; retaliation against detainees, or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff may report misconduct outside of their chain of command by calling or writing the Joint Intake Center (JIC) or calling or writing the Office of the Inspector General (OIG). Employees may also use the anonymous third party methods of reporting available to detainees. (Continued on page 10)

§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 Directive 11062.2 addresses the requirements of the standard. Policy requires agency employees who have a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse to take immediate action to protect the detainee. Interviews with ICE staff and contractors confirmed their awareness of the requirement.

§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. During the audit period, FSF received one sexual abuse/assault or harassment allegations from detainees confined at another facility. Review of emails and logs indicates FSF provided the appropriate notification within 72 hours and is in compliance with this standard.

§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 Directive 11087.1 addresses the requirements of the standard. All ICE staff and contractors interviewed were knowledgeable concerning their first responder responsibilities when learning of an allegation of sexual abuse/harassment. They also stated they would separate the potential victim from the alleged predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their immediate supervisor and health care providers. Supervisors would continue to protect the detainee and notify the AFOD and PSA Compliance Manager. Staff are issued and carry a pocket sized PREA first responder card for quick reference and were able to describe all first responder actions to take upon learning a detainee was a victim of sexual abuse. (Continued page 10)

§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 Directive 11087.1 addresses the requirements of the standard. The policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of ICE personnel, IHSC medical and mental health providers, the PSA Compliance Manager, the AFOD and when required, community resources from the local hospital and victim advocacy groups. If a victim of sexual abuse is transferred between facilities, as permitted by law, FSF would inform the receiving facility of the incident and the victim's potential need for medical or social services. There were no transfers of sexual abuse victims between facilities during the audit period.

§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 Directive 11062.2 addresses the requirements of the standard. ICE staff, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact pending the outcome of an investigation. An interview with the AFOD confirmed compliance with this standard.

§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 Directive 11062.2 addresses the requirements of the standard. The policy states that employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. The PSA Compliance Manager is the designated retaliation monitor. She stated she would follow up on all potential cases to ensure policy is being enforced. There have been no allegations of retaliation during the audit period. Staff and detainee 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 addresses the requirements of this standard. The facility investigator conducts administrative investigations within the facility and refers criminal investigations to the Florence Police Department. There were no allegations of sexual abuse reported in the last twelve months and as such there were no criminal prosecutions. According to the AFOD and the investigator, the facility would continue the investigation even after the alleged abuser or victim departed from employment or control of the agency and would fully cooperate with any outside agency who initiates an investigation. The facility investigator serves as the liaison that provides requested information to the outside agency and access to the detainees.

§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 Directive 11062.2 addresses the requirements of the standard. The review of policy and staff interviews confirmed that when an administrative investigation is conducted, the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.

§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 Directive 11062.2 and ICE OPR Responsive Actions to Disciplinary Sanctions for Staff Requirements address the requirements of the standard. Staff are subject to disciplinary or adverse action up to and including removal from their position from federal service for substantiated allegations of sexual abuse or violating agency sexual abuse policies. 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. Policy requires the agency to make reasonable efforts to report removals or resignations in lieu of removal, for violations of agency or facility sexual abuse policies. (Continued on page 10)

§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 Directive 11062.2 and ICE OPR Responsive Actions to Disciplinary Sanctions for Staff Requirements address the requirements of the standard. Any contractor or volunteer suspected of perpetrating sexual abuse is prohibited from contact with detainees. The agency also considers whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse, but have violated other provisions within these standards. The agency is responsible for promptly reporting sexual abuse allegations and incidents involving alleged contractor or volunteer perpetrators to an appropriate law enforcement agency and relevant licensing bodies as well as to the Joint Intake Center or another appropriate DHS investigative office, in accordance with DHS policies and procedures. (Continued on page 10)

§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 Directive 11087.1 and IHSC 03-01 addresses the requirements of the standard. ICE IHSC provides medical and mental health services for FSF. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility or are transported to a health care facility in the community when health care needs exceed the level of care available within the facility. Victim advocacy is offered through an agreement with a community provider. There is no financial cost to the detainee for any sexual abuse/assault related incident, related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. (Continued on page 10)

§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 Directive 11087.1 addresses the requirements of the standard. Per policy, the facility is required to conduct a sexual abuse incident review within 30 days at the conclusion of every investigation of sexual abuse and when the allegation was not determined to be unfounded, prepare a written report. The report should recommend if a change in policy or practice could better prevent, detect, or respond to sexual abuse. Interviews with the PSA Compliance Manager and AFOD confirm compliance with this standard. As there were no allegations of sexual abuse/assault or harassment during the audit period, there were no incident reviews or reports.

§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 Directive 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 Compliance Manager supported compliance with this standard. Records are maintained in a locked filing cabinet in an office that is locked when not occupied. The DHS Office of Inspector General maintains the official investigative file related to claims of sexual abuse investigated by the DHS Office of Inspector General.

§115.193–Audit of standards.

- Low risk
- Not low risk

Notes:

As all of the standards were found to be compliant or non-applicable, FSF is rated as low risk.

§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 auditor was able to access and observe all areas of the facility. The auditor was provided with all relevant documents and conducted private interviews with staff and detainees. Audit notices were posted in each holding cell, giving the detainees an opportunity to confidentially correspond with the auditor. The auditor did not receive any correspondence from the detainees at FSF.

ADDITIONAL NOTES

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

115.111 - Contract staff are issued a pocket sized PREA Standards/First Responder Guideline card to carry for reference. Interviews with ICE staff, contractors, and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse. Review of documentation, observation of zero tolerance posters during the tour, and interviews with staff and detainees confirms FSF is compliant with this standard.

115.115 - Interviews confirmed staff knowledge of cross-gender viewing and search policies and procedures and that pat-down searches are not performed for the sole purpose of determining the genital status of a trans-gender or inter-sex detainee. The review of training documents and interviews with ICE staff and contract security personnel confirmed that they were educated in the proper procedures for conducting pat-down searches, cross-gender pat-down searches, and searches of trans-gender and inter-sex detainees. As confirmed by observation, all pat-down searches were conducted in a professional and respectful manner, and in the least intrusive manner possible.

115.117 - Material omissions and/or submission of false information by applicants is grounds for termination. All employees, contractors, and volunteers have had background checks completed. A tracking system is in place to ensure that updated background checks are conducted every five years. Interviews with the AFOD, HR staff and review of policy confirmed compliance with this standard.

115.121 - The auditor confirmed that the facility has a MOU with Southern Arizona Center Against Sexual Abuse for detainee reporting and victim advocate services. There were no forensic medical exams conducted during the past twelve months. Policy indicates, when appropriate, the exams would be conducted at no cost to the detainee, and only with the detainee's consent.

115.122 - The Shift Supervisor has the responsibility of notifying the PSA Compliance Manager and/or the AFOD, who notifies the Joint Intake Center, OPR, and the OIG when necessary. The Florence Police Department conducts the criminal investigations for the facility. The agency's protocol is posted on its web site.

115.141 - Vulnerable detainees are held in the least restrictive manner possible, but separate from potential abusers.

115.151 - Facility staff are trained to accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting.

115.161 - ICE staff and contractor interviews confirmed their awareness of reporting methods. Information related to a sexual abuse report is not disclosed to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. Although the facility does not house juvenile detainees, over the previous twelve months, juveniles have been temporarily staged at FSF. Policy does state that if the alleged victim is under the age of 18 or determined after consultation with the relevant OPLA Office of Chief Counsel to be a vulnerable adult under a State or local statutes, to report the allegation to the designated State or local services agency as necessary under applicable mandatory reporting laws.

115.164 - All staff are trained to be first responders. Interviews with staff and an examination of documentation confirm compliance to this standard.

115.176 - There were no substantiated staff-on-detainee sexual abuse investigations in the last twelve months. Compliance with this standard was determined by a review of policy, documentation, and staff interviews.

115.177 - There were no allegations of sexual abuse/assault or harassment involving contractors or volunteers during the audit period.

115.182 - Detainee victims of sexual abuse, while detained, are offered information about and timely access to information on sexually transmitted infection prophylaxis, 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 the facility. There has been no instance within the last year that required outside services of SAFE/SANE or the community advocacy agency. Compliance with this standard was determined by a review of policy, documentation and interviews with the victim advocacy agency representative and staff.

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.

David R. Andraska

Auditor's Signature
FINAL March 13, 2017

4/21/2017

Date