

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



Homeland  
 Security

**AUDITOR INFORMATION**

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<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	715-896-(b) (6),

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	San Diego
<b>ICE Field Office Director:</b>	Gregory J. Archambeault
<b>PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	880 Front Street #2232, San Diego, CA 92101
<b>Mailing address: (if different from above)</b>	

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

<b>Basic Information About the Facility</b>			
<b>Name of facility:</b>	San Diego Field Office Operations Area		
<b>Physical address:</b>	880 Front Street #B247, San Diego, CA 92101		
<b>Mailing address: (if different from above)</b>			
<b>Telephone number:</b>	619-557-6954		
<b>Facility type:</b>	<input type="checkbox"/> Holding	<input checked="" type="checkbox"/> Staging	
<b>Facility Leadership</b>			
<b>Name of Officer in Charge:</b>	Paul E. Gross	<b>Title:</b>	Assistant Field Office Director
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	619-550-(b) (6), (b) (7)
<b>Facility PSA Compliance Manager</b>			
<b>Name of PSA Compliance Manager:</b>	Kelly A. Beckhelm	<b>Title:</b>	Supervisory Detention and Deportation Officer
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone number:</b>	619-661-(b) (6), (b) (7)

## 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 San Diego Field Office Operations Area (SDFOOA) in San Diego, CA was conducted on May 23-24, 2017. The audit was completed by David R. Andraska, a certified PREA auditor with the Nakamoto Group Inc. This was the first PREA audit for this facility. Prior to the on-site audit, the facility provided responsive documents, the facility layout, and the completed pre-audit questionnaire, for review and use. The documentation consisted of U. S. Immigration and Customs Enforcement (ICE) Directives, Facility Standard Operating Procedures, memos, staffing charts and training 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 and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7), Assistant Field Office Director (AFOD) Paul Gross, Supervisory Detention & Deportation Officer (SDDO) (b) (6), (b) (7), SDDO J. (b) (6), (b) (7) and facility Contract Officer Representative (COR) (b) (6), (b) (7). The detainee population at SDFOOA is always fluid, as detainees are arriving and departing continuously. The average length of stay is 8 hours. SDFOOA holds adults, juveniles and family units. There were 16 detainees listed on the morning roster dated May 23, 2017.

A comprehensive tour of the facility was completed. The tour included the sally port, intake processing area, control room, and holding areas. During the tour, it was noted that there was sufficient staffing and video cameras to ensure a safe environment for detainees and staff. SDFOOA has (b) (6) video cameras that are continuously monitored by security personnel in the control room. It was observed during the tour that detainees are able to dress and use the toilet facilities without exposing themselves to staff of the opposite gender. There are no showers available at SDFOOA. Informal and formal conversations with staff and detainees regarding the PREA standards were conducted. PREA posters were displayed throughout the facility. Audit notifications were also located in the same areas.

SDFOOA is located in the basement of the Internal Revenue Building at 880 Front Street, San Diego, California. Detainees are not housed at SDFOOA, but held for processing, for less than 12 hours and then transferred to other facilities. SDFOOA has an intake area, three processing rooms and eight hold rooms for a total capacity of 120 detainees. The location and design of the hold rooms allow for the separation of detainees by gender, age groups, and family units. Due to the extremely short length of stay, there are no housing units, medical, education, library, food service, education or recreation areas. The total number of adult detainees booked in the last 12 months was 22,155. The total number of juvenile detained in the last 12 months was 11,825. Spectrum Contract Detention Services is the security contractor.

A total of twenty 26 ICE and contract staff interviews were conducted during the audit. The interviews included security staff on 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, Prevention of Sexual Assault (PSA) Compliance Manager, Intake Staff, Field Medical Coordinator, Human Resource Staff, COR and Supervisory 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. There are no volunteers that provide services at SDFOOA.

All eleven adult detainees present at the facility were interviewed. The interviewed detainees 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. There were no detainees on-site that self-identified as Lesbian, Gay, Bisexual, Transgender or Intersex (LGBTI). Ten detainees were limited English proficient (LEP) and were interviewed utilizing Certified Languages International (CLI) language interpretation service. Most detainees interviewed demonstrated an understanding of the PREA program, the prevention, protection and reporting mechanisms and all stated that they felt safe at the facility. No detainees refused to be interviewed. No detainees requested to speak to the auditor while on-site and no detainees wrote to the auditor in advance of the audit.

There were no allegations of sexual abuse during the last 12 months.

**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) FOD Paul Gross, SDDO (b) (6), (b) SDDO (b) (6), (b) and facility COR (b) (6), (b). The facility staff were courteous, cooperative and professional. Staff morale appeared to be good and the interaction observed between staff/detainee was considered appropriate. There were no blind spots observed during the tour and adequate video cameras supplement staff monitoring of detainees. It was recommended that in addition to just referring inmates to the PREA poster, that SDFOOA verbally notify detainees of the facility's zero-tolerance policy.

The standards used for this audit became effective in March 2014. There are 31 PREA standards for a Subpart B audit. Twenty-nine standards were found to "Meet" the standards, one standard was found to be at "Low Risk" and one standard was determined to be "Not-Applicable." No standards were found as "Does Not Meet" and a corrective action plan is not required. The auditor 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 all interviews also supported compliance. All areas of the facility were observed to be very clean and well maintained. At the conclusion of the audit, the auditor thanked the AFOD and staff for their preparation, hard work and dedication to the PREA audit process.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	29
Number of standards not met:	0

## PROVISIONS

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

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

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

#### Notes:

Sexual Abuse and Assault Prevention and Intervention Directive (ICE Directive 11062.2), 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 PSA Compliance Manager, when interviewed, confirmed she has sufficient time and authority to oversee compliance of the facility's PREA program. Zero tolerance posters, in English and Spanish, are displayed throughout the facility. Staff receive initial PREA training, an annual refresher training, as well as quarterly training throughout the year. (Continued on page 10)

### §115.113 – Detainee supervision and monitoring.

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

#### Notes:

Operations and ERO Holding Facilities Directive (ICE Directive 11087.1) and the Holding Facility Self-Assessment Tool address the requirements of this standard. A review of ICE employee and contractor staffing plans and the extensive use of video monitoring ensure a safe and secure environment for staff and detainees. The review of policy and interviews with facility personnel confirmed that the facility's physical layout; composition of the detainee population; prevalence of sexual abuse allegations and findings of incident reviews are considered to determine staffing plans and placement of video monitoring equipment. The staffing plans are reviewed, at least annually. (b) (7)(E) continuously monitored video cameras are used to supplement staffing. Detainees are under constant supervision and monitoring while at the facility. (Continued on page 10)

### §115.114 – Juvenile and family detainees.

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

#### Notes:

ICE Directive 11087.1 outlines the requirements of this standard. Juveniles are placed in the least restrictive setting appropriate to the juvenile's age and special needs. Unaccompanied juveniles and family units are held apart from other adult detainees. At SDFOOA all juveniles stay with their mothers in a hold room that is not locked. Juveniles and family units have regular access to meals, snacks, milk and juice. Observation, detainee interviews, and review of policy confirm compliance with this standard.

### §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. This directive states that cross-gender strip searches or cross-gender visual body cavity searches are not to be conducted except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. The facility reported there were no cross-gender visual body cavity or strip searches conducted during the audit period. When conducted, the search is required to be documented. During the tour, it was observed detainees are able to perform bodily functions without being observed by staff of the opposite gender. (Continued on page 10)

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

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

#### Notes:

ICE Directive 11087.1 addresses the requirements of this standard. SDFOOA takes appropriate steps to ensure detainees with disabilities and LEP detainees have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse. PREA posters are in both English and Spanish. Additionally, the facility has a contract with an interpretation service to provide interpretation services for detainees who are LEP. Staff also have access to the "I Speak Language Identification Guide. (Continued on page 10)

**§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 12968, and ICE Directives 6-7.0 and 6-8.0 address the requirements of this standard. The ICE Personnel Security Unit (PSU) ensures all applicants applying for a position with ICE undergo a pre-employment to determine their suitability for employment and a subsequent personnel security investigation. The submission of false information by any applicant is grounds for termination. Reinvestigations for ICE employees and contractors are repeated at least every five years. Staff have a continuing duty to report any misconduct. The interview with the AFOD and review of directives confirmed compliance with the standard.

**§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:**

Non-Applicable. SDFOOA has an adequate video and monitoring system in place. Since May 6, 2014, there have not been any significant upgrades to the facility, including technologies.

**§115.121 – Evidence protocols and forensic medical examinations.**

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

**Notes:**

ICE Directive 11087.1 addresses the requirements of this standard. When evidentially or medically appropriate, at no cost to the detainee, and only with the detainee's consent, alleged detainee victims of sexual assault are transported to Alvarado Parkway Institute to undergo a forensic medical examination and evidence gathering by a Sexual Assault Nurse Examiner (SANE). There have been no allegations of sexual abuse at SDFOOA during the last 12 months.

**§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 SDFOOA Standard Operating Procedures (SND2017-002) address the requirements of this standard. Policies establish protocols and procedures to ensure that all allegations of sexual abuse are investigated by the agency, or referred to an appropriate investigative authority. The agencies protocol is posted on its Web site. There have been no allegations of sexual abuse or assault at SDFOOA during the last 12 months. (Continued on page 10)

**§115.131 – Employee, contractor and volunteer training.**

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

**Notes:**

ICE Directive 11062.2 addresses the requirements of this standard. The review of training documents, training logs, DHS Performance and Learning Management System (PALMS) on-line training and staff interviews confirmed that all ICE employees and contractors received PREA training that include each element of the standard. All staff receive an initial and an annual refresher PREA training. Security staff also have access to on-site PREA binders. There are no volunteers at SDFOOA. Interviews with staff; as well as an examination of training documentation confirm compliance to this standard.

**§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, detainees are referred to the zero tolerance posters during intake. 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.

**§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. This directive states that OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse. The training covers, at a minimum, interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. SDFOOA does not have an on-site staff investigator. (Continued on page 10)

**§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 abused or being sexually abusive, prior to arriving at SDFOOA. SDFOOA ICE personnel review the screening documents of part of the intake process, which occurs within 12 hours of the detainee's arrival. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to a Classification Officer, who would determine where and how to place these detainees. The goal of the assessment is to keep detainees who are at high risk of being sexually abused safe and separate from those detainees who are at a risk of being sexually abusive. (Continued on Page 10)

**§115.151 – Detainee reporting.**

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

**Notes:**

ICE Directive 11087.1 addresses the requirements of this standard. A review of postings and interviews with staff and detainees indicated that there are multiple methods (verbally to staff; in writing via a letter to ICE, the DHS OIG or consulate; or by telephone call to a hot line, information line, consulate or crisis center anonymously, privately and from a third party) for detainees to report sexual abuse. Facility staff are trained to accept reports made verbally, in writing, anonymously and from third parties and promptly document any form of sexual abuse allegations.

**§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 postings throughout the facility and by interviews with staff and detainees, the facility has established a method to receive third-party reports of sexual abuse at SDFOOA. Detainees are informed about the availability of third-party reporting via posters with the DHS OIG telephone number and mailing address and the ICE ERO Detention Reporting and Information Line. The agency website (<https://www.ice.gov/contact>) lists telephone numbers for third party-reporting.

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

**§115.162 – Agency protection duties.**

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

**Notes:**

ICE Directive 11062.2 addresses the requirements of 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 12 months, there were no instances in which 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 becoming aware of the allegation and the notification must be documented. An interview with the PSA Compliance Manager and AFOD confirmed their awareness of this requirement. During the last 12 months, SDFOOA did not receive any allegations that a detainee was sexually abused while detained at another facility or receive an allegation of sexual abuse, from another facility, about a detainee who was previously detained at SDFOOA.

**§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 and SND2017-002 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. They also stated that 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 medical. Supervisors would continue to protect the detainee and also notify the AFOD and PSA Compliance Manager. All staff are trained to be first responders. Interviews with staff and an examination of documentation confirm compliance to 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 Directive 11087.1 and SND2017-002 addresses the requirements of this standard. The policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to sexual abuse. In addition to first responders, the team consists of the PSA Compliance Manager, the AFOD and when required, community resources from the local hospital and victim advocacy groups. If a victim of sexual abuse is transferred between facilities, as permitted by law, SDFOOA 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 12 months. Interviews with the AFOD and PSA Compliance Manager confirmed compliance with this standard.

**§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, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact, pending the outcome of an investigation. An interview with the AFOD and PSA compliance Manager confirmed compliance with this standard.

**§115.167 – Agency protection against retaliation.**

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

**Notes:**

ICE Directive 11062.2 addresses the requirements of this standard. The directive states that employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. The PSA Compliance Manager is the designated retaliation monitor. She stated she would follow up on all sexual abuse cases to ensure policy is being enforced. There have been no allegations of retaliation during the audit period. Staff and detainee interviews confirmed they were aware of the prohibition regarding retaliation.

**§115.171 – Criminal and administrative investigations.**

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

**Notes:**

ICE Directive 11062.2 addresses the requirements of this standard. Interviews with the AFOD and PSA Compliance Manager confirmed that the facility would fully cooperate with any outside agency who conduct an investigation. Detainee-on-detainee criminal investigations are referred to the San Diego Police Department. Criminal investigations of ICE employee or contractor-on-detainee sexual assault allegations are referred to the DHS OIG and/or ICE Office of Professional Responsibility (OPR). Administrative investigations are referred to ICE ERO and ICE OPR. There have not been any investigations into allegations of sexual abuse at SDFOOA in the last 12 months.

**§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 this standard. Review of this directive and an 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. There have not been any investigations into allegations of sexual abuse at SDFOOA in the last 12 months.

**§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 this standard. ICE 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. (Continued on page 10)



**§115.177 – Corrective action for contractors and volunteers.**

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

**Notes:**

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

**§115.182 – Access to emergency medical services.**

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

**Notes:**

ICE Directive 11087.1 and SND2017-002 address the requirements of this standard. SDFOOA provides detainee victims of sexual abuse timely, unimpeded access to emergency medical treatment. Detainees are transported off site to Scripps Mercy Hospital for emergency medical services and Alvarado Parkway Institute for crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Such services are 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.

**§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 this standard. Per this directive the facility is required to conduct a sexual abuse incident review within 30 days at the conclusion of every investigation of sexual abuse and when the allegation was not determined to be unfounded, prepare a written report. The report should recommend if a change in policy or practice could better prevent, detect, or respond to sexual abuse. Interviews with the PSA Compliance Manager and AFOD confirm compliance with this standard. There were no sexual abuse incident reviews

**§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 directive 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 SDFOOA in the last 12 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:**

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

**§115.201 – Scope of audits.**

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

**Notes:**

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

## ADDITIONAL NOTES

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

115.111 - Interviews with staff 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 confirm that SDFOOA is compliant with this standard.

115.113 - The audit included an examination of video monitoring systems, unannounced rounds reports, staff deployment and staff/ detainee interviews. The supervision and monitoring of detainees was found to be compliant to this standard.

115.115 - 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 detainee's gender. Staff of the opposite gender announce their presence before entering a hold room. The review of training documents and interviews with 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.

115.116 - 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, interpretation services, or other means for LEP detainees; including but not limited to those aids listed in the standard.

115.122 - Detainee-on-detainee criminal investigations would be referred to the San Diego Police Department. Sexual abuse allegations involving ICE employees or contractors are referred to OPR for investigation. Administrative investigations would first be referred to the DHS OIG for acceptance and assignment. Interviews with the Field Medical Coordinator and AFOD and review of this directive confirm compliance with this standard.

115.134 - In the event of an allegation of sexual abuse the facility would report the allegation to OPR or DHS OIG for investigation. The investigating entity would assign a properly trained investigator. There have not been any investigations into allegations of sexual abuse at SDFOOA in the last 12 months.

115.141 - Vulnerable detainees would be afforded heightened protection to include; single cell housing or continuous direct sight and sound supervision. A review of medical intake screening documents, Risk Classification Assessment (RCA) forms and interviews with staff and detainees confirmed that all detainees are assessed for their risk of being sexually abused or being sexually abusive towards other detainees.

115.161 - This directive 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 12 months, there were no instances in which facility staff reported an incident of sexual abuse.

115.176 - This directive requires the agency to make reasonable efforts to report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to any relevant licensing bodies. There have not been any allegations of sexual abuse at SDFOOA in the last 12 months. There have not been any removals or resignations in lieu of removals of staff at SDFOOA in the last 12 months.

115.177 - There were no incidents of substantiated sexual abuse by a contractor or volunteer in the last 12 months.

**ADDITIONAL NOTES**

[Empty box for additional notes]

**AUDITOR CERTIFICATION:**

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

  
David R. Andraska

**Auditor's Signature**

June 6, 2017

**Date**