

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



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Robert L. Manville	Organization:	The Nakamoto Group, Inc.
Email address:	(b) (6), (b) (7)(C)	Telephone number:	912-486-(b)

AGENCY INFORMATION

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

Name of Field Office:	Phoenix
ICE Field Office Director:	Enrique M. Lucero
PREA Field Coordinator:	(b) (7)(C), (b) (6), Supervisory Detention and Deportation Officer (SDDO)
Field Office HQ physical address:	2035 N. Central Avenue, Phoenix, AZ 85004
Mailing address: <i>(if different from above)</i>	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	Arizona Removal Operations Coordination Center (AROCC)		
Physical address:	6335 South Downwind, Suite 104, Mesa, AZ 85004		
Mailing address: <i>(if different from above)</i>			
Telephone number:	480-257-5943		
Facility type:	<input checked="" type="checkbox"/> Holding	<input type="checkbox"/> Staging	
Facility Leadership			
Name of Officer in Charge:	Alejandro Almeida	Title:	Florence SPC Acting Officer In Charge (AOIC)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	602-257-(b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Lilian C. Rangel	Title:	SDDO
Email address:	(b) (6), (b) (7)(C)	Telephone number:	520-705-(b)

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 Arizona Removal Operations Coordination Center (AROCC), Immigration and Customs Enforcement (ICE), Department of Homeland Security (DHS), was conducted September 12- 13, 2017, by Robert Manville, a certified PREA auditor of The Nakamoto Group, Inc. Prior to the on-site audit, the auditor was provided with agency and local policy, supporting documents, a description of the facility layout and the Pre-Audit Questionnaire. This was the first official PREA audit for this facility.

An in-briefing meeting was held the first day of the audit to discuss the audit process and finalize the facility's tour and interview schedules. The following persons were in attendance for the in-briefing: Acting Officer-in-Charge (AOIC) (b) (6), (b) (7), Assistant OIC (b) (6), (b) (7), Assistant OIC (b) (6), External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7), Supervisory Detention and Deportation Officer (SDDO)/Prevention of Sexual Assault (PSA) Compliance Manager Lilian Rangel, SDDO (b) (6), (b) (7)(C) and Deportation Officers (b) (6), (b) (7) and (b) (6), (b) (7). All facility staff are full time employees of Florence Service Processing Center (SPC) which is in charge of the holding rooms operations.

The AROCC serves as an air transportation hub for the ICE Office of Air Transportation. Detainees are transported to the flight line for removal and air transport to other ICE/Enforcement and Removal Operations (ERO) facilities. The Air Transportation System operates similar to normal airports. Flights arrive to pick up detainees for transport to other facilities, for return to their country of origin or to catch a connecting flight headed to another facility. Air transportation services are contracted by ICE headquarters and staff from the flight line do not enter the holding area or provide any services to detainees while in the holding room. Detainees are placed in holding rooms when they are required to wait for a later flight. According to ICE staff interviews and supporting log book documentation, the holding rooms are mostly utilized on Tuesday and Wednesday mornings for a period of about two (2) hours.

The facility has ten holding rooms with a total maximum capacity of 157 detainees. There is a centralized officer's control room/station. There are (b) (6) cameras located in the facility. These cameras provide a view of all areas of the facility, (b) (7)(E). The tour of the facility revealed PREA related posters displayed in all holding rooms containing information relative to zero tolerance toward sexual abuse, the DHS Office of Inspector General (OIG) hot line phone number, consulate offices' phone numbers, Sexual Assault Awareness Brochure and directions on utilizing the telephone. A notice of the audit was also posted throughout the facility.

Florence SPC is in charge of the all operations of the holding room. This includes supervision, staffing, non-emergency medical and mental health services, incident investigations, PREA compliance and transportation to Florence SPC when local transportation is required due to flight delays or flight cancellations. Florence SPC operates under Immigration and Customs Detention Standards and applicable mandates which includes compliance with Department of Homeland Security PREA standards (Florence SPC received their PREA audit in April 2017 and were found compliant with all standards).

During the on-site audit, there were no flights into or out of the AROCC. AROCC has a SDDO from Florence SPC that supervises three (3) ICE/ERO Deportation Officers that are assigned to Florence SPC and report to AROCC to coordinate flights. Florence SPC provides community resource support through a Memorandum of Understanding (MOU) with Arizona Against Sexual Abuse. Any investigations of sexual abuse incidents that would be conducted locally would be completed by Florence SPC PREA investigators who have been trained to conduct allegations of sexual abuse.

Interviews were conducted with the Florence SPC/AROCC PSA Compliance Manager, the supervising SDDO and the three ICE/ERO Deportation Officers who manage the AROCC.

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.

The following persons were in attendance for the out-briefing: ERAU Team Lead (b) (6), (b) (7)(C), SDDO/PSA Compliance Manager Lilian Rangel, SDDO (b) (6), (b) (7)(C), SDDO AROCC Staff Supervisor (b) (6), (b) (7)(C) and Deportation Officers (b) (6), (b) (7)(C) Acting Officer-in-Charge (AOIC) (b) (6), (b) (7)(C) attended the close out by telephone. The ICE staff were found to be courteous, cooperative and professional. There were no "blind spots" observed during the tour and appropriate number and location of cameras.

The standards used for this audit became effective in May 2014. Twenty nine standards were found to be compliant with the PREA, one standard was found to be non-compliant (§115.113–Detainee Supervision and Monitoring) and one was found to be not-applicable. Due to all the standards not being in compliance, the facility should not be considered low risk. AROCC and Florence SPC staff provided policies, the Pre-Audit Questionnaire and other supporting documentation prior to the audit. During the audit, the facility provided additional files and documentation to support a conclusion that the facility was compliant with the DHS PREA standards; however, in practice, all mandates of the standards were not being met. Due to one standard being determined to "Not Meet" PREA requirements, an interim report is being submitted and a corrective action plan will need to be developed. All staff present for the out-briefing are aware of the corrective action that must be taken in order for the facility to comply with Standard §115.113–Detainee Supervision and Monitoring.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	29 (1 was not applicable)
Number of standards not met:	1

PROVISIONS

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

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

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

Notes:

ICE Directive 11062.2 (Sexual Abuse and Assault Prevention and Intervention) addresses the requirements of 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 Florence SPC PSA Compliance Manager also serves as the AROCC PSA Compliance Manager and works directly with the SDDO in charge of the facility on facility-specific PREA issues. (continued on last page)

§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:

ERO Directive 11087.1 (Operations of ERO Holding Facilities) addresses all requirements of this standard. Policy requires that the facility conduct room checks (b) (7)(E) and that a comprehensive staffing analysis be completed annually. Policy also requires additional measures such as video monitoring to protect detainees from sexual abuse. The facility has also addressed this standard through Post Orders located in the officer's station. Based on interviews with all supervisory staff, the facility has not conducted a review of the staffing plan for the facility. Based on review of the holding room check forms and interviews with the staff assigned to the facility, hold room checks are conducted every (b) (7)(E). The facility has a video security monitoring system used for additional monitoring. (continued on last page)

§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:

ERO Directive 11087.1 addresses all requirements of this standard. The facility has housed one juvenile in the last 12 months. AROCC housed a juvenile from the Phoenix Area of Responsibility (AOR) in August as part of Phoenix Holding's Continuity of Operations Plan (COOP). This juvenile was placed in a hold room by himself and was provided a snack upon arrival at the center. The SDDO in charge of supervising staff at the facility was aware of the Flores Agreement which outlines the mandates for housing unaccompanied children and the Arizona Child Abuse Reporting Requirements. The facility does not house families.

§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:

ERO Directive 11087.1 outlines the requirements of this standard. The facility staff and PSA Compliance Manager indicated that the facility does not permit cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility reported there were no visual body cavity or strip searches conducted during the audit period. When conducted, the search is required to be documented. Female and male detainees are pat-searched by staff of the same gender. Transgender detainees are pat-searched by staff according to the detainee's gender self-identification. (continued on last page)

§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:

ERO Directive 11087.1 outlines the requirement of this standard. The facility has bilingual staff and a contract with an interpretation service to provide services to detainees in any language. Prior to receiving a detainee for transport, the AROCC receives Record of Persons and Property Transferred (Form I-216) which includes a requirement to advise staff of any detainee disabilities. The PSA Compliance Manager and staff verified that detainees with disabilities who are required to be held over would be transported to the Florence SPC until the next flight arrives. The facility ordered additional "I Speak...Language Identification Guide" signs to place in each holding room during the audit.

§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:

The facility operates under Executive Order 13764, 5 C.F.R. 731 and ICE Personnel Security and Suitability Program (ICE Directive 6-7.0) and ICE Suitability Screening Requirements for Contractor Personnel (ICE Directive 6-8.0) which require all staff to pass a background investigation to comply with this standard. As part of the investigation applicants must furnish their work background including past employers. In conducting prior background investigation, past employers are contacted. Providing false information is grounds for termination. The AOIC was interviewed and stated that all components of this standard have been met. Directives require all staff receive background investigations prior to employment and then every five years. (continued on last page)

§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. There have been no upgrades or modification of technology enhancements at this facility.

§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:

ERO Directive 11087.1 addresses the requirements of this standard. Mesa Police Department would conduct criminal investigation and collect forensic evidence at the crime scene. Detainees who are sexually assaulted would be transferred to Mercy Gilbert Medical Center for emergency treatment. The medical center was contacted and indicated that, while they did not have Sexual Assault Nurse Examiner (SANE) personnel on duty 24 hours per day, they do have access to staff that could be called in to conduct a forensic examination. The hospital staff indicated, in some cases, they transfer patients to a hospital that is part of the Arizona Crime Lab for forensic medical examinations. The decision to bring in staff or transfer the detainee would be determined by the local police department. (continued on last page)

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

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

Notes:

ICE Directive 11062.2 addresses the requirements of this standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse. The Mesa Police Department conducts criminal investigations. Appropriately trained ICE staff will conduct administrative investigations at the facility. All allegations are reported immediately to the on-site ICE AROCC staff. AROCC staff reports PREA allegations to the Florence SPC PSA Compliance Manager who in-turn reports to OPR, JIC, OIG and other headquarter staff. Appropriate trained staff, specifically OPR or ERO will conduct administrative investigations at the facility. (continued on last page)

§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 establishes the requirements of this standard. ICE staff receive PREA training during their initial role out at the ICE Training Academy and during annual refresher training. A review of training documents/curriculum, training logs and staff interviews confirmed that all ICE employees received PREA training that includes each element required in the standard. The facility does not utilize contract staff for the care and custody of detainees. Compliance with the standard was confirmed by interviews with the PSA Compliance Manager and the review of the Florence SPC PREA audit dated April 2017.

§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:

The tour of the facility confirmed that PREA education posters were prominently displayed in all hold rooms and common areas. The zero tolerance sexual abuse posters were displayed throughout the facility.

§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 requirements of this standard. The PSA Compliance Manager acting together with the FOD and ICE Headquarters coordinates all administrative and any ICE directed criminal investigations at AROCC. Agency policy mandates that persons completing these investigations have received specialized training. OPR has developed and implemented Sex abuse training for all ICE persons authorized to provide investigations. Florence SPC has trained investigators on-site. Compliance with the standard was confirmed by interviews with the PSA Compliance Manager and the review of the Florence SPC PREA audit dated April 2017.

§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:

ERO Directive 11087.1 addresses the requirements of this standard. All detainees arriving at the facility have a completed Form I-216 that includes information pertaining to the detainees' risk assessment. The Form I-216 identifies all factors required in this standard including risk of sexual victimization, mental, physical and developmental disabilities and detainees age, any previous incarcerations and whether the detainee is perceived or self identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; and has previously experienced sexual victimization. The Form I-216 also addresses reason for person being detained and risk of being sexually abusive. (continued on last page)

§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:

ERO Directive 11087.1 addresses the requirements of this standard. A review of documentation indicated that there are multiple ways of reporting allegations. The facility allows reports to be in writing via a letter to ICE, to the DHS OIG, anonymously, privately and from a third party. Policy requires staff to document all allegations. There are posters and other documents on display throughout the facility which explain reporting methods. A telephone is located in the holding rooms. Facility staff accept reports made verbally, in writing, anonymously and from third parties and would promptly notify appropriate staff and open a preliminary investigation. An observation of the above and interviews with the PSA Compliance Manager and staff interviewed relative to established reporting systems confirmed compliance with this standard.

§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:

ERO Directive 11087.1 addresses the requirements of this standard. The ICE website (www.ice.gov/prea) also lists the procedures and telephone numbers for third party reporting. Staff interviewed were aware of the procedures for third-party reporting. The facility also has posters in the hold rooms and in the facility which address the procedures for reporting allegations of sexual abuse. There is also a list of consulate offices located in each hold room which list includes addresses and phone number of each consulate office.

§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. Staff confirmed during interviews that they are aware of their responsibility to immediately report any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participate in an investigation about such an incident. The supervisor in charge of the facility was aware of the child protection laws in the State of Arizona and indicated they would be required to report any allegation made by or on behalf of any juvenile to the Arizona Department of Child Safety. Staff may report misconduct outside of their chain of command by calling or writing upper-level management or as indicated on the posters in the facility. Interviews with staff confirm compliance with this standard.

§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. Facility staff interviewed were well aware of their duties and responsibilities, as they relate to the staff member having a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse. All staff interviewed related knowledge of their first responder requirements, to include separating the victim and predator. Staff were also aware of the policy to provide information only on a need-to-know basis when determining the placement of at-risk detainees.

§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 and report the information. The notification must be completed as soon as possible, but no later than 72 hours after staff become aware of the allegation, and the notification must be documented. An interview with the PSA Compliance Manager and the SDDO that supervises staff at the facility confirmed their awareness and responsibilities of the requirements outlined in this standard. There were no notifications during the audit period.

§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:

ERO Directive 11087.1 addresses the requirements of this standard. All staff interviewed were knowledgeable concerning their required first responder actions. Line staff stated they would separate the victim from the perpetrator, secure the scene to protect possible evidence, not allow the detainees to destroy possible evidence and contact their supervisor. The supervisor would continue to protect the detainee and immediately notify the PSA Compliance Manager, AOIC, and upper-level management staff. Interviews with staff and an examination of supporting documentation confirm 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:

ERO Directive 11087.1 addresses the requirements of this standard. Policy establishes written procedures for a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse. The facility does not have on-site medical or mental health staff. The PSA Compliance Manager was interviewed and stated detainees that had been abused would be immediately transported to a designated hospital and then transferred to Florence SPC when discharged from the hospital. She further stated Arizona Against Sexual Abuse (victim advocacy group) staff would be notified and would provide person(s) to respond to the medical center. (continued on last page)

§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 provides the requirements of this standard. The policy states that ICE employees, contractors and volunteers who are suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact, pending the outcome of an investigation. Interviews with the SDDO in charge of the facility confirmed compliance with this standard. The facility does not utilize any contractor or volunteers.

§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 includes a requirement that prohibits any type of retaliation against any staff or detainee who has reported sexual abuse or cooperated in any related investigation. The PSA Compliance Manager and SDDO in charge of supervising AROCC staff are the designated Retaliation Monitors. When interviewed, they indicated they would follow up on all potential sexual abuse cases to ensure that this protection is being enforced. There have been no suspected or actual incidents of retaliation in the last 12 months. Staff interviews confirmed they were aware of the prohibition against 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 standard requires that all incidents will be investigated. All criminal investigations are referred to the Mesa Police Department. The facility would fully cooperate with any outside agency who initiates an investigation. AROCC staff reports PREA allegations to the Florence SPC PSA Compliance Manager who in-turn reports to OPR, JIC, OIG and other headquarter staff. OPR may conduct an investigation or may refer administrative investigations back to the FOD to have the allegation investigated locally. The PSA Compliance Manager is responsible for designating appropriate staff to conduct administrative investigations. The AFOD/Acting OIC at Florence SPC serves as the liaison that provides requested information to the outside agency and provides access to the detainees. (continued on last page)

§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. Administrative investigations impose no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse. Interviews with the PSA Compliance Manager and AOIC confirm compliance with this standard.

§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 addresses the requirements of the standard. All staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violating agency sexual abuse policies. Policy requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policy, supporting documentation and interviews with the staff.

§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:

ERO Directive 11087.1 addresses the requirements of the 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. Currently, AROCC does not utilize contractors or volunteers at the facility. Interviews with the PSA Compliance Manager and AOIC and a review of documentation support a finding that the facility is in compliance with this standard.

§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:

ERO Directive 11087.1 addresses the requirements of this standard. The center does not have any on-site medical or mental health. There is a MOU with Mercy Gilbert Hospital, which is located within five minutes of the facility and provides emergency medical care. There is no SANE staff on duty 24 hours a day; however, hospital staff interviewed indicated the hospital had access to SANEs and would bring them in to conduct a forensic examination when appropriate. Hospital staff further indicated they often transfer the detainee to another hospital to have forensic examinations conducted and mental health services provided when appropriate. (continued on last page)

§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:

ERO Directive 11087.1 addresses the requirements of this standard. The AOIC and PSA Compliance Manager indicated the Florence SPC incident review team would conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. The Florence SPC incident review team is composed of SDDO compliance staff, IHSC staff, and in cases involving AAROCC would include line staff from the facility. Based on interviews with members of the incident review team, the review would be conducted within 30 days of the conclusion of the investigation and consideration would be given as to whether the incident was motivated by race, ethnicity, and gender identity or status and/or gang affiliation. (continued on last page)

§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 this standard. All sexual abuse and assault data collected pursuant to this policy shall be maintained for at least 10 years after the date of initial collection. An interview with the PSA Compliance Manager and other staff support compliance with this standard. The DHS OIG maintains the official investigative file related to claims of sexual abuse. The AROCC maintains a separate file for all administrative investigations that are kept in the Assistant Field Office Director's office at Florence SPC.

§115.193 – Audits of standards.

- Low risk
- Not low risk

Notes:

The facility is considered not low risk due to the standard relative to the supervision and monitoring of detainees not being in compliance with PREA standard 115.113.

§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:

Prior to the on-site audit, the auditor was provided documentation relative to agency and facility operations. Additionally, supporting documentation was provided to the auditor while on-site at the facility. The facility was visually inspected and ICE staff were interviewed with no refusals. Management staff, to include the AOIC, SDDO in charge of the facility and the PSA Compliance Manager were knowledgeable of their roles and responsibilities of ensuring facility compliance with all PREA standards. All staff were very cooperative and professional and responded to the concerns of the auditor quickly and effectively.

ADDITIONAL NOTES

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

115.111 - The PSA Compliance Manager confirmed she has sufficient time and authority to oversee compliance to the PREA. The PREA auditor observed zero tolerance posters located throughout the facility. Interviews with staff and AOIC and review of the curriculum verified that all ERO staff received initial training and annual refresher training, as well as updates throughout the year.

115.113 - Compliance was determined by reviewing policy, post orders and room log sheets, as well as interviewing staff. Based on the "Does Not Meet" finding of one standard, the facility will need to develop a corrective action plan. The corrective action plan will need to outline the steps necessary to bring the standard into compliance with established policy and related post orders. The corrective action plan should provide a staffing plan analysis that includes all requirement of the standard and specifically address staffing level is sufficient to conduct documented security rounds (b) (7)(E) (see pre-audit checklist), documentation of staff training on conducting documented random security rounds a minimum of once every (b) (7). Due to the limited use of the facility random checks should be a minimum of thirty days to provide appropriate documentation.

115.115 - The facility has a privacy wall in each holding room for detainees to perform bodily function. The facility does not have showers. The facility is designed with a control room in the center of the building allowing direct visual observation of each hold room (with exception of area behind the privacy wall) therefore making the announcement of staff presence prior to entering a room moot, although interviewed staff indicated they still announce prior to entering a room housing cross gender detainees. All facility staff received training on the proper procedures for conducting pat-down searches, including cross-gender pat-down searches and searches of transgender and intersex detainees. Staff interviews confirmed their knowledge of cross-gender viewing and search policies and procedures, and that pat-down searches are not performed for the sole purpose of determining the genital status of a transgender or intersex detainee. The review of training documents and interviews with facility staff 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.

115.117 – All ICE staff have had background checks completed. As part of the background check all applicants are interviewed and complete a fitness for duty form which requires applicants to reveals any past history of sexual abuse or harassment. Staff at the facility are full time employees of Florence SPC and all documentation of their background checks are maintained at Florence SPC. Compliance was verified from interviews with PSA compliance manager and Florence SPC PREA audit completed in April, 2017.

115.121 - In cases where the criminal investigating unit requested transfer of detainee for forensic examination, the hospital would provide emergency treatments and would transfer with consent of the patient. This information was verified through interview with the PSA Compliance Manager and lead nurse in the Mercy Gilbert Hospital Emergency Room.

115.122 - Any incident occurring at the AROCC would fall under the Florence SPC which would coordinate or conduct appropriate investigations. Florence SPC has Sexual Abuse investigators with appropriate training. When incidents are referred to ICE/ERO to conduct investigations, the PSA Compliance Manager would coordinate with the Phoenix Field Office, who would assign an appropriate investigator. This was verified by interviews with SDDO compliance staff and the PSA Compliance Manager. There were no sexual abuse allegations reported by detainees during the last 12 months. This was verified from pre-audit checklist and by review of ICE website.

115.141 - The AROCC serves as an air transportation hub for the ICE Office of Air Transportation. Detainees are transported to the flight line for removal to their country of origin or air transported to other ICE/ERO facilities. Prior to arriving at AROCC, facility staff are notified of all potential detainees that may be at risk of sexual abuse or as a sexual abuser. AROCC takes appropriate action (ensures separation from general population should holding at AROCC be required during the detainee's time at facility) and maintains confidentiality of information between facility staff and ICE Air Operations staff.

115.165 - Arizona Against Sexual Abuse was contacted and confirmed they had a MOU with Florence SPC and would serve this facility as part of the Florence SPC MOU. The community service provider confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. The local advocacy group and Mercy Gilbert Medical Center both reported they had staff trained to deal with minors who had been sexually abused. The PSA Compliance Manager advised that the Office of Refugee Resettlement (ORR) would be advised of the abuse of juveniles and they would be transported to one of the ORR centers. The SDDO who supervises staff at the facility advised that he would have the responsibility of notifying the Arizona Department of Child Safety. The advocacy group advised that detainees that were released would continue to receive their services.

115.171 - PSA Compliance Manager indicated that any person that was a victim of sexual abuse would be moved to Florence SPC Hold Room or to the Florence SPC program depending on level of incident (criminal vs. administrative). The PSA Compliance Manager would coordinate for service with IHSC staff for follow up treatment. If detainee moved to another facility PSA Compliance Manager or AFOD would notify the receiving facility. IHSC would also advise their counter part to let them know about continuum of care and investigative process. The investigation would continue regardless of the status of the detainee, including detainees moved out of this country. Florence SPC would provide all information to detainees on their rights to remain until investigation and prosecutions occurs. There were no criminal investigations during this auditing period.

115.182 - Detainee victims of sexual abuse, while detained, would be offered information about sexually transmitted infection prophylaxis and emergency contraception, in accordance with professionally accepted standards of care, where medically appropriate. Follow up mental health services and follow up testing and treatment for sexually transmitted diseases are provided at ICE detention centers and by the victims' advocacy group, if requested by detainees that are released from the facility. Compliance with this standard was determined by a review of policy and interviews with PSA Compliance Manager.

ADDITIONAL NOTES

115.186 - The team would also make a determination as to whether additional monitoring technology should be added to enhance staff supervision. There were no investigations to review during the audit period therefore there were no incidents or review team reviews to examine. Interviews with the PSA Compliance Manager and SDDO compliance staff (incident review team members) confirm compliance with this standard.

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.

Robert Manville

Auditor's Signature

November 28, 2017

Date

**PREA Audit: Subpart B
DHS Holding Facilities
Corrective Action Plan Final Determination**



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Wendy J. Roal Warner	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(309) 241-(b)

AGENCY INFORMATION

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

Name of Field Office:	Phoenix
ICE Field Office Director:	Enrique M. Lucero
PREA Field Coordinator:	Shane Kitchen, Supervisory Detention and Deportation Officer (SDDO)
Field Office HQ physical address:	2035 N Central Avenue, Phoenix, AZ 85004
Mailing address: (if different from above)	

INFORMATION ABOUT FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Arizona Removal Operations Coordination Center (AROCC)		
Physical address:	6335 South Downwind, Suite 104, Mesa, AZ 85004		
Mailing address: (if different from above)			
Telephone number:	(480) 257-5943		
Facility type:	ICE Holding Facility	If other, describe:	

Facility Leadership

Name of Official/Officer in Charge:	Alejandro Almeida	Title:	Florence SPC Acting Officer In Charge
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(602) 257-(b)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Lilian C. Rangel	Title:	SDDO
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(520) 705-(b)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

The initial audit of the Arizona Removal Operations Coordination Center (AROCC) was conducted by an auditor from The Nakamoto Group, Inc. The contract for PREA audits for Immigration and Customs Enforcement are now conducted by Creative Corrections, LLC. Wendy Roal Warner, a certified PREA auditor with Creative Corrections, is conducting the Corrective Action Plan (CAP) Final Determination for AROCC. There was one standard in non-compliance as noted below. This standard has been corrected and is now in compliance.

115.113: Information provided in the CAP confirms AROCC completed the required annual review of the supervision guidelines. Documentation was provided reflecting all staff required to (b) (7)(E) security checks have been trained. Documentation of completed (b) (7) security checks confirms the checks are being completed as required in the Post Orders. This standard is now in compliance.

115.193: As a result of the corrective action for standard 115.113, AROCC is now deemed at low risk.

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence replied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit.

§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:

At the time of the on-site audit, staff interviews revealed AROCC had not completed the yearly review of the supervision guideline. Additionally, staff interviews and document review confirmed staff were conducting (b) (7) security checks rather than the (b) (7) security checks required in the Post Orders. During the corrective action period, AROCC completed the Holding Facility Self-Assessment Tool (HFSAT) on April 8, 2018. The completed HFSAT is thorough and detailed and satisfies the requirements of the standard for the yearly review of the supervision guidelines. Documentation was provided reflecting all staff required to conduct security inspections have been trained on the requirement for irregular visual security checks (b) (7)(E). Documentation of completed (b) (7) security checks was also provided. This standard is now in compliance.

§115. 193 - Audits of standards

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

Notes:

At the time of the initial PREA Audit Report, AROCC was found not at low risk due to not meeting all of the standards. As the one standard is now in compliance, the risk level is changed to low risk.

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

Notes:

§115. Choose an item.

Outcome: Choose an item.

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.

Wendy J. Roal Warner
Auditor's Signature & Date

May 3, 2018