

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



**Homeland
Security**

AUDITOR INFORMATION			
Name of auditor:	Douglas K. Sproat Jr.	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	409-866-(b) (6), (b) (7)(C)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement		
FIELD OFFICE INFORMATION			
Name of Field Office:	Houston ERO		
ICE Field Office Director:	Patrick Contreras		
PREA Field Coordinator:	Jeffrey Hudson		
Field Office HQ physical address:	15850 Export Plaza Drive, Houston TX 77072		
Mailing address: (if different from above)			
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Houston Field Office Hold Room		
Physical address:	15850 Export Plaza Drive, Houston TX 77072		
Mailing address: (if different from above)			
Telephone number:	281-985-(b) (6), (b) (7)(C)		
Facility type:	ICE Holding Facility		
Facility Leadership			
Name of Officer in Charge:	Patrick Contreras	Title:	Field Office Director
Email address:	(b) (6), (b) (7)(C)	Telephone number:	281-774-(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Jeffrey Hudson	Title:	Supervisory Deportation Detention Officer
Email address:	(b) (6), (b) (7)(C)	Telephone number:	281-985-(b) (6), (b) (7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

Directions: Discuss the audit process to include the date of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The on-site Prison Rape Elimination Act (PREA) audit of the Houston Field Office Hold Room (HFOHR) of Immigration and Customs Enforcement (ICE) of the Department of Homeland Security (DHS) was conducted January 9-10, 2018, by PREA-certified Auditor Douglas K. Sproat Jr. for Creative Corrections, LLC. The HFOHR, with a maximum capacity of 120 detainees, is located in Building C at 15850 Export Plaza Drive, Houston, Texas, one of several buildings on a secure compound. The HFOHR is staffed by ICE employees and employees of CoreCivic. The HFOHR receives adult males and females who will be processed out to other locations within a maximum time of 12 hours. It also receives male and female juveniles who remain there in waiting rooms within the HFOHR area pending processing and relocation through action of an ICE Field Office Juvenile Coordinator (FOJC). The purpose of this audit, the first official PREA audit for the HFOHR, was to determine compliance with DHS PREA standards. Prior to the audit, External Review and Analysis Unit (ERAU) Team Lead (b) (7)(C), (b) (6) provided the Auditor with the Pre-Audit Questionnaire (PAQ), agency policies, and other relevant documents. Additional written information was provided during the audit, with further information being provided by staff after the on-site portion of the audit.

On the first day at 8:30a.m., Team Lead (b) (7)(C), (b) (6) led an in-briefing with Jeffrey Hudson, Supervisory Deportation and Detention Officer (SDDO), who is the PREA/Prevention of Sexual Assault (PSA) field contact; (b) (6), (b) (7)(C), Deportation Officer (DO)/Contract Officer Representative (COR); and the Auditor. After a brief question and answer period, the in-briefing concluded, and everyone present proceeded to the sallyport of the HFOHR area to begin the tour.

The HFOHR area of Building C contains 18,000 square feet of the building's total space of 45,600 square feet. It has a sallyport, lobby/pat-search area, offices, a control room, a room with cubicles where deportation officers (DO's) process the adult detainees, six adult hold rooms with restrooms, and two juvenile waiting areas with restrooms. The rest of the building, which was not a part of the tour, houses courtrooms, court-support staff, and offices for DO's. The HFOHR area is comprised of six adult hold rooms, divided into two 50-person rooms and four five-person rooms, with detainees divided according to sex. There are also two five-person rooms that serve as waiting areas for juveniles, again divided according to sex. Except for the (b) (7)(E) in each hold room or waiting area, there is direct supervision of all adult detainees and the juveniles from the (b) (7)(E) CoreCivic correctional officers (CO's) per shift who work from the lobby/pat-search space and from the (b) (7)(E) per-shift CoreCivic CO in the control room. There is also video monitoring in the control room, and each CO in the lobby/pat-search area has a monitor for video viewing. Detainees, whether adults in an actual hold room or juveniles in a waiting area, stay at the HFOHR a maximum of 12 hours; the average daily population for the past 12 months was slightly over 40. That figure does not include the 4,888 juveniles who were there briefly during the 12-month audit period.

The (b) (7)(E) and (b) (7)(E) have partitions in front of the (b) (7)(E) that provide privacy by shielding the areas from any camera intrusion or any cross-gender viewing. Of the (b) (7)(E) CO's on each shift, one of them is always female to ensure that no searches are cross-gender, and (b) (7)(E) swap out between the lobby/pat-search area and the control room as needed. The DO's have the responsibility to supervise the detainees when they are being processed in a cubicle by the DO.

Throughout the tour, the Auditor observed the placement of the (b) (7)(E) cameras (no sound capability) and evaluated the HFOHR areas for blind spots, finding none. He also noted appropriate cross-gender announcements were made without fail. The CoreCivic CO's work 12-hour shifts, and the Auditor interviewed all of the CO's working during the two-day audit, a total of (b) (7)(E) CO's. The ICE-employed DO's, who are all sworn law enforcement officers, work eight-hour shifts, and the Auditor interviewed five DO's from first and second shift. The Auditor interviewed the SDDO and the DO/COR the first day. All staff interviewed indicated they felt safe working in the HFOHR.

Detainees are delivered to the HFOHR in restraints. Once the restraints are removed, all detainees except unaccompanied juveniles and family units with juveniles are pat-searched by a CO of the same sex in the lobby/pat-search area, and then sent to wait in a male or female hold room until seen by a DO for processing. The Auditor observed several detainee searches and could easily tell that the officers were well-trained, conducting same-sex searches in a thorough but respectful manner.

After being pat-searched, adult detainees perceived to be at risk of victimization or detainees who might be a sexual threat to others are placed by themselves in a separate room in the HFOHR, with these detainees having priority for meeting with the DO for processing. Unaccompanied juveniles and family units with juveniles do not go to the lobby/pat-search area but are routed, upon entry, to the male or female juvenile waiting areas where they are pat-searched. An FOJC is contacted regarding their presence. A female and her child or children, regardless of sex, are then assigned to the female juvenile waiting area, and the unaccompanied juveniles are assigned according to sex to a male or female juvenile waiting area to await processing and transfer elsewhere as determined by the FOJC. The juvenile waiting areas are out of sight and sound of the adult holding rooms.

Although showers or medical services are not offered at the HFOHR, they can be provided as needed from another location on the compound. There were posters and signs in the lobby/pat-search area, in the adult hold rooms, and in the juvenile waiting areas giving PREA information in English and Spanish about ICE's zero tolerance policy for sexual abuse and assault. The signage also explained how to report any related concerns to staff or third parties—anonously, if desired—listing addresses and phone numbers, including consulate numbers and a sexual abuse hotline number. This information was prominently posted on bulletin boards near the telephone in each hold room or waiting area. Notices also informed detainees and staff about the PREA audit. The Auditor did not receive any advance communication about PREA-related concerns from detainees or

staff.

The Auditor spoke informally with both detainees and staff during the audit and observed detainee-staff interaction. The first day the DO/COR gave the Auditor a list of all detainees at the HFOHR: nine adult male detainees and two adult females. One female declined to be interviewed, but the Auditor spoke with the other 10 random detainees in the room designated for interviews. The detainees were from the United Kingdom, El Salvador, Belize, and Mexico. The Auditor used Language Services Associates (LSA) to interview two Spanish-speakers who had limited English proficiency (LEP).

No detainee self-identified as either LGBTI or gender-non-conforming. All of the English speakers said they understood the PREA information. One LEP acknowledged a limited understanding of PREA, and the other stated he did not understand the information. The detainees all expressed they felt safe at the HPCHR.

There were no investigative files to review since there were no allegations of sexual abuse or assault during this audit period.

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.

On Wednesday, January 10, 2018, an exit briefing was held at approximately 2:15 p.m. to discuss the audit findings. ERAU Team Lead [REDACTED] opened the meeting and then turned it over to the Auditor for an overview of the findings. In addition to the Team Lead and the Auditor, Assistant Field Office Director [REDACTED], SDDO Jeffrey Hudson, and DO/COR [REDACTED] were present for the entire exit briefing. CoreCivic Assistant Warden (AW) [REDACTED] was present for a portion of the exit briefing.

The Auditor noted the HFOHR had an appropriate layout that allowed for comprehensive direct supervision and/or video monitoring without blind spots, and even though it was a high-traffic location, there was an obvious focus on cleanliness. He further noted the staffing pattern readily allowed the staff to carry out their duties to provide both security and detainee protection. He perceived the staff as having good morale and he reported both ICE staff and CoreCivic staff were professional and courteous. He was particularly impressed with the cooperative working relationship between ICE employees and CoreCivic employees at the HFOHR. At this point, DO/COR [REDACTED] invited AW [REDACTED] from the Houston Service Processing Center (HSPC) to the briefing. AW [REDACTED] happened to be in an adjoining area on a detainee-related matter, and he then joined the group. The Auditor stressed the value of that excellent working relationship between the employee groups; he expressed his belief that such cooperation no doubt contributed to the professional and respectful way the contacts with detainees were handled, as well as the way detainees responded to staff.

The Auditor reported there were no standards requiring a "Does Not Meet" rating, and he thanked all involved for their hard work and cooperation. He expressed a particular appreciation for the efforts made by the SDDO and the DO/COR to make sure one of them was always present during the HPOHR PREA audit.

There are 31 PREA standards for a Subpart B audit. For the HFOHR, 29 standards were found to "Meet" the requirements of the standard, and one standard was "Not Applicable." Because, in part, the HFOHR had zero "Does Not Meet" ratings, good supervision/monitoring, and its lack of substantiated sexual abuse allegations during the audit period, its classification as "Low Risk" for Standard 115.193 is well-justified, thereby accounting for all 31 standards.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:	
Number of standards met:	
Number of standards not met:	
Number of standards N/A:	

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.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 Sexual Abuse and Assault Prevention and Intervention addresses the requirements for this standard. This agency-wide policy mandates zero tolerance toward all forms of sexual abuse and outlines the agency's approach to preventing, detecting, and responding to such conduct. ICE has a full-time agency-wide PREA coordinator who is responsible for the implementation, evaluation, coordination, and compliance with the PREA standards throughout the agency. The HFOHR PREA/PSA field contact, who also carries the duties of an SDDO, oversees compliance with the PREA standards at the HFOHR. During an interview with the Auditor, he confirmed he had ample time to carry out his duties in regard to PREA while also handling his SDDO responsibilities. The DO/COR maintains the records verifying that all ICE and CoreCivic staff at the HFOHR have completed initial, annual, and/or any updated PREA training during the year.

§115.113 – Detainee supervision and monitoring.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 Operations of ICE Holding Facilities addresses all requirements for this standard. This directive requires the staff conduct room checks at least every 15 minutes and that a comprehensive analysis be completed annually. This directive also requires additional measures, such as video monitoring, to protect detainees from sexual abuse. The HFOHR addresses this standard through post orders located at the post of each CO. The Auditor observed both the written post orders and the room checks (both physical and through video monitoring) being made as required in the post order; he further examined a sample of the logs representing these room checks. The DO/COR confirmed in his interview there is a periodic review of the staffing plan for those providing direct supervision to confirm the adequacy of the plan. He advised that, based upon these reviews, there had been no need to change the staffing plan.

§115.114 – Juvenile and family detainees.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 outlines all requirements for this standard. The HFOHR receives family units with juveniles, as well as unaccompanied juveniles. Upon arrival, they do not go to the adult lobby/pat-down area but are instead routed directly to the juvenile waiting area, where they are then searched. The ICE FOJC is notified and makes arrangements for the removal of the juvenile or the family unit from the HFOHR. The FOJC handles the processing of the juveniles. Until the removal is accomplished, the female of the family unit and her child or children (regardless of the age or sex of the juvenile) are assigned to the female juvenile waiting area. Unaccompanied juveniles would be assigned to either the male or female juvenile waiting areas to await removal. In the preceding 12 months, 4,888 juveniles were received at the HFOHR.

§115.115 – Limits to cross-gender viewing and searches.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 outlines the requirements for this standard. The HFOHR staff and DO/COR indicated in their interviews that the facility does not permit cross-gender pat searches, strip-searches, or visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. When interviewed, the DO/COR said there had been no cross-gender pat or strip searches or visual body cavity searches in the past year. There are privacy walls in front of all bathrooms in all the components of this HFOHR to allow detainees to perform bodily functions without cross-gender viewing either by video or the CO's providing direct supervision, whether in person or from the control room. There are no showers in the HFOHR. The Auditor observed that of the [REDACTED] CO's in the entry/lobby and the [REDACTED] CO in the control room, there was always one female on duty so that no cross-gender searches would occur. The interviews with the CO's confirmed this staffing pattern and its rationale, as well as confirming the Auditor's observation that opposite-gender announcements were always made when entering any of the hold room components. Through staff interviews, the Auditor confirmed they were trained in the proper procedures to conduct same-sex pat down searches, along with how to conduct cross-gender pat-down searches and searches of transgender or intersex detainees in exigent circumstances.

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

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 outlines the requirements for this standard. The HFOHR ensures that detainees with disabilities have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to sexual abuse. Staff are trained to be alert to issues involving the use/understanding of language in order to make sure that detainees with any language difficulties (including illiteracy) are properly handled, since it is important all detainees comprehend vital information. There were "I Speak..." language identification posters and cards in the entry way and in the hold rooms for detainees to identify the language they need. Intake Office Tools to Determine Indigenous Language were also available. The facility has bilingual staff, and staff have access both to the United States Citizenship and Immigration Services language line service and to Lionbridge Language Line interpreting service, the latter service being under contract for daily 24-hour availability. The Auditor observed CO-detainee contacts and DO-detainee contacts, including contacts that involved telephoning an interpreting service. There was a tele-typewriting device on the desk of one of the CO's at the entry point of the HFOHR to assist with detainees who might be hearing impaired; a sign language service is also available. Although there have been no blind detainees or self-disclosed illiterate detainees within the last 12 months, the HFOHR has a plan in place to provide someone who can read informational material to any detainee who needs such services. The PREA informational signs posted around the HFOHR, as well as the signs about the PREA audit, were in English and Spanish. Two of the detainees interviewed during the

audit were limited English proficient (LEP); both indicated that the language interpretation services provided to them by the HFOHR were sufficient to help them satisfactorily communicate.

§115.117 – Hiring and promotion decisions.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The HFOHR comes under Executive Order 10450, 5 C.F.R. 731 and ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0. These orders and directives require all staff to pass a background investigation to comply with this standard. Applicants must supply their work backgrounds, including past employers, and personal history. Background investigations include contact with past employers, along with a thorough evaluation of other relevant issues. The DO/COR stated during his interview that all ICE employees and contractors have had their backgrounds checked. There is a tracking system in place to ensure that updated background checks are made every five years and when staff are promoted. ICE Personnel Security Unit is in charge of that function, which covers both ICE employees and CoreCivic staff. All applicants hired or promoted are asked directly—by the use of either written applications or interviews—about any previous misconduct; the practice of using interviews or written self-evaluations of current employees is focused on discovering the same type of misconduct. Falsification of information is grounds for termination. During the past 12 months the HFOHR received no inquiries from prospective employers concerning any substantiated allegations of sexual abuse concerning any former employees.

§115.118 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

Not Applicable. (b) (7)(E) the camera software was upgraded, but in the last 12 months there have been no enhancements or upgrades to facilities and technologies.

§115.121 – Evidence protocols and forensic medical examinations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 addresses the requirements for this standard. The Auditor interviewed ICE and contract staff who stated they were trained in and knowledgeable about the procedures required to secure and obtain useable physical evidence when sexual abuse is alleged. ICE is responsible for the administrative investigations. According to the DO/COR, the first step in a forensic medical examination is notifying the ICE Health Services Corps (IHSC); although the IHSC is not located at the HFOHR, these services are available on the compound where the HFOHR is located. After an examination of the victim by the IHSC, if there is a possibility that penetration has occurred, with the detainee's permission and at no charge to the detainee, the detainee is sent to a local hospital. A Sexual Assault Nurse Examiner (SANE) at North East Herman Memorial Hospital conducts all forensic medical examinations related to possible penetration by virtue of a contract with the HFOHR. A record of any alleged abuse of this type would be documented as a part of the investigatory process outlined in §115.122. There is a process in place to permit detainees to use victim advocacy services; ICE uses Family Time Crisis Counseling Center, a community resource, and the detainee is given a flyer with contact information for this resource. There are also advocacy services at the hospital. Both the HFOHR and the hospital have access to interpretive language services should it be needed during any part of the process. There is no cost to the detainee, and no service related to a sexual abuse allegation is dependent on a victim naming his or her perpetrator. Because there have been no allegations of sex abuse or assault in the last 12 months, there have been no investigations using community resources for crisis intervention and counseling services. Consequently, there have been no occasions for providing victim advocacy services to a detainee at the hospital or for using the evidence protocols and the forensic medical examination process described in this standard.

§115.122 – Policies to ensure investigation of allegations and appropriate agency oversight.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. All allegations of sexual abuse are reported immediately to the on-site supervisor. Designated staff report the allegation to the Houston Police Department (HPD), and once the report is made, the HFOHR can get an incident number from the HPD, an ICE requirement. Whether a criminal investigation is launched or not by HPD is solely within the purview of the HPD, but there is always an ICE-directed administrative investigation when allegations occur. Designated staff report the allegations to the Joint Intake Center (JIC), with a report then going to the OIG (Office of Inspector General). The Sexual Abuse and Assault Prevention and Intervention (SAAPI) website is updated. The administrative investigations are conducted by specially trained OPR investigators sent to the HFOHR. Both line staff and the DO/COR confirmed this process as the one followed for reporting allegations of sexual abuse at the HFOHR. There were no sexual abuse allegations reported during the past 12 months.

§115.131 – Employee, contractor and volunteer training.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 covers the requirement of this standard. An interview with the DO/COR revealed the HFOHR does not use any volunteers. Interviews with staff reflected they received the required initial and/or refresher PREA training regarding ICE's zero tolerance policy, to include such issues as how to recognize signs of sexual abuse and methods of preventing such occurrences. The DO/COR confirmed through an interview that both ICE and CoreCivic employees with responsibility for the HFOHR were current with their required training. According to the DO/COR, PREA training is currently a part of the curriculum at the ICE academy. Agency requirements mandated ICE employees who completed the academy before the inclusion of current PREA training also had to be trained. New ICE employees having contact with the detainees must complete such training within a year of their hiring, and everyone must have at least biennial refresher training, so they will know ICE's current policies/procedures regarding sexual abuse and assault. CoreCivic has the responsibility for training its employees according to the standards set by DHS PREA. Both the CoreCivic training director and an ICE training officer maintain copies of the training records for staff assigned to the HFOHR, with such records being maintained for at least five years. According to the DO/COR there is an annual third-party audit to ensure that CoreCivic employees remain current with PREA training. An ICE training officer located off-site maintains electronic records in order to ensure on-going compliance with the standard. The CoreCivic records are maintained in a location elsewhere on the compound. The DO/COR provided a sample of training documents to support the HFOHR's compliance with this directive, including signed and dated PREA training certification forms and Training Activity/Attendance Rosters

reflecting training done during the audit period.

§115.132 – Notification to detainees of the agency’s zero-tolerance policy.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 addresses the requirement of this standard. The tour of all parts of the HFOHR confirmed that PREA posters setting forth the zero-tolerance policy were readily visible in all hold rooms and common areas. The posters, in both English and Spanish, identify the key elements of the program and inform detainees about the prohibition of sexual abuse and assault and the various way to report such incidents. All of the English-speaking detainees professed to understand the zero-tolerance policy; one LEP indicated some understanding of the policy, but the other LEP did not indicate any understanding of the policy.

§115.134 – Specialized training: Investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 covers the requirements of this standard. All ICE-directed investigations of alleged sexual abuse at the HFOHR must be done by investigators who have completed specialized sexual abuse training developed for investigators by OPR. When interviewed, the DO/COR verified that these investigators are properly trained. The training covers such material as interviewing techniques for abuse/assault victims and evidence collection in a confinement setting. These specially trained OPR investigators have not been required at the HFOHR in the past 12 months since there have been no allegations of abuse.

§115.141 – Assessment for risk of victimization and abusiveness.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

being sexually victimized. All employees have been trained to be on the alert for the potential for a detainee to be a victim or to be an aggressor. The CO may ask questions related to these or similar issues if the CO believes such information will be helpful in protecting a detainee. If there is reason for the CO to believe a detainee might be at risk for victimization or might be a sexual aggressor, the CO may route the detainee to a room where the detainee will be alone. Like all of the other detainees, he/she will be under continuous direct or video supervision. Once they are pat-searched, the usual routine for adult detainees at the HFOHR is to be sent to either a male or female hold room where they wait until meeting with a DO for processing. Among other things, the DO's will assess all detainees for PREA-related issues, such as their risk of being sexually abused or being sexually abusive to other detainees, by using the Risk Classification Assessment (RCA) tool. The RCA includes all elements set forth in this directive for a thorough assessment of the risk of sexual victimization and abusiveness. The DO's record the information from the RCA electronically, and this sensitive information is then stored and transmitted as needed using the EID Arrest GUI for Law Enforcement (EAGLE) system, which is encrypted and password-protected.

§115.151 – Detainee reporting.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 addresses the requirements for this standard. Policy requires staff to document all allegations. There are several options for detainees to report allegations: by letter to ICE or to the DHS OIG (either anonymously or privately), or by using a third party, such as a community agency. There are posters and other documents on display throughout the HFOHR which explain these reporting methods. A telephone is available in each separate room in the HFOHR to facilitate the detainees' ability to report abuse. Facility staff accept reports made verbally, in writing, and from third parties. As indicated on the posters, allegations of abuse can also be made to staff anonymously and staff receiving the allegations are trained promptly to notify designated staff. The Auditor observed the above-noted posters on display, and an interview with the DO/COR and staff confirmed compliance with this standard. Of the ten detainees interviewed, nine (eight English-speakers and one LEP) understood how to report allegations.

§115.154 – Third-party reporting.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 addresses the requirements for this standard. Staff interviewed were aware of the procedures for receiving third-party reporting. The Auditor saw posters in the lobby/entry to the HFOHR and in the individual hold room spaces specifying the procedures for reporting allegations of sexual abuse to third parties. There is a list of consulate offices on the posters located in each hold room which also provides their addresses and phone numbers. There are also phone numbers for a sexual abuse hotline maintained by the OIG, as well as the Detention Reporting and Information Line. There is also a number posted for the Family Time Crisis Counseling Center, an advocacy group with which the HFOHR has a Memorandum of Understanding. The ICE website (www.ice.gov/prea) also lists the procedures and telephone numbers for third party reporting.

§115.161 – Staff reporting duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 addresses the requirements for this standard. Staff confirmed during interviews they knew their duty to report immediately any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against either detainees or staff who reported abuse or retaliation or who participated in an investigation about such incidents. The CO's and the DO's interviewed confirmed their knowledge of the duty to protect information regarding any allegation of sexual assault and to divulge it only on a need-to-know basis, such as for the protection of the victim or for the purpose of medical treatment or for a law enforcement investigation. Beyond the procedure to report all allegations to the Houston Police Department, the DO/COR advised there were no state laws requiring a special and/or additional reporting protocol for juveniles.

§115.162 – Agency protection duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. Whether ICE employees or CoreCivic employees, all staff interviewed at the HFOHR were aware of their responsibilities if they reasonably believed a detainee was facing a substantial risk of imminent sexual abuse. Interviews with the employees demonstrated their knowledge of how to act as first responders, such as taking steps to separate the victim and the abuser. They also indicated their responsibility for providing information only on a need-to-know basis when determining the placement of at-risk detainees.

§115.163 – Report to other confinement facilities.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. Policy requires that upon receipt of any allegation that a detainee was sexually abused while confined at another facility, the SDDO must contact the administrator of the facility where the alleged abuse occurred, with said contact to occur as soon as possible and in no case later than 72 hours after learning of the allegation. This notification must be documented. An interview with the SDDO confirmed staff awareness of this policy and their attendant responsibilities. Because there were no allegations during this audit period of abuse occurring at another facility, there were consequently no notifications to an administrator of another facility. A memo from the Assistant Field Office Director confirmed that no detainee during the audit period reported an incident of abuse at another facility.

§115.164 – Responder duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 addresses the requirement of this standard. All staff interviewed, whether sworn law enforcement or not, knew what actions they were to take as first responders: separate the victim and perpetrator by placing them in separate locations, secure the scene to protect possible evidence, prevent detainees from destroying possible evidence, and notify the supervisor. The supervisor would then provide protection for the detainee, immediately notifying the SDDO, who contacts other management staff as required. Designated staff notify HPD as required to address the handling of the criminal component of any sexual abuse allegation or incident.

§115.165 – Coordinated response.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 addresses the requirement of this standard. There are written procedures for a coordinated multidisciplinary team approach that includes first responders, management officials, medical/mental health practitioners, and crisis intervention services. The HFOHR uses a PREA checklist to aid in the team's response to allegations of abuse. Staff interviewed all appeared knowledgeable about their duties regarding a coordinated response. The procedures in place at the HFOHR allow a detainee alleging sexual abuse or assault to have a choice about any possible change of location that arise following an allegation. The detainee can choose to be placed at a location other than the HFOHR and can also choose how to have information regarding the situation handled. He/she may choose to have information about the allegation sent to the receiving location or he/she may choose for the HFOHR to withhold information about the reason for the change in placement. According to the DO/COR, the detainee must sign documentation about the desire to stay at the HFOHR or be transferred elsewhere, as well documentation about whether or not the records of the alleged abuse or assault are to be transferred to any new location. There were no incidents of sexual abuse at the HFOHR during the past 12 months.

§115.166 – Protection of detainees from contact with alleged abusers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 sets out the requirements for this standard. Policy states that ICE employees, contractors, and volunteers suspected of sexual abuse must be removed from their duties involving detainee contact, pending the outcome of an investigation. An interview with the SDDO verified compliance with this standard. The only contractors at the HFOHR are employees of CoreCivic. There are no outside contractors or volunteers at the HFOHR.

§115.167 – Agency protection against retaliation.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 sets out the requirements for this standard. The standard prohibits retaliation against anyone - whether staff member (either ICE or CoreCivic) or detainee - who has reported sexual abuse or who has cooperated in any related investigation. The DO/COR and SDDO in charge of supervising the HFOHR staff are responsible for enforcing the protections provided by this standard. There were no allegations of sexual abuse during the preceding 12 months and consequently no circumstances of suspected or actual incidents of retaliation. When interviewed, the SDDO and DO/COR said if an allegation of sexual abuse should occur, they would follow up on all potential sexual abuse cases to monitor and verify that there are no instances of retaliation. Staff interviews confirm their awareness of the prohibition against retaliation.

§115.171 – Criminal and administrative investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. All allegations of abuse are reported immediately to a supervisor. The allegation is reported by designated staff to the HPD: as part of this process, a case number will be assigned by HPD. Launching an actual criminal investigation is the decision of HPD. Any sexual abuse allegation (whether it involves a detainee/detainee situation or an ICE employee or contractor/detainee situation) will lead to an administrative investigation. A significant incident report goes to headquarters and the SAAP website is updated. The JIC and OPR duty officer are informed, and the information is reported from there to the OIG. ICE OPR will handle the administrative investigation, with all evidence being provided to OPR. The HFOHR requires investigations be done promptly, thoroughly, and objectively by specially trained OPR investigators. All staff at the HFOHR have a duty to cooperate with any criminal justice agencies investigating an allegation. According to an interview with the DO/COR, he acts as a liaison between HFOHR and law enforcement agencies. There were no criminal or administrative

investigations during the past 12 months.

§115.172 – Evidentiary standard for administrative investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 sets forth the requirements of the standard. A preponderance of the evidence is necessary to substantiate an allegation of sexual abuse. Interviews with the DO/COR confirms this is the standard applied to administrative investigations of sexual abuse.

§115.176 – Disciplinary sanctions for staff.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 sets forth the requirements of the standard. ICE staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violations of agency sexual abuse policies. The directive 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 and licensing bodies unless the activity was clearly not criminal. Interviews revealed there have been no allegations of sexual abuse at the HFOHR during the audit period.

§115.177 – Corrective action for contractors and volunteers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2.1 addresses the requirements of this standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional/licensing/certifying bodies, unless the activity was clearly not criminal in nature. Staff from CoreCivic work as CO's at the HFOHR, but there are no volunteers there. An interview with the DO/COR confirms that the HFOHR is in compliance with this standard.

§115.182 – Access to emergency medical services.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. Although the HFOHR itself has no medical services, medical services are available on the same compound as Building C through IHSC. If a need arises for emergency medical services, the DO/COR or the SDDO contacts IHSC to advise of the situation. If the medical emergency exceeds the scope of what can be handled on the compound, transfers are made to the North East Herman Memorial Hospital; the HFOHR has a contractual relationship with this hospital. Treatment is provided without cost to the victim and is never dependent upon the victim naming his or her accuser. According to the DO/COR, in the last 12 months there have been no medical emergencies requiring the services of North East Herman Memorial Hospital. Although this circumstance could not be described as a medical emergency requiring urgent attention, the Auditor observed one newly-arrived detainee who was crying and stated he didn't feel well. IHSC was contacted and within three minutes the detainee was being attended to by health-care personnel from IHSC, who then escorted the detainee for further assessment by IHSC.

§115.186 – Sexual abuse incident reviews.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11087.1 addresses the requirements of this standard. The DO/COR indicated an incident review team would conduct a sexual abuse incident review within 30 days after the conclusion of every sexual abuse investigation. The SDDO, who has PREA/PSA responsibilities, is one member of the incident review team. Evaluating whether an incident had any special motivating factors such as race, ethnicity, gender identity or status, and/or gang affiliation would be an expected part of a review. A review of sexual incidents and the sharing of information about them is useful in maintaining an appropriate and effective agency response when these incident occur. Because there were no incidents of sexual abuse during this audit period, HFOHR did not need to convene its incident review team to review any incidents or to perform any sort of dissemination of information.

§115.187 – Data collection.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE Directive 11062.2 sets out the requirements of this standard. All sexual abuse data collected pursuant to this directive shall be maintained for at least 10 years after the date of initial collection. An interview with the DO/COR confirms compliance with this standard. The DHS Office of Inspector General (OIG) maintains the official investigative file related to claims of sexual abuse investigated by the DHS OIG. There have not been any investigations of allegations of sexual abuse during the audit period.

§115.193 –Audits of standards.

Outcome: Low risk

Notes:

This HFOHR is considered low risk for three reasons: first, it met all applicable standards for this PREA audit (with one standard being "not applicable"); second, the physical features of the layout are favorable and allow for constant direct supervision and video monitoring (except restrooms) with a staffing level suitable for these tasks; and third, there were no allegations of sexual abuse during the audit period. The Auditor observed the professional nature of all detainee-staff contacts. All detainees interviewed said they felt safe at the HFOHR and staff treated them fairly and respectfully.

§115.201 – Scope of audits.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The Auditor inspected the entire HFOHR area during the tour and was able to speak informally with both staff and detainees during that time. Afterwards, the DO/COR escorted him to a private room for interviews. The Auditor then interviewed seven ICE staff: the SDDO with PREA/PSA responsibilities, the DO/COR, and five DO's. The Auditor also interviewed all nine of the CoreCivic CO's who provided direct supervision of the detainees during the course of the audit. There were no staff refusals. There were 11 detainees at the HFOHR on the first day of the audit, and 10 random detainees were interviewed: nine males and one female. One female declined to be interviewed. Of the detainees interviewed, two were LEP, and the Auditor used Language Service Associates to facilitate these interviews with these Spanish-speaking detainees.

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.

Douglas K. Sproat, Jr. March 8, 2018

Auditor's Signature & Date