

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



**Homeland
Security**

AUDITOR INFORMATION			
Name of auditor:	David R. Andraska	Organization:	The Nakamoto Group, Inc.
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	El Paso		
ICE Field Office Director:	Corey A. Price		
PREA Field Coordinator:	Joshua J. Carter		
Field Office HQ physical address:	11541 Montana Avenue, Suite E, El Paso, Texas 79036		
Mailing address: (if different from above)			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Pecos Hold Room		
Physical address:	250 E. Palmer, Pecos, Texas 79772		
Mailing address: (if different from above)	PO Box 470, Pecos, Texas 79772		
Telephone number:	432-447-6200		
Facility type:	<input checked="" type="checkbox"/> Holding	<input type="checkbox"/> Staging	
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	AFOD
Email address:	(b) (6), (b) (7)(C)	Telephone number:	432-681-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Joshua J. Carter	Title:	SDDO
Email address:	(b) (6), (b) (7)(C)	Telephone number:	432-447-(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 Pecos Hold Room (PHR) in Pecos, Texas was conducted on August 29-30, 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 submitted the Pre-Audit Questionnaire and provided a comprehensive set of supporting documents for the responses to the questionnaire to the auditor. The documentation consisted of ICE policies and procedures, as well as other supporting documents.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C) (via teleconference), Assistant Field Office Director (AFOD) (b) (6), (b) (7)(C), Supervisory Detention & Deportation Officer (SDDO)/Prevention of Sexual Assault (PSA) Compliance Manager Joshua Carter and SDDO (b) (6), (b) (7)(C).

The Pecos Hold Room is located in the rear of the Pecos Sub Office building at 250 East Palmer Road, Pecos, Texas. The primary functions of Pecos Sub Office are the Institutional Removal Program/Institutional Hearing Program (IRP/IHP) duties. Detainees are not housed at PHR, but held for processing and prepared for transport to other facilities, to await removal to their country of origin. Detainees are held until processing is completed, which depends on the number of detainees that arrive at one time. Typically detainees are held for one to four hours and no detainees are held overnight. The hours of operation for the PHR is 6 am to 2 pm.

The PHR consists of an intake processing area, an administrative area, storage rooms and three detainee hold rooms with a capacity for 35 detainees (two 15 person rooms and one five person room). The five person room is typically used to house female or detainees at high risk of victimization. The total number of adult detainees booked in the last 12 months was 4,108. The facility does not hold juveniles or family units. A comprehensive tour of the facility was completed which included the intake processing area and holding rooms. During the tour, it was noted that there was sufficient staffing to ensure a safe environment for detainees and staff. Detainees are able to use the toilet facilities without exposing themselves to employees of the opposite gender. There are no showers available for detainees at the PHR. Informal and formal conversations with staff regarding the PREA standards were conducted. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and assault were displayed in all holding rooms and the intake processing area. Audit notifications were not posted and, as a result of this omission, there was not an opportunity for detainees to contact the auditor in advance of the on-site audit.

The facility employs sworn ICE officers that have contact with detainees. The facility also contracts with LaSalle for security transport personnel. LaSalle transports the detainees to and from the facility and also conducts the pat-down searches, when the detainees arrive and leave the facility. Detainees are transported in full restraints and are pat-searched upon entering the facility by the LaSalle staff. The detainees are then placed in the holding rooms and called out one at a time to have their handcuffs removed. The detainees' leg restraints are not removed while at the facility. (b) (7)(E) the detainees are directly and continuously monitored by staff at all times. After all detainees are processed, the LaSalle staff cuff and pat-search the detainees before exiting the facility. There are no volunteers that provide services at the facility.

A total of eleven staff interviews were conducted during the audit. The interviews included ICE officers and supervisors, as well as contract security transport staff. 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 and included the AFOD, the PSA Compliance Coordinator and Intake Staff. All interviewed staff demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position in the organization and employment status. The auditor confirmed that Pecos County Hospital provides medical treatment, conducts forensic examinations and would help coordinate victim advocate services, when requested by the facility.

There were two male detainees present on the first day of the audit and they were processed out before an interview could be conducted. There were 32 detainees present on the second day of the audit and four detainees were interviewed. The interviewed detainees were of various ages, nationalities and ethnic backgrounds. There were no detainees on-site that were identified as being disabled. No detainees self-identified as being Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI). All four detainees were limited English proficient (LEP) and were interviewed utilizing Certified Languages International, a telephonic interpretation service. All detainees interviewed demonstrated an understanding of the PREA program, the prevention, protection and reporting mechanisms on how to report sexual abuse. No detainees refused to be interviewed or requested to speak to the auditor while on-site.

As there were no allegations of sexual abuse/harassment, in the last twelve months, there were no investigative files to be reviewed and no incident reviews were 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 ERAU Team Lead (b) (6), (b) (7)(C) (via teleconference), AFOD (b) (6), (b) (7)(C), SDDO/ PSA Compliance Manager Joshua Carter and SDDO (b) (6), (b) (7)(C). The facility staff were courteous, cooperative and professional. Staff morale appeared to be good and the interaction observed between staff/detainees was considered appropriate. There were no blind spots observed during the tour.

The standards used for this audit became effective in March 2014. There are 31 PREA standards for a Subpart B audit. Twenty-eight standards were found to "Meet" the standards, one standard was found to be at "Low Risk" and two standards were determined to be "Not Applicable." No standards were found to be "Does Not Meet" and a corrective action plan is not required. The auditor was provided with extensive and lengthy documents and files prior to and during the audit to support the findings of the audit. Observations made during the tour and interviews support compliance. All areas of the facility were observed to be very clean and well maintained. At the conclusion of the audit, the auditor thanked the staff for their preparation, hard work and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	28
Number of standards not met:	0

PROVISIONS

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

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

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

Notes:

Sexual Abuse and Assault Prevention and Intervention Directive (ICE Directive 11062.2) addresses the requirements of this standard. The policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. The El Paso Field Office Director appointed a PSA Coordinator, who also serves as the PSA Compliance Manager for the PHR. The PSA Compliance Manager, when interviewed, confirmed he has sufficient time and authority to oversee compliance of the facility's PREA program. ICE zero tolerance posters, in English and Spanish, are displayed in all the hold rooms. (Continued on page 11)

§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:

Operations of ERO Holding Facilities Directive (ICE Directive 11087.1) and the ICE Custody Programs Holding Facility Self-Assessment Tool (HFSAT) address the requirements of this standard. The staffing plan is reviewed annually as documented by the HFSAT that was completed on December 19, 2016. The review of policy and interviews with facility management staff 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. (b) (7)(E) Detainees are directly and continuously monitored by staff during their time at the PHR. Detainees are not held in the facility for more than 4 hours and are not held overnight. The SDDOs makes unannounced rounds of the detention area. The supervision and monitoring of detainees were found to be compliant with this standard.

§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:

Not Applicable. The PHR does not house juveniles or detainee family units.

§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 this standard. 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. When conducted, the search is required to be documented. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the last twelve months. During the tour, it was observed detainees are able to perform bodily functions without being observed by staff of the opposite gender. Staff interviews confirmed their knowledge of cross-gender viewing and search policies and procedures. (Continued on page 11)

§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 this standard. The PHR takes appropriate steps to ensure detainees with disabilities and detainees with LEP have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA zero tolerance postings are printed in both English and Spanish. During in-processing procedures, staff use the I Speak Language Identification Guide to determine the detainee's primary language. The facility follows the ICE Language Access Plan and has a contract with ERO Language Service, a 24 hour telephonic translation and interpretation service to provide translation services for detainees who do not speak English or Spanish. (Continued on Page 11)

§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:

Executive Orders 10450 and ICE Personnel Security and Suitability Program Definitions (ICE Directive 6.7-0) and ICE Suitability Screening Requirements for Contractor Personnel (ICE Directive 6.8-0), address the requirements of this standard. Before hiring a new employee, the ICE Personnel Security Unit (PSU) conducts a background investigation to determine the applicant's suitability 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. Policy clearly states the submission of false information by any applicant is grounds for termination. (Continued on page 11)

§115.118 – Upgrades to facilities and technologies.

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

Notes:

Not Applicable. Since May 2014, there have not been any significant upgrades to the facility, to include monitoring 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 this standard. OPR investigators attend an Introduction to Advanced Forensic Techniques in Crime Scene Investigation training. When appropriate, at no cost to the detainee, and only with the detainee's consent, alleged detainee victims of sexual assault are transported to Reeves County Hospital to undergo a forensic examination and evidence gathering by a Sexual Assault Nurse Examiner (SANE). There were no allegations of sexual abuse/assault during the last twelve months. Review of policies, training documents and staff interviews confirm compliance with this standard.

§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 and Functions of Office of Professional Responsibility (ICE Directive 6-1.0) address the requirements of this standard. Policies establish protocols and procedures to ensure that each allegation of sexual abuse is investigated by the agency or referred to an appropriate investigative authority. The Office of Professional Responsibility's (OPR) Joint Intake Center (JIC) receives and assesses all sexual abuse allegations. Detainee-on-detainee criminal investigations would be referred to the Pecos Police Department. Sexual abuse/assault allegations involving ICE employees or contractors are referred to the DHS-Office of Inspector General (OIG) for acceptance and assignment. (Continued on page 11)

§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 this standard. The review of training documents, training logs, PALMS training documents and staff interviews confirmed that all ICE employees and contract staff received PREA training that includes each element of the standard. All staff receive initial PREA training and the annual refresher training. There are no volunteers at the PHR.

§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:

ICE Directive 11087.1 addresses the requirements of this standard. As confirmed by observation and staff/detainee interviews, the agency’s zero-tolerance policy is visible and continuously available to detainees. ICE zero tolerance posters are displayed in all hold rooms and the ICE Keep Detentions Safe posters are displayed in the intake processing area. The posters 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 information is available in English and Spanish. Upon request, interpretation/translation is provided for LEP and disabled detainees.

§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 addresses the requirement of this standard. OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as ERO AIU staff. The training covers the interviewing of sexual abuse/assault victims, evidence collection in a confinement setting, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. PHR does not have a trained staff investigator that received specialized training in investigations. In the event of an allegation of sexual abuse the facility would report the allegation to OPR JIC for assessment and investigation. The investigating entity would assign a specialized trained investigator.

§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 this standard. Detainees are screened for the risk of being sexually assaulted or being sexually abusive, prior to arriving to the PHR. PHR ICE personnel review the screening documents as part of the in-processing. Detainees who are found to be at high risk of victimization would be placed in a single cell or an area where the detainee is under continuous direct sight and sound supervision. If a detainee self-reports new or additional information during the intake processing, staff would update screening documents and follow established protocol based on the information provided. Review of documentation, observation of intake process and interviews with staff confirm that the PHR is compliant with this standard

§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 this standard. A review of documentation and staff/detainee interviews indicated that there are multiple methods (verbally; in writing, anonymously, privately, from a third party, via a letter to ICE, the DHS OIG or consulate by telephone call to the OIG Hot Line, ICE Detention Reporting and Information Line (DRIL)) for detainees to report sexual abuse. The PSA Compliance Manager and AFOD document all allegations. The ICE zero tolerance posters which included the name of the facility contact person were displayed in all the hold rooms. The ICE Keep Detention Safe posters and consulate informational documents, which also explain reporting methods, were on display throughout the detention area (observed by auditor). (Continued on page 11)

§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 this standard. As confirmed by the observation of the OIG Hot Line Posters, ICE DRIL posters in the detention area and by interviews with staff and detainees, the facility has established methods to receive third-party reports of sexual abuse at the PHR via telephone or e-mail. The agency's web-pages (<https://www.ice.gov/contact> and <https://www.ice.gov/PREA>) list telephone numbers for third party reporting. Detainees are informed about the availability of third party reporting via the aforementioned posters in the facility.

§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 this standard. The review of policy confirms that the agency requires all staff to immediately report 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 JIC or calling or writing the DHS-OIG. Employees may also use the anonymous third-party methods of reporting available to detainees. (Continued on Page 11)

§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 this 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. In the last twelve months, there were no instances in which the facility staff determined that a detainee was subject to substantial risk of imminent sexual abuse.

§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 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 receipt of the allegation, and the notification must be documented. An interview with the PSA Compliance Manager and AFOD confirmed their awareness of the requirement. In the last twelve months, the PHR did not receive any sexual abuse/assault allegations from detainees who had been confined at other facilities or receive an allegation of sexual abuse from another facility about a detainee who was previously detained at the PHR.

§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 this standard. All ICE staff and contractors interviewed were knowledgeable concerning their first responder responsibilities, when learning of an allegation of sexual abuse/assault. They stated they would separate the potential victim from the alleged abuser, secure the scene to protect possible evidence, not allow detainees to destroy possible evidence and contact their immediate supervisor and health care providers. The supervisor would continue to protect the detainee and notify the AFOD and PSA Compliance Manager. Interviews with staff and an examination of staff and contractor training records confirmed compliance with this standard.

§115.165 – Coordinated response.

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

Notes:

ICE Policy 11087.1 addresses the requirements of this standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of ICE personnel, 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, PHR 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 last twelve months.

§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 this standard. ICE staff and contractors 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 a process was in place for removing staff and contractors from their duties, including detainee contact, pending completion of an investigation involving sexual abuse/assault. There have been no allegations of sexual abuse/assault of detainees involving staff or contractors in the last twelve months.

§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 this standard. 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. There were no allegations of retaliation during the last twelve months. Staff interviews confirmed they were aware of the prohibition regarding retaliation.

§115.171 – Criminal and administrative investigations.

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. The OPR JIC receives and assesses all sexual abuse allegations. Detainee-on-detainee criminal investigations would be referred to the Pecos Police Department. Sexual abuse/assault allegations involving ICE employees or contractors are referred to the DHSOIG for acceptance and assignment. DHSOIG has first right of refusal and if it declines, the allegation is returned to OPR for investigation. Administrative investigations would first be referred to OPR for acceptance. If declined, the allegation is referred to ERO AIU. Interviews with the AFOD and PSA Compliance Manager confirmed that the facility would fully cooperate with any outside agency who conducts an investigation. (Continued on Page 11)

§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 interview with the AFOD 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. As there has not been any allegations of sexual abuse at PHR in the last twelve months, no investigations were conducted

§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 and federal service for substantiated allegations of sexual abuse or violations of 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 allegations of sexual abuse, nor removals or resignations in lieu of removals of staff at PHR in the last twelve months.

§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. They would be removed from all duties requiring detainee contact, pending an investigation. The agency is responsible for promptly reporting sexual abuse allegations and incidents involving alleged contractor or volunteer perpetrators to an appropriate law enforcement agency, as well as to the JIC or another appropriate DHS investigative office, in accordance with DHS policies and procedures.

§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 addresses the requirements of this standard. PHR would provide detainee victims of sexual abuse timely, unimpeded access to emergency medical treatment. When required, detainees would be transported to Reeves County Hospital for crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Such services would be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. There has been no instance within the last twelve months that required outside services for emergency medical evaluation and treatment or crisis intervention services. Review of policy and staff interviews confirm compliance with this standard.

§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. Policy requires the FOD to conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. The review shall ordinarily occur within 30 days of the agency receiving the results of the investigation from the investigative authority. The FOD is responsible for implementing the recommendations for improvement or documenting the reasons in a written justification. (Continued on Page 11)

§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. There have not been any investigations into allegations of sexual abuse at PHR in the last twelve months. If investigations are conducted, the original records would be maintained by the investigating entity.

§115.193 – Audits of standards.

- Low risk
- Not low risk

Notes:

As all of the standards were found to be compliant or non-applicable, PHR is considered 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 notifications were not posted at the facility.

ADDITIONAL NOTES

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

115.111 - All Staff receive initial PREA training and annual refresher training. Interviews with ICE employees and contract staff confirmed their awareness of the zero tolerance policy and the agency's approach to preventing, detecting and responding to sexual abuse. Review of documentation, observation of zero-tolerance posters during the tour and interviews with staff and detainees confirm that the PHR is compliant with this standard.

115.115 – ICE Directive 11087.1 requires staff of the opposite gender to announce when entering a hold room. During the tour of the facility there were only male detainees present and no staff of the opposite gender on duty. Pat-down searches are not performed for the sole purpose of determining the detainee's gender. The review of training documents and interviews with ICE and contract security personnel confirmed that they were trained in the proper procedures to conduct 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.

115.116 PHR has staff on duty at all times that can speak Spanish. In matters relating to allegations of sexual abuse, unless the detainee expresses a preference for another detainee to provide interpretation, the facility provides communication assistance to LEP detainees and detainees with disabilities. This may be achieved via bilingual staff, contract interpretation services for LEP detainees or with a Telecommunication Devices for the Deaf (TDD) for detainees with disabilities.

115.117 - Employees and contractors have a continuing affirmative duty to report such conduct. The agency makes a best effort to contact all prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse.

115.121 - If DHS OIG declines, the allegation is returned to OPR for investigation. Administrative investigations would first be referred to OPR for acceptance. If declined, the allegation is referred to ERO AIU. The agency's protocol is posted on its Web Site. The facility has not had an allegation of sexual abuse or assault in the last twelve months.

115.151 - Detainees can choose to report anonymously to the DRIL or the DHS OIG. Detainees can also have somebody else report on their behalf to the facility, ICE Headquarters or the OIG. Facility staff are trained to accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of reporting. Detainees at the PHR do not have access to telephones or writing material. Per interviews with the PHR staff, they would accommodate a detainee's request to make a call or provide writing material, when it involves a report of sexual abuse.

115.161 - 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. Interviews with ICE and contract staff confirmed their awareness of reporting duties and compliance with this standard. In the last twelve months, there were no instances in which facility staff reported an incident of sexual abuse.

115.171 – Per the interview with the AFOD, he stated the investigations would be completed for each instance where an alleged abuser or victim departed from the employment or control of the agency during an ongoing investigation at this facility. As there were no allegations of sexual abuse at the PHR in the last twelve months, no investigations were conducted.

115.186 - Both the report and response shall be forwarded to the ICE PSA Coordinator. As there were no allegations of sexual abuse or assault during the last twelve months, there were no incident reviews or reports to review. Per a review of the policy and interview with the AFOD, PHR is compliant with this standard.

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. Andruska

Auditor's Signature

11/22/2017

Date