

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	David R. Andraska	Organization:	Nakamoto Group, Inc.
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AGENCY INFORMATION

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

Name of Field Office:	Phoenix Field Office
Field Office Director:	Enrique M. Lucero
ERO PREA Field Coordinator:	
Field Office HQ physical address:	2035 N. Central Avenue, Phoenix, Arizona 85004
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Florence Service Processing Center				
Physical address:	3250 North Pinal Parkway Avenue, Florence, AZ 85132				
Mailing address: (if different from above)					
Telephone number:	(520) 868-8377				
Facility type:	<input checked="" type="checkbox"/> SPC	<input type="checkbox"/> CDF	<input type="checkbox"/> DIGSA	<input type="checkbox"/> IGSA	<input type="checkbox"/> FRC
	<input type="checkbox"/> Other, Describe:				

Facility Leadership

Name of Official/Officer in Charge:	Martin Zelenka	Title:	Assistant Field Office Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-868 (b) (6), (b) (7)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Lillian C. Rangel	Title:	Supervisory Detention & 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 PREA (Prison Rape Elimination Act) audit of the Florence Service Processing Center (FSPC), in Florence, AZ was conducted on March 21-23, 2017. The audit was completed by David R. Andraska, Nakamoto Group Inc. certified auditor. This was the first PREA audit for this facility. Prior to the on-site audit, the facility provided the responsive documents, facility layout, and pre-audit questionnaire, for review and use. The documentation consisted of US Immigration and Customs Enforcement (ICE) and Florence Detention Center (FDC) Policy Statements. References to facility policy, throughout this report, state "FDC" instead of "FSPC." The reason for this is that the facility has not updated their policy documents to reflect the current name of the facility.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7) Office of Detention Oversight (ODO) Section Chief (b) (6), (b) (7) Assistant Field Office Director (AFOD) Martin Zelenka, Assistant Officer in Charge (AOIC) (b) (6), (b) (7) Supervisory Detention & Deportation Officer (SDDO) /Prevention of Sexual Assault (PSA) Compliance Manager Lillian Rangel, SDDO (b) (6), (b) (7)(C) as well as other ICE and facility support staff. FSPC held 271 male adult detainees on the first day of the audit. A comprehensive tour of the facility was completed. The tour included the intake processing area, all housing units, including restricted housing, the medical services department, recreation, food service, the library, visiting room, and other facility support areas. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for detainees and staff. 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 assault were prominently displayed in all housing units, common areas and throughout the facility. Audit notifications were also located in the same areas.

FSPC is located approximately one mile north of Florence, AZ and is under the governing authority of the US Department of Homeland Security. FSPC was originally built to serve as a World War II internment camp for prisoners of war. It was utilized in this capacity from 1942 until the end of the war, when it was converted to a detention facility. In 1983, The Immigration and Naturalization Service acquired the facility from the Bureau of Prisons. Over the past two decades, FSPC has undergone gradual expansion and modernization. An administration building was constructed in 2002, which houses staff offices, legal staff, an armory, a conference room, a staff gym out and locker room, and other miscellaneous services. Since March 2003, it has been under the management of ICE. FSPC is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). ICE Immigration Health Service Corps (IHSC) operates medical and mental health care at the facility. Contract staff provide security, transportation, food service and maintenance services.

There are five housing units located in the center of FSPC and each has a maximum capacity of 64 detainees. Each unit is staffed by 2 security officers and has a good line of sight for officers to visually monitor and supervise detainees. Another housing unit, formerly used as a jail, is also located on the compound. This unit, referred to as the "jail unit," has three separate living quarters with a maximum capacity of 24 detainees. One of the areas, in this unit is used for segregation and the other two areas are for general population. Medical, food service, laundry and program services are located in a building to the rear of the housing units. A recreation field is also located on the backside of the compound.

On the grounds, but reviewed as part of this audit, is the Florence Staging Facility. All new detainees are processed through this facility and are usually not held for more than 72 hours before transfer. A Criminal Alien Program (CAP) building is also located in the Staging area.

A total of thirty-six staff interviews were conducted during the audit. The interviews included randomly selected security staff for all shifts. All security staff were aware of the agency's zero tolerance policy and knew their responsibilities to protect detainees from sexual abuse and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed and included the AFOD, PSA Compliance Manager, Health Service Manager, Psychologist, Investigator, Human Resource Officer, Classification Officer, Training Officers, Chief of Security, Grievance Officer and contractors. All interviewed staff and contractors demonstrated an understanding of PREA and their responsibilities under PREA, relative to their position at the facility and employment status. There were no volunteers available to interview during the audit, but volunteer PREA training records were examined. The auditor confirmed that the facility has a Memorandum of Understanding (MOU) with a local organization, the Southern Arizona Center Against Sexual Assault (SACASA), for detainee reporting and victim advocate services.

Twenty-seven detainees randomly selected from the housing units and were interviewed by the Auditor. The detainees interviewed were of various ages, nationalities and ethnic backgrounds. There were no detainees on-site that were identified as disabled or that had previously reported sexual abuse. Of the detainees interviewed, one identified as Lesbian, Gay, Bi-Sexual, Transgender and Intersex (LGBTI). No detainees self-identified as being intersex. Twenty-five of the detainees interviewed were limited English proficient, these detainees were interviewed by utilizing the Certified Languages International interpretation service. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection and reporting mechanisms and stated that they felt safe at the facility. No detainees refused to be interviewed. Prior to the audit, ICE posted auditor contact information on all housing unit bulletin boards; however, no detainees verbally requested to speak to the auditor while on-site and no detainees wrote to the auditor in advance of the audit.

A review was conducted of the investigative files opened during the past 12 months alleging sexual abuse. There were four allegations reported by detainees. All investigative files were reviewed and found to have been completed promptly, thoroughly and were well documented. All four cases investigated at FSPC were found to be unsubstantiated.

SUMMARY OF AUDIT FINDINGS:

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

When the on-site audit was completed, a close-out meeting was held with the AFOD and other staff to discuss audit findings. The facility staff were found to be extremely 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. During the tour it was observed that the announcements by female staff were only made in English. As a best practice, the Auditor recommended that announcements be made in the language used by the majority of the detainees. At FSPC, the primary language is Spanish.

The standards used for this audit became effective in March 2014. Thirty-nine standards were found to "Meet" the standards and two standards were determined to be "Not-Applicable." The auditor was 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 auditors thanked the AFOD and staff for their hard work and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	39
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.

§115.11 – 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 Policy #11062.2, Sexual Abuse and Assault Prevention and Intervention and the Florence Detention Center (FDC) Policy #2.11, 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 Prevention of Sexual Assault (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. (Continued on last page)

§115.13 – 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:

FDC Policy #4-ALDF-2A-14 and Policy #4-ALDF-2A-15 both address staffing and outlines the requirements of this standard. Policy requires that a comprehensive staffing analysis be completed annually. A review of the staffing plan, organizational chart, post orders, as well as interviews with the AFOD, and the Human Resource Manager confirmed that the facility has a staffing plan which provides adequate staff to ensure a safe and secure environment for staff and detainees. The facility's security staff is composed of 422 ICE and contracted staff. Post orders are reviewed annually. Supervision is supplemented by video cameras, and various ICE and IHSC on-site staff. The audit included an examination of video monitoring systems, unannounced rounds reports and staff/ detainee interviews.

§115.14 – 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:

Not Applicable. FSPC does not house juvenile or family detainees.

§115.15 – 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:

FDC Policies #2.10, 2.11.1 and 4.5 outlines the requirements of the standard. FSPC 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 cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, the search is required to be documented. Additionally, detainees have privacy to shower, change clothes and perform bodily function without being seen by staff of the opposite gender. Staff of the opposite gender are required to announce when entering these areas. (Continued on last page)

§115.16 – 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

FDC Policy #4-ALDF-6B-04 outlines the requirement of the standard. FSPC 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. PREA handouts, bulletin board postings, the orientation video "Know your Rights," and detainee handbooks are in both English and Spanish. Additionally, the facility has a contract with an interpretation service to provide translation services for detainees who are LEP. Staff also have access to "Special Vulnerabilities Quick Reference Guides" and "I Speak Language Identification Guide. Interviews with LEP detainees confirm that they received PREA information in a language that they understand. (Continued on last page)

§115.17 – 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:

Federal Executive Orders 10450 and 12968, and ICE Directives 6.7 ICE Personnel Security and Suitability Program Definitions and 6.8 ICE Suitability Screening Requirements for Contractor Personnel address the requirements of the standard. Before hiring a new employee a background investigation is conducted to determine suitable for employment, including a criminal background check. The AFOD stated, he was aware of the background check procedures that all employee and contract personnel must undergo before being cleared to work in ICE facilities. A tracking system is in place to ensure that updated background checks are conducted every five years. (Continued on last page)

§115.18 – 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:

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

§115.21 – 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:

FDC Policy #2.10.1 addresses the requirements of this standard. 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 conducts investigations relative to sexual abuse allegations. All forensic medical examinations are conducted by a Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner (SAFE/SANE) at an outside hospital. The auditor confirmed that the facility has a MOU with SACASA for detainee reporting and victim advocate services. There were no forensic medical exams conducted during the past 12 months.

§115.22 – 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 and FDC Policy #2.11 outlines the requirements of this standard. Administrative and criminal investigations are completed on all allegations of sexual abuse. The FSPC investigator and the Florence Police Department conduct investigations at the facility. The facility 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 ICE staff. The on-site ICE staff have the responsibility of notifying the Joint Intake Center, OPR, and the OIG when necessary. The Florence police department conducts the criminal investigations for the facility. (Continued last page)

§115.31 – Staff 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:

FDC Policy #2.11 addresses the requirements of the standard. The review of training documents/curriculum, training logs, ICE Virtual University training and staff interviews confirmed that all ICE employees, contract staff and volunteers 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, and responding effectively and professionally to victims and how to report sexual assault/abuse. Staff receive initial training when hired and annual refresher training.

§115.32 – Other 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:

FDC Policy #2.11 outlines the requirements of this standard. All contractors and volunteers providing services to the detainees at the facility have received PREA training. A review of the training records revealed that all have received PREA training, to include the facility's zero-tolerance policy, reporting and responding requirements. The training is documented, and copies of training sign-in sheets and other related documents were reviewed by this auditor. Interviews with contract staff confirmed they receive PREA training annually. Contract staff are also provided with a PREA pocket guide. There were no volunteers available to be interviewed during the audit, but training records were reviewed.

§115.33 – Detainee education.

- 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:

FDC Policy #2.11 outlines the requirements of the standard. During intake, each detainee receives a Sexual Abuse and Assault Awareness pamphlet, the ICE National Detainee Handbook and the FDC Handbook. The pamphlet and handbooks are available in English and Spanish. Detainees sign a form acknowledging receipt of these documents. The pamphlet and handbooks identify the key elements of the program and informs detainees of the zero-tolerance policy regarding sexual abuse and assault and multiple ways to report any such incidents. (Continued on last page)

§115.34 – 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)

Notes:

ICE Policy #11062.2 outlines the requirements of this standard. The facility investigators attended the ICE Specialized Sexual Abuse and Assault Training for ERO Personnel held on January 9-12, 2017. This auditor reviewed the specialized training curriculum, sign-in sheets and interviewed the investigators which confirmed compliance with this standard.

§115.35 – Specialized training: Medical and mental health care.

- 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:

IHSC Directive 03-01 and ICE Policy #11062.2 outline the requirements of this standard. All mental health and medical staff are provided by IHSC and have received specialized training on victim identification, interviewing, reporting and clinical interventions. This training is provided initially and annually thereafter. The auditor reviewed the training lesson plan and training sign-in sheets, which confirmed the staff received the necessary training.

§115.41 – 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:

FDC Policies # 2.1, 2.2 and 2.11.1 outlines 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. The review of medical intake screening documents and ICE Custody Classification Work Sheets, as well as interviews with staff and detainees confirm compliance. All new arrivals are assessed within their first 12 hours. 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.

§115.42 – Use of assessment information.

- 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:

FDC Policies # 2.1, 2.2 and 2.11.1 outline the requirements of this standard. The facility uses a screening instrument (reviewed by the auditor) to determine proper housing assignments and risk ratings. The goal of the assessment is to keep detainees who are at high risk of being sexually abused separate from those detainees who are at a high risk of being sexually abusive. Housing and program assignments are made on a case by case basis and detainees are not placed in housing units based solely on their sexual identification or status. The average length of stay for detainees at this facility is 14 days. There was one self-identified LGBTI detainee housed at the facility during the audit.

§115.43 – Protective custody.

- 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:

FDC Policy #2.12 outlines the requirements of this standard. The policy states that detainees at high-risk for sexual victimization shall not be placed in restricted housing unless an assessment of all available alternatives has been made and there is no available means of separating the detainee from the abuser. The detainee will be assessed within 72 hours and reassessed every seven days thereafter while in restricted housing. There were no detainees at risk of sexual victimization held in involuntary segregated housing in the past 12 months. Interviews with staff and an examination of documentation confirm compliance with this standard.

§115.51 – 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:

FDCC Policies #2.11 and 2.11.1 outline the requirements of this standard. A review of documentation and staff/detainee interviews indicated that there are multiple ways (verbally to staff, in writing via a letter to ICE, the DHS Office of Inspector General (OIG) or consulate; or by calling the DHS OIG hot line or the ICE Detention Reporting and Information Line, anonymously, privately and from a third party) for detainees to report sexual abuse. 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 the auditor) which also explain reporting methods. Facility staff accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting.

§115.52 – Grievances.

- 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:

FDC Policy #6.2 and the National Detainee Handbook outline the requirements of this standard. Detainees may file a grievance; however, all allegations of sexual abuse, when received by staff, immediately result in an administrative or criminal investigation. Detainees are not required to use the formal grievance process. Facility procedures allow a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Detainees are also able to request assistance from outside sources to complete their grievance. There were no grievances alleging sexual assault in the past 12 months. The Grievance Officer was interviewed and confirmed compliance with this standard.

§115.53 – Detainee access to outside confidential support 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:

FDC Policy #6.2 and the ICE National Detainee Handbook outline the requirements of this standard. Detainees are also provided with the Sexual Abuse and Assault pamphlet which list support services. Detainees also have access to the Sexual Assault Resource posting, which list outside resources available. The auditor confirmed that the facility has a MOU with SACASA for detainee reporting and victim advocate services. Interviews with staff and detainees support compliance with this standard.

§115.54 – 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:

FSPC has established procedures for third-party reporting which are listed in the Sexual Abuse and Assault Awareness Pamphlet, the ICE National Detainee handbook, the FDC handbook and posters with the DHS OIG telephone number and mailing address and the ICE ERO Detention Reporting and Information Line. The agency websites (<https://www.ice.gov/contact>) and (<https://www.oig.dhs.gov>) lists telephone numbers for third party reporting. Staff and detainees interviewed were aware of the procedures for third-party reporting. The facility also has signs in the visiting room which allows for family and friends of detainees to note the procedures for reporting allegations.

§115.61 – 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:

FDC Policy #2.11 outlines 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. Staff may report misconduct outside of their chain of command by calling or writing the Joint Intake Center (JIC) or calling or writing the DHS (OIG). Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case to be limited to staff with a need-to-know.

§115.62 – 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 and FDC Policy #2.11 outlines the requirements of this standard. Interviewed staff were well aware of their duties and responsibilities, as they relate to the staff member having reasonable belief of a detainee being at imminent risk of sexual abuse. All staff indicated they would act immediately to protect the detainee. Security officers are issued a pocket PREA guide outlining all actions to be taken. They also stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their supervisor. (Continued on last page)

§115.63 – 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:

FDC Policy #2.11 outlines the requirements of this 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 the AFOD confirmed their awareness of the requirement. During the audit period, FSPC received one sexual abuse/ allegation from a detainee while confined at other facility. Notification was made timely.

§115.64 – 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:

FDC Policies # 2.11 and 2.10.1 outlines the requirements of this standard. All staff interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse. They also stated they would separate the potential 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 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 when advised that a detainee has been a victim of sexual abuse. All staff are trained to be first responders. (Continued on last page)

§115.65 – 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:

FDC Policy #2.11 outlines the requirements of this standard. 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 victims advocate services. The facility has established a PREA checklist to aid in the team's response to allegations of sexual abuse. Staff and community provider interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. During the audit period, no victims of sexual abuse were transferred to another other facility.

§115.66 – 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:

FDC Policy #2.11 outlines the requirements of this standard. Staff, contractors, and volunteers 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 the facility investigator confirm compliance with this standard. There were no staff-on-detainee sexual abuse allegations in the last 12 months.

§115.67 – 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:

FDC Policy #2.11 outlines the requirements of this standard. Policy prohibits any type of retaliation against any staff or detainee who has reported sexual abuse or cooperated in any related investigation. The facility PSA Compliance Manager is the designated retaliation monitor. The PSA Compliance Manager stated she follows up on all potential sexual abuse cases to ensure that this policy 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. Compliance with this standard was determined by a review of policy and staff interviews.

§115.68 – Post-allegation protective custody.

- 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:

FDC Policy # 2.12 outlines the requirements of the standard. A detainee that has been placed in protective custody shall not be returned to general population until completion of a proper reassessment. Staff indicated that a detainee would be placed in the most supportive environment to ensure their well-being. The AFOD would be notified of all detainees placed in Protective custody. There have been no detainees placed in post-allegation protective custody during the last 12 months.

§115.71 – Criminal and administrative investigations.

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

Notes:

ICE Policy #11062.2 and FDC Policy #2.11 outline the requirements of this standard. The facility investigator conducts administrative investigations within the facility and refers criminal investigations to the Florence Police Department. The facility 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 provides access to the detainees. According to the AFOD and facility investigator, there were no criminal prosecutions during this auditing period.

§115.72 – 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)

Notes:

ICE Policy #11062.2 and FDC Policy #3.1 outlines the requirements of this standard. Administrative investigations impose no standard higher than preponderance of evidence to substantiate an allegation of sexual abuse or assault. Interviews with the AFOD and the facility investigator confirm compliance with this standard.

§115.73 – Reporting to 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)

Notes:

ICE Policy #11062.2 outlines the requirements of this standard. The policy indicates that a detainee shall be notified of the result of the investigation and any responsive action taken as a result of an allegation of sexual abuse. All such notifications are documented through "Proof of Service" forms and placed in both the detainee A file and the facility investigative file. Compliance with this standard was determined through interviews with the PSA Compliance Manager and a review of the investigative files.

§115.76 – 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)

Notes:

ICE Policy #11062.2 and ICE Guidance to Offense and Penalties address the requirements of the standard. Staff are subject to disciplinary or adverse action up to and including removal from their position and 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. 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, documentation and staff interviews.

§115.77 – 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:

FDC Policy #8.7 outlines the requirements of the standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and will be reported to law enforcement agencies 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 or volunteer was accused or found guilty of sexual abuse at FSPC. Compliance with this standard was determined by a review of policy, documentation and the interview with the AFOD.

§115.78 – Disciplinary sanctions for 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)

Notes:

FDC Policies #3.1 and addendum to FDC Policy #2.11 outlines the requirements of this standard. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Detainees found guilty of sexual abuse shall be disciplined in accordance with the disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed. The detainee's disciplinary history, mental disabilities, and mental illness should be considered all decisions. (Continued on last page)

§115.81 – Medical and mental health assessment; history of sexual abuse.

- 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:

IHSC 03-01 and FDC Policy # 2.11 outlines the requirements of this standard. Interviews with medical and mental health staff confirm that the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. When detainees are referred for medical follow-up, facility procedures indicate that a health evaluation would take place within two working days. The procedures also allow for detainees who report being sexually abused to be offered a follow up meeting with mental health staff. Treatment services are offered without financial cost to the detainee. There were no detainees determined during their intake to have experienced prior sexual victimization or perpetrated sexual abuse in the last 12 months. (Continued on last page)

§115.82 – Access to emergency medical and mental health 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:

IHSC 03-01 and FDC Policy #2.11 outlines the requirements of this standard. IHSC provides medical and mental health services at FSPC. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility. When health care needs exceed the level of care available within the facility, detainee victims are transported to a health care facility in the community. Victim advocacy is offered through an agreement with a community provider. There is no financial cost to the detainee for sexual abuse related medical, mental health care or victim advocacy service provided, regardless of whether the victim names the abuser or cooperates with the incident investigation. (Continued on last page)

§115.83 – Ongoing medical and mental health care for sexual abuse victims and 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:

IHSC 03-01 and FDC Policy #2.11 outline the requirements of this standard. Medical and mental health evaluations and, as appropriate, treatment to detainees who have been victimized by sexual abuse is offered immediately. Services are consistent with a community level of care, without financial cost to the detainee. Detainee victims of sexual abuse, while detained at the facility, are offered tests for sexually transmitted infections and lawful and timely pregnancy-related medical services, in accordance with professionally accepted standards of care, where medically appropriate. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

§115.86 – 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:

FDC Policy #2.11 outlines the requirements of this standard. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was proven to be unfounded. Based on interviews with members of the incident review team, the review is conducted within 30 days of the conclusion of the investigation and consideration is given as to whether the incident was motivated by race, ethnicity, gender identity, status or gang affiliation. The team also makes a determination as to whether additional monitoring technology should be added to enhance staff supervision. Interviews with the PSA Compliance Manager and AFOD confirm compliance with this standard. Four sexual abuse incident reviews were conducted in the last 12 months and were reviewed by the auditor.

§115.87 – 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)

Notes:

ICE Policy # 11062.2 outlines 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 DHS OIG maintains the official investigative file related to claims of sexual abuse investigated by their office. The interview with the PSA Compliance Manager support compliance with this standard.

§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/detainees. Audit notices were posted in each housing unit giving the detainees an opportunity to confidentially correspond with the auditor. The auditor did not receive any correspondence from the detainees at FSPC.

ADDITIONAL NOTES

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

115.11 - 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. Security staff are issued a pocket sized PREA Standards/First Responder Guideline card to carry for reference. Interviews with 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 FSPC is compliant with this standard.

115.15 - 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. Staff interviews confirmed their 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 transgender or intersex detainee. The review of training documents and interviews with ICE 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 transgender and intersex detainees. As confirmed by observation, all pat-down searches were conducted in a professional and respectful manner, and in the least intrusive manner possible.

115.16 - The facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, translation services, or other means for LEP detainees, or in the form of auxiliary aids for detainees with disabilities, including but not limited to those aids listed in the standard.

115.17 - Policy clearly states the submission of false information by any applicant is grounds for termination and that facility makes a best effort to contact all prior employers for information on substantiated allegation of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. The AFOD and Human Resource staff were interviewed and stated that all required components of this standard have been met. Although the employee files weren't available on site to review, review of ICE directives and staff interviews were used to determine compliance to this standard.

115.22 - There were 4 sexual abuse allegations reported by detainees. All investigative files were reviewed and found to be completed promptly and thoroughly and were well documented. Of the 4 cases investigated at FSPC, all 4 were found to be unsubstantiated. Detainees were notified in accordance with the standard.

115.33 - Staff are aware of their responsibility to assist detainees either individually or through interpretation services to make a confidential report. Detainees intake process is conducted at the Florence Staging Facility. Detainees indicated that at the time of arrival they received information about PREA, their right to be free from sexual abuse/assault and retaliation for reporting these incidents and multiple ways to report abuse. Detainee PREA education material is available in accessible formats. The detainee handbooks contain detailed and comprehensive information addressing non-consensual sexual acts, abusive sexual contact, non-contact sexual abuse, staff sexual misconduct, and staff sexual harassment. In addition, the handbooks provide instructions for reporting sexual assault, and the toll-free and speed dial numbers to the DHS Office of Inspector General Hot-line. Additionally, a "Know your Right" orientation video is played daily in English and Spanish in all housing units. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common areas. Compliance with this standard was determined by interviews with staff and detainees, observation of the intake process and posters and review of the pamphlets, handbook and orientation video.

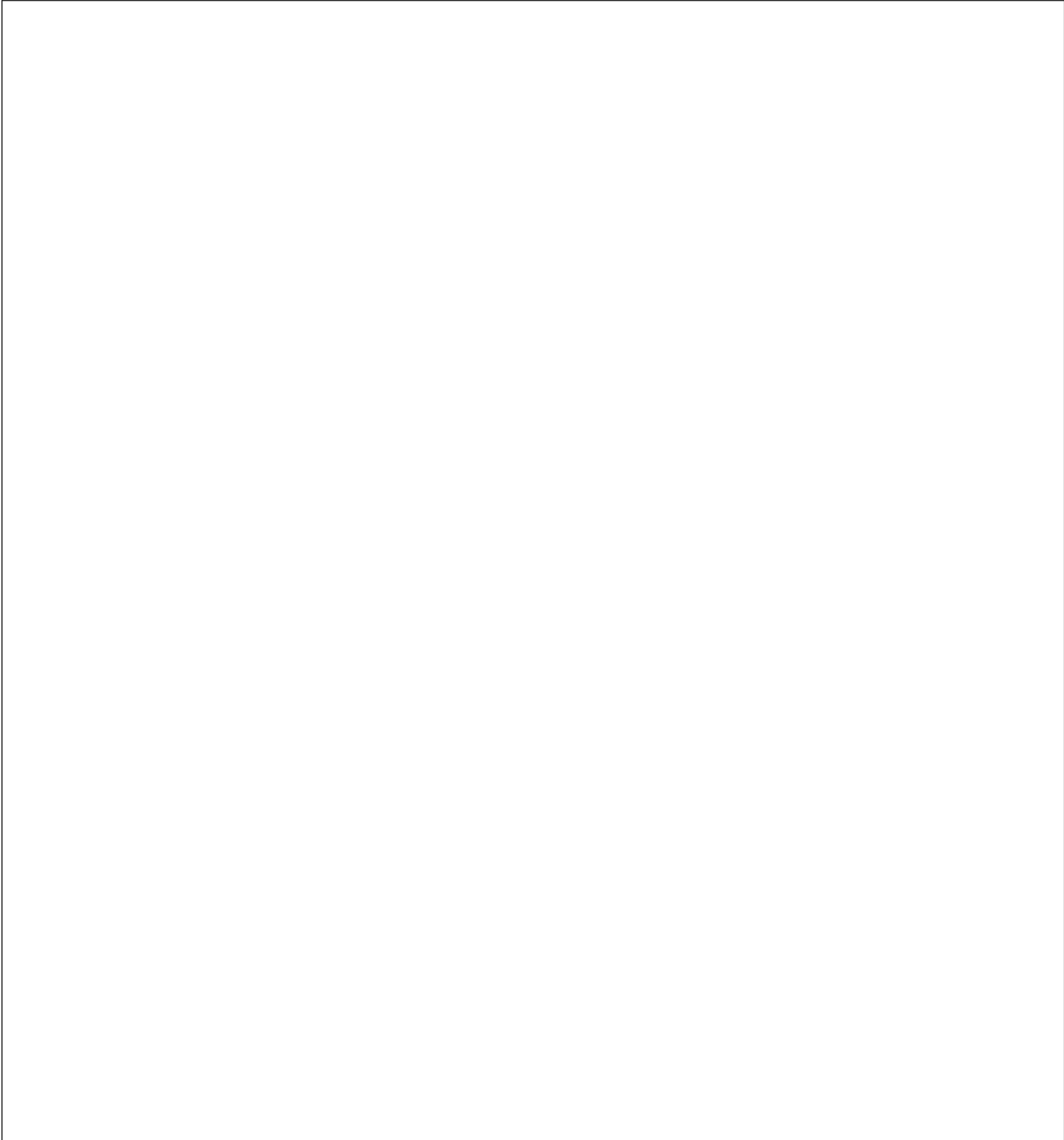
115.62 - In the past 12 months, there were no instances in which the facility staff determined that a detainee was subject to substantial risk of imminent sexual abuse. Interviews with staff and an examination of documentation confirm compliance to this standard.

115.64 - Interviews with staff and an examination of documentation confirm compliance to this standard.

115.78 - Interviews with the facility investigator and the AFOD, support a finding that the facility is in compliance with this standard.

115.81 - All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

115.82 - Detainee victims of sexual abuse, while detained at the facility, 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.



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

April 7, 2017
Date