

**PREA Audit: Subpart A
DHS Immigration Detention Facilities
Corrective Action Plan Final Determination**



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	409-866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	409-866-(b) (6), (b) (7)(C)

AGENCY INFORMATION

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

Name of Field Office:	San Diego
Field Office Director:	Sergio Albarran
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	880 Front Street San Diego, CA 92101

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Imperial Regional Detention Facility
Physical address:	1572 Gateway Rd. Calexico, California 92231
Telephone number:	760-618-7200
Facility type:	Contract Detention Facility
PREA Incorporation Date:	9/12/2014

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone #:	760-618-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	760-618-(b) (6), (b) (7)(C)

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.

During the audit, the Auditor found Imperial Regional Detention Facility (IRDF) met 39 standards, had 1 standard that was non-applicable (115.14) and had 1 non-compliant standard (115.32). As a result of the facility being out of compliance with one standard, the facility entered a 180-day corrective action period which began on January 18, 2024, through June 12, 2024. The purpose of the corrective action plan is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

On December 29, 2023, the Auditor received notification of the facility's first CAP via email from the Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) and reviewed the submission. During this review the Auditor determined that the facility has demonstrated compliance with the one standard found non-compliant at the time of the site visit, subsequently ending the CAP period early.

Number of Standards Initially Not Met: 1

- §115.32 - Other Training

Number of Standards Exceeded: 0

Number of Standards Met: 1

- §115.32 - Other Training

Number of Standards Not Met: 0

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. 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.

§115.32 - Other Training

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

Notes:

(a)(b)(c): IRDF SAAPI SOP states, "The IRDF SAAPI training will be included in training for employees, volunteers, and contract personnel and will also be included in annual refresher training thereafter. All volunteers and other contractors who have contact with detainees will be trained on their responsibilities under the IRDF's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees. However, all volunteers and contractors who have any contact with detainees will be notified of the IRDF's zero-tolerance policy and informed on how to report such an incident." The Auditor reviewed the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers and confirmed the training adheres to all elements required of the standard. After course completion attendees are required to sign an acknowledgement of PREA training received. The Auditor additionally reviewed completed sign in sheets for the training. The Auditor reviewed an additional Keefe staff and three medical contractor files to confirm training was completed. Interview with the TO confirmed that volunteers and contractors are required to complete PREA training prior to performance of their duties; however, the TO could not confirm other contractors such as outside companies providing one time or other types of infrequent services to the facility have received the mandatory PREA training.

Corrective Action:

(a)(b)(c): The facility has not demonstrated that other contractors have been trained on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. To become compliant the facility must develop procedures to ensure all other contractors who have contact with detainees have been trained on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. Once developed and implemented, the facility must provide documentation of these procedures and evidence for five other contractors to indicate they have received the required training.

Corrective Action Taken:

On December 29, 2023, documents were submitted for the Auditor's review consisting of the CAP, a copy of a PREA pamphlet for contractors and vendors, and two sign-in sheets for contractors and vendors acknowledging PREA training. IRDF has created/implemented a facility PREA pamphlet that will be distributed to all contractors and vendors rendering services at IRDF. The pamphlet contains information regarding the facility's zero-tolerance policy for sexual abuse prevention, detection, intervention, and response responsibilities. Two binders were created and placed in the front entrance and sallyport entrance of the facility. Both binders contain the appropriate pamphlet and a sign-in acknowledgment form indicating the information was provided and understood by the personnel receiving the pamphlet. Review of the sign-in sheets found a total of seven names listed of "other" contractors/volunteers who have received the PREA brochure according to the newly

implemented procedures. The facility has demonstrated compliance with provisions (a), (b) and (c) and is now compliant 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.

Jodi Upshaw

1/11/2024

Auditor's Signature & Date

(b) (6), (b) (7)(C)

1/12/2024

Program Manager's Signature & Date

(b) (6), (b) (7)(C)

1/12/2024

Assistant Program Manager's Signature & Date

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



**Homeland
Security**

AUDIT DATES

From:	10/24/2023	To:	10/26/2023
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AUDITOR INFORMATION

Name of auditor:	Jodi Upshaw	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	409-866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

Name of PM:	(b) (6), (b) (7)(C)	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone #:	409-866-(b) (6), (b) (7)(C)

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Email address:	(b) (6), (b) (7)(C)	Telephone #:	760-618-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone #:	760-618-(b) (6), (b) (7)(C)

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 U.S. Department of Homeland Security (DHS) Prison Rate Elimination Act (PREA) audit of the Imperial Regional Detention Facility (IRDF) was conducted on October 24 – 26, 2023, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Jodi Upshaw employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the ICE PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the U.S. Immigration and Customs Enforcement (ICE) PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards. IRDF is operated by Management and Training Corporation (MTC) and is located in Calexico, CA. This is the facility's third PREA audit.

Four weeks prior to the onsite audit, the ERAU Team Lead (TL) (b) (6), (b) (7)(C) provided the Auditor with the Agency policies, facility's policies, and other pertinent documents through the ICE SharePoint. Supporting documentation was organized within the PREA Pre-Audit Policy and the Document Request DHS Immigration Detentions Facilities form and placed within folders for ease of auditing. The main policy that governs IRDF PREA Program is the Sexual Assault and Abuse Prevention and Intervention Standard Operation Procedure (SAAPI SOP). Documentation and the policy were reviewed by the Auditor. The Auditor reviewed the Agency website (www.ice.gov/prea) and the facility website (<https://www.mtctrains.com/facility/imperial-regional-detention-facility>). No correspondence was received from any detainee, outside individual, or staff member.

Although IRDF refers to those detained at the facility as residents, the Auditor is using the term "detainee" for report clarity. IRDF processes detainees who are pending immigration review or deportation. The facility houses adult male detainees with low, medium, and high custody levels. The facility does not house juveniles or family units. The facility reported that 4182 detainees have been booked into the facility in the last 12 months. The average length of time in custody is 56 days. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities processed through IRDF are from Peru, China, and Colombia. On the first day of the audit the facility reported 674 detainees were housed at the facility. The facility is comprised of one building which includes an intake area, detainee housing units, a special management housing unit and a medical unit. There are 10 open bay/dormitory housing units, one single cell housing unit and one double cell housing unit. The medical unit has 14 beds.

The entry briefing was held in IRDF's administrative conference room on October 24, 2023. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), Warden, Administrator, IRDF
(b) (6), (b) (7)(C), Deputy Warden, IRDF
(b) (6), (b) (7)(C), PSA Compliance Manager, IRDF
(b) (6), (b) (7)(C), Compliance Manager, IRDF
(b) (6), (b) (7)(C), Chief of Security, IRDF
(b) (6), (b) (7)(C), Classification Supervisor, IRDF
(b) (6), (b) (7)(C), Sergeant (SGT), IRDF
(b) (6), (b) (7)(C), Detention Officer (DO), IRDF
(b) (6), (b) (7)(C), Health Services Administrator (HSA), IRDF
(b) (6), (b) (7)(C), Registered Nurse (RN), IRDF

(b) (6), (b) (7)(C), Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
(b) (6), (b) (7)(C), Compliance Unit, ICE/ERO
(b) (6), (b) (7)(C), Compliance Unit, ICE/ERO
(b) (6), (b) (7)(C), Detention and Deportation Officer (DDO), ICE/ERO
(b) (6), (b) (7)(C), TL, Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to determine DHS PREA Compliance with those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the DHS PREA standards will be determined based on review of policy and procedures, observations made during the facility tour, provided documentation review, and information obtained from staff and detainee interviews.

The onsite audit commenced on October 24, 2023, and included the sally port, processing area, medical unit, court rooms, food service, laundry, visitation, library, and housing units. Detainees are housed in 10 open bay/dorm style housing units, the single cell special management unit housing or the one double cell housing unit. Open bay/dorm style housing can house up to 64 detainees per unit. Within each open bay/dorm style unit there is a common seating area, telephones, kiosks, showering area and an area with toilets and sinks. Within the special management unit and single cell housing unit there is a toilet and shower in the cell, a common seating area, telephones, and kiosks.

Above the telephone and on the wall around the telephone in all housing units were posters which included the PREA audit notice, the DHS-prescribed Sexual Assault Awareness notice, the DHS-prescribed Sexual Abuse Awareness (SAA) Information pamphlet, DHS Office of Inspector General (OIG) poster, foreign consulate numbers, ICE Detention and Reporting Information Line (DRIL) poster, I Speak poster and information for the Sure Helpline Center (SHC). All observed postings were in English and Spanish. During the onsite audit, the Auditor noted sight lines, potential blind spots, and (b) (7)(F). The Auditor was able to observe the detainee intake process. Detainees were brought into a room next to the intake area and pat searches were conducted. Once the pat search was conducted, detainees were placed in a holding cell and processed one at a time. At the intake desk the detainee was classified, provided written PREA education information which consists of a facility handbook, the DHS-prescribed SAA Information pamphlet, and the ICE National Detainee Handbook in a language easily understood by the detainee.

IRDF has (b) (7)(E). The Auditor observed placement (b) (7)(E) to maximize detainee and staff safety. The Auditor viewed the (b) (7)(E). (b) (7)(E)

IRDF employs 191 detention officers (139 male and 52 female) with the remaining staff consisting of administrative, management, food service and support staff. There are 32 medical and 1 mental health staff onsite that provide services. Volunteers recently resumed services at the facility. The Auditor interviewed 24 staff members which consisted of the Warden, PSA Compliance Manager, Human Resources Manager (HR), Training Officer (TO), Intake staff (1), Classification Supervisor, Disciplinary Officer, Grievance Officer

(GO), First Responder (3), First Line Supervisor, Supervisor who conducts unannounced rounds, Detention Officers (DO) (4), ICE staff (4), Medical staff (2), and Mental Health staff (1). Utilization of the language line for translation during detainee interviews was more time consuming than usual resulting in the Auditor conducting fewer than the minimum number (30) of detainees interviewed for a population this size. The Auditor was able to interview 15 detainees utilizing the random, Limited English Proficient (LEP) and other specialized interview protocols.

The facility's PAQ reported there are two facility investigators that have received specialized training on investigating sexual abuse. There were eight allegations of sexual abuse reported during the audit period.

On October 26, 2023, an exit briefing was held in the IRDF administrative conference room. The ICE/OPR/ERAU TL opened the briefing. In attendance were:

(b) (6), (b) (7)(C), Warden, Administrator, IRDF
(b) (6), (b) (7)(C), Deputy Warden, IRDF
(b) (6), (b) (7)(C), PSA Compliance Manager, IRDF
(b) (6), (b) (7)(C), Chief of Security, IRDF
(b) (6), (b) (7)(C), Classification Supervisor, IRDF
(b) (6), (b) (7)(C), SGT, IRDF
(b) (6), (b) (7)(C), DO, IRDF
(b) (6), (b) (7)(C), HSA, IRDF
(b) (6), (b) (7)(C), Compliance Unit, ICE/ERO
(b) (6), (b) (7)(C), DDO, ICE/ERO
(b) (6), (b) (7)(C), DDO, ICE/ERO
(b) (6), (b) (7)(C), TL, ICS, ICE/OPR/ERAU
Jodi Upshaw, Certified Auditor, Creative Corrections, LLC

The Auditor informed those in attendance that final compliance determinations could not be made until a review of documentation, site review notes, and interviews were compiled. The Auditor thanked those in attendance for cooperation during the audit.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 39

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
- §115.13 - Detainee supervision and monitoring
- §115.15 - Limits to cross-gender viewing and searches
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient
- §115.17 - Hiring and promotion decisions
- §115.18 - Upgrades to facilities and technologies
- §115.21 - Evidence protocols and forensic medical examinations
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight
- §115.31 - Staff Training
- §115.33 - Detainee Education
- §115.34 - Specialized training: Investigations
- §115.35 - Specialized training: Medical and mental health care
- §115.41 - Assessment for risk of victimization and abusiveness
- §115.42 - Use of assessment information
- §115.43 - Protective Custody
- §115.51 - Detainee Reporting
- §115.52 - Grievances
- §115.53 - Detainee access to outside confidential support services
- §115.54 - Third-party reporting
- §115.61 - Staff and Agency Reporting Duties
- §115.62 - Protection Duties
- §115.63 - Reporting to other Confinement Facilities
- §115.64 - Responder Duties
- §115.65 - Coordinated Response
- §115.66 - Protection of detainees from contact with alleged abusers
- §115.67 - Agency protection against retaliation
- §115.68 - Post-allegation protective custody
- §115.71 - Criminal and administrative investigations
- §115.72 - Evidentiary standard for administrative investigations
- §115.73 - Reporting to detainees
- §115.76 - Disciplinary sanctions for staff
- §115.77 - Corrective action for contractors and volunteers
- §115.78 - Disciplinary sanctions for detainees
- §115.81 - Medical and mental health screening; history of sexual abuse
- §115.82 - Access to emergency medical and mental health services
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers
- §115.86 - Sexual abuse incident review
- §115.87 - Data collection
- §115.201 - Scope of Audit

Number of Standards Not Met: 1

- §115.32 - Other Training

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees

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.

§115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator

Outcome: Meets Standard

Notes:

(c): IRDF SAAPI SOP states, "The IRDF has a zero tolerance for all forms of sexual abuse and sexual assault. The IRDF will provide a safe and secure environment for all detainee, employees, contractors, and volunteers, free from the threat of sexual abuse or assault, by maintaining a Sexual Abuse and Assault Prevention and Intervention (SAAPI) Program that ensures effective procedures for preventing, reporting, responding to, investigating, and tracking incidents or allegations of sexual abuse or assault. Sexual abuse or assault of detainees by other detainees or by employees, contractors, or volunteers is prohibited and subject to administrative, disciplinary, and criminal sanctions. In all instances where allegations of sexual abuse or sexual assault are made, the IRDF will investigate thoroughly and hold all negligent parties, accountable for their actions, up to and including, criminal prosecution." During the onsite audit, the Auditor observed the DHS Sexual Assault Awareness notice in the intake area, all housing units, the medical unit, library, food service area and visitation room. Interviews with 24 IRDF staff, 2 medical staff and 1 mental health staff confirmed all were aware of the facility and Agency zero-tolerance policy toward all forms of sexual abuse. The facility provided documentation via email that confirmed the agency has reviewed and approved its PREA policy.

(d): IRDF SAAPI SOP states, "The IRDF Facility Administrator has designated a PSACM [PSA Compliance Manager] to serve as the facility's point of contact for the ICE/ERO PSA Coordinator. The PSACM will have sufficient time and authority to oversee the IRDF's efforts to comply with the facility's sexual abuse prevention and intervention policies and procedures. The PSACM will: Assist with the development of written policies and procedures for the Sexual Abuse and Assault Prevention and Intervention Program, and keeping them current; Assist with the development of initial and ongoing training protocols; Serve as a liaison with other agencies; Coordinate the gathering of statistics and reports on incidents of sexual abuse or assault, as detailed in the section "Data Collection" later in this standard; Will conduct the administrative investigations for all allegations of sexual abuse and or assaults; Review the results of every investigation of sexual abuse and assist in conducting an annual review of all investigations in compliance with the Privacy Act to assess and improve prevention and response efforts; Review the IRDF's practices to ensure required levels of confidentiality are maintained; Assist the Facility Administrator in preparation of the staffing plan, to include facility line drawings with assigned post, cameras (type and direction) and blind spot identification/mitigation methods; Plan and develop programs to assist in the compliance with the all PREA mandates; and Maintain required PREA documentation, demonstrating the IRDF's compliance with all PREA mandates." IRDF has appointed and employs a PSA Compliance Manager who serves as the facility point of contact for the agency PSA Coordinator. The Auditor reviewed the organizational chart and observed the PSA Compliance Manager reports directly to the Warden. Interview with the PSA Compliance Manager confirmed he is the point of contact for the Agency PSA Coordinator. In addition, the PSA Compliance

Manager confirmed he has sufficient time and the authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

Corrective Action:

No corrective action needed.

§115.13 - Detainee supervision and monitoring

Outcome: Meets Standard

Notes:

(a)(b)(c): IRDF SAAPI SOP states, “The IRDF maintains sufficient supervision of detainees, through appropriated staffing levels and video monitoring to protect detainees against sexual abuse. The Facility Administrator determines security needs based on a comprehensive staffing analysis and a documented comprehensive supervision guideline that is reviewed and updated at least annually. In determining adequate levels of detainee supervision and determining the needs for video monitoring, the IRDF takes into consideration general accepted detention and correctional practices, any judicial findings of inadequacy, the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse as well as other incidents reflecting on facility security and detainee safety, the findings and recommendations of sexual abuse incident review reports or other findings reflecting on facility security and detainee safety, the length of time detainees spend in the IRDF's custody, and other relevant factors.” A review of the facility’s PAQ indicated IRDF has a total of 191 security staff, consisting of 139 males and 52 females, that may have recurring contact with detainees. The remaining staff consists of support personnel in administration, maintenance, and food service. The facility staffing also includes 32 medical and 1 mental health. During the onsite audit, IRDF security staff were working three 8-hour shifts: 8:00 a.m. - 2:00 p.m., 2:00 p.m. - 10:00 p.m. or 10:00 p.m. – 6:00 a.m. The Auditor observed appropriate staffing levels in the intake area and housing units during the onsite audit. There are a total of (b) (7)(E) strategically located throughout the facility. (b) (7)(E) but do (b) (7)(E)

(b) (7)(E) . There are (b) (7)(E) . These (b) (7)(E)

. During the onsite tour, the Auditor observed (b) (7)(E) and found there were (b) (7)(E) . The facility has developed comprehensive detainee supervision guidelines by Post Orders for the Dorm Officer, Medical Security Officer, Special Management Unit Floor Officer, and Visitation Officer which are reviewed annually. While onsite the Auditor discovered these post orders had not been reviewed since January 5, 2022. The facility conducted an immediate review, and all post orders were updated while the Auditor was onsite. The Auditor reviewed eight sexual abuse investigation files (one substantiated, three unsubstantiated and four unfounded allegations), and confirmed during the sexual abuse incident review the facility took into account staffing levels and video monitoring as part of the review. The facility provided a PREA – Annual Staffing Plan Review Certification for 2022 which considered all elements required by subsection (c) of the standard and signed by the Warden, PSA Compliance Manager and MTC PREA Coordinator. Interviews with the Warden and PSA Compliance Manager confirmed detainee supervision guidelines are reviewed annually and considers generally accepted detention and correctional practices, judicial findings of inadequacy, the physical layout of the facility, composition of detainee population, review of substantiated and unsubstantiated incidents, the findings and recommendations of prior

sexual abuse incident review reports and other relevant factors.

(d): IRDF SAAPI SOP states, "Frequent unannounced security inspections will be conducted to identify and deter sexual abuse or detainees. Inspections will occur on all shifts. The IRDF staff are prohibited from alerting others that these security inspections are occurring unless such announcement is related to the legitimate operational functions of the facility. The IRDF's staff members will document unannounced visits by supervisors or departmental staff in appropriate logbooks. Such visits must be documented as a PREA unannounced visit." During the onsite the Auditor observed logbooks in all housing units with Unannounced PREA Round written in red ink on random shifts. Interview with a supervisor also confirmed rounds were conducted and recorded in red ink. Interviews with four random DOs additionally confirmed supervisor rounds are conducted at various times during their shift and no alerts are given by other staff.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees

Outcome: Not Applicable

Notes:

(a)(b)(c)(d): According to the PAQ and interviews with the Warden, PSA Compliance Manager and four DOs, IRDF does not accept juvenile or family unit detainees; therefore, the standard is not applicable.

Corrective Action:

No corrective action needed.

§115.15 - Limits to cross-gender viewing and searches

Outcome: Meets Standard

Notes:

(b)(c)(d): IRDF SAAPI SOP states, "The IRDF staff will adhere to the following gender protocol when pat searching detainees: Male detainees will be pat searched by male officers. Female detainees will be pat searched by female officers. Cross gender pat searches will only be conducted in exigent circumstances and must be fully documented, explaining the reason for the cross gender pat search. Staff will document the reason for each cross gender pat search in the Record of Search Log and in an Incident Report (IR), placing a copy of the IR in the detainee's detention file. The Record of Search Log is located on the Department Shared Drive in G:\Lieutenants Shared\18Record of Search Log." During the onsite audit the Auditor observed the intake process and observed same gender pat searches being conducted. The Auditor reviewed a blank Record of Search Log that would be utilized should a cross gender pat search need to be conducted. Interviews with four DOs confirmed that cross gender pat searches are not allowed; although they were aware that policy allows these type searches may be conducted only in exigent circumstances and then must be documented. Although the facility did not have any cross gender pat searches completed during the audit period, all staff confirmed that should a cross gender search need to be conducted it would be documented.

(e)(f): IRDF SAAPI SOP states, "When it becomes necessary to strip a detainee(s), staff will adhere to the following gender protocol: Male detainees will be strip searched by male officers. Female detainees will be strip searched by female officers. Transgender detainees will be permitted to choose the gender of the officer conducting the strip search. Staff of the same gender as the detainee will perform the search, except when circumstances are such that a delay would mean the likely loss of contraband. In the case of an emergency, IRDF

staff of the same gender as the detainee will be present to observe a strip search performed by an officer of the opposite the opposite gender. Any strip searches conducted by an officer of the opposite gender must be fully documented, explaining the reason for the cross gender strip search. Each time a strip search is conducted, the articulable facts supporting the conclusion that reasonable suspicion exists will be documented on a Record of Search form. The Record of Search Form is located on the IRDF shared drive. Each strip search will be documented within the Record of Search Log, which is located on the Department Shared Drive in G:\Lieutenants Shared\18-Record of Search Log. When staff of the opposite gender conducts a strip search which is observed by a staff member of the same gender as the detainee, staff will document the reason for the opposite gender strip search in the Record of Search Log and in an Incident Report (IR), placing a copy of the IR in the detainee's detention file. Shift Supervisors will annotate such instances within their shift report.” MTC IRDF Search of Detainees further states, “A body-cavity search is an inspection for contraband or any other foreign item, in a body cavity of a detainee, by use of fingers or simple instruments, such as an otoscope, tongue blade, short nasal speculum and simple forceps. A body-cavity search is considered the most intrusive type of search. Should the need arise for a detainee to have a body cavity search, the Facility Administrator in consultation with the clinical medical authority will make arrangements to refer the detainee to the contracted emergency department for further evaluation.” The facility submitted a memorandum that IRDF has not conducted any strip or visual cavity searches. IRDF further submitted a blank Record of Search Log that would be utilized should a cross gender strip search or cross gender visual cavity search needs to be conducted. Interviews with four DOs and two medical staff confirmed that strip or body cavity searches have not been conducted at IRDF within the audit period.

(g): IRDF SAAPI SOP states, “Detainees will be able to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine checks or cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement. IRDF staff of the opposite gender will announce their presence when entering an area where detainees are likely to be showering, performing bodily function or changing clothing.” During the onsite audit the Auditor observed staff of the opposite gender announce their presence upon entry into the housing units. Interviews with four DOs confirmed they are aware of this policy, and all stated they do announce their presence when entering a unit of opposite gender. Interviews with 15 detainees also confirmed that opposite gender staff announce their presence when entering a housing unit.

(h): ERDF is not designated as a Family Resident Center; therefore, provision (h) is not applicable.

(i)(j): IRDF SAAPI SOP states, “The IRDF staff will not search or physically examine a detainee for the sole purpose of determining the detainee's genital characteristics. If the detainee's gender is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, learning that information as part of a standard medical examination that all detainees must undergo as part of intake or other processing procedure conducted in private, by a medical practitioner. All pat searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs, including consideration of officer safety.” The Auditor reviewed the MTC Imperial Regional Detention Facility Training Plan 2022 – 2023. The training plan included proper performance of pat searches and cross gender, intersex, and transgender pat down procedures along with strip search procedures. The facility submitted an In-Service Training sign in sheet and signed certificate of training and the Auditor reviewed 15 staff files with certificates that confirm staff are receiving training in the proper procedures for conducting pat searches that includes searches of transgender and intersex detainees. Interviews with four DOs additionally confirmed that

they had received the required training and cross gender strip, body cavity searches or searches to determine the detainee's genital status are not allowed.

Corrective Action:

No corrective action needed.

§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient

Outcome: Meets Standard

Notes:

(a)(b)(c): IRDF SAAPI SOP states, "The IRDF will take appropriate steps to ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse. When necessary to ensure effective communication with detainees who are deaf or hard of hearing, or detainees who have intellectual, psychiatric, or speech disabilities, limited reading skills, or who are blind or have low vision, the IRDF will: Provide access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using and necessary specialized vocabulary; and Provid[e] access to written materials related to sexual abuse in formats or through methods that ensure effective communication. The IRDF will take steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse to detainees who are limited English proficient, including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. In matters relating to allegations of sexual abuse, the IRDF will employ effective expressive and receptive verbal communication techniques while communicating with detainees with disabilities in accordance with professionally accepted standards of care. The IRDF will provide detainees with disabilities and detainees with Limited English Proficiency with in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. Where practicable, provisions for written translation of materials related to sexual abuse or assault shall be made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate." During the onsite audit the Auditor observed DHS-prescribed Sexual Assault Awareness notice with facility contact name and the DHS-prescribed SAA Information pamphlet in English and Spanish, contact information for the DHS OIG, reporting numbers for the DRIL, I Speak poster, ERO Language Services Resource Flyer and poster for the SHC. The Auditor was able to observe one detainee being processed into the facility during the onsite audit. The Auditor observed the detainee receiving PREA information via written material and a video that plays in English and Spanish. Should a detainee speak a language other than English or Spanish the information is provided by interpretation using Language Line Solutions and documented on a log. The Auditor confirmed the facility had the ICE National Detainee Handbook available in the 14 most prevalent languages encountered by ICE: English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, and Vietnamese and the DHS-prescribed SAA information

pamphlet available in the 15 most prevalent languages encounter by ICE: English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Ukrainian and Vietnamese. The Auditor was provided with facility handbooks in English and Spanish with information on the facility's efforts to prevent, detect and response to sexual abuse. The facility handbook was not available in any other languages; however, the facility has a PREA informational sheet available in multiple languages as a supplemental handout for detainees who do not speak English or Spanish. These sheets are available in Amharic, Arabic, Armenian, Azerbaijani, Bangla, Chinese, Creole, French, Georgian, Hausa, Hindi, Korean, Nepali, Pashto, Persian, Portuguese, Punjabi, Romanian, Russian, Serbian, Somali, Spanish, Swahili, Tamil, Tigrinya, Turkish, Urdu, Uzbek, Vietnamese, and Wolof. Interview with Intake staff confirmed that should a detainee have a sight disability they would read information or utilize the language line. Staff could also speak slower with limited vocabulary for those detainees who have intellectual or psychiatric disabilities, speaking, louder for those detainees who have a hearing disability, and reading material or providing written communication for those detainees who may have a vision disability. Interviews with Intake staff and four DOs further confirmed that they would not allow another detainee to interpret for another except in very limited situations with the request approved by supervision. The Auditor interviewed 15 detainees and the language line was utilized for 10 detainees who spoke Arabic, Armenian, Russian, or Spanish. Utilizing the language line, they all confirmed they received the ICE National Detainee Handbook, but not a facility handbook. Documentation confirmed that each received the two-page PREA informational sheet.

Corrective Action:

No corrective action needed.

§115.17 - Hiring and promotion decisions

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 7-6.0 outlines "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. MTC Sexual Safety in Prison policy states, "MTC prohibits hiring and/or promoting staff who have contact with inmates who have engaged in sexual abuse and/or sexual harassment. Material omissions or the provision of materially false information by staff is prohibited as detailed in MTC policy 203.01.B.8.b.18 Rules of Conduct. Facilities shall either conduct criminal background records checks at last every five years for current employees who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. Contractors having contact with inmates, require a background check before enlisting services and every five years of continued service in

accordance with MTC policy 13.20.” The Auditor submitted a Background Investigation for Employees and Contractors form to the OPR PSO Unit to include 6 ICE employees, 10 IRDF employees and 4 medical staff to verify completion of the required background investigations. OPR PSO confirmed the background investigation status of all Agency and IRDF employees submitted were completed and current. The Auditor reviewed 15 staff files and confirmed background checks were completed at hire, prior to promotion and every 5 years for those applicable. The facility submitted an MTC Standards of Conduct form which all staff are required to sign. The form directs staff to “immediately report any violation or apparent violation of any guideline/rule/regulation.” Interview with the HR Manager confirmed that new hires and contractors must complete a background investigation successfully prior to hire and the PREA related questions are included in the employment documents, which the Auditor observed in the files reviewed. The HR Manager further confirmed that should an applicant give false information or omit misconduct the applicant would be terminated, or the employment offer withdrawn. The HR Manager additionally confirmed that IRDF would provide information on substantiated allegations of sexual abuse upon request involving a former employee applying to a different institutional employer and checks are conducted if an employee has previous institutional employment. Interviews with four ICE staff confirmed misconduct questions are included in promotion documents.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies

Outcome: Meets Standard

Notes:

(a): This subsection of the standard is not applicable. IRDF has not designed or acquired a new holding facility or planned a substantial expansion or modification of the existing facility.

(b): IRDF SAAPI SOP states, “When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology at the facility, the IRDF will consider how such technology may enhance its ability to protect detainees from sexual abuse by eliminating any blind spot as much as possible.” The facility reported in the PAQ that a new video camera system was installed in 2022. The facility submitted a memorandum that stated the system was replaced/updated with consideration to enhance the ability to protect detainees from sexual abuse. In the notes section of this memorandum is a comment that (b) (7)(E)

An interview with the Warden confirmed that during the camera installation the facility considered how the placement of cameras could enhance their ability to protect detainees from sexual abuse.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): The Agency’s policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI), outlines the Agency’s evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility’s incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement

agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted. IRDF SAAPI SOP states, “To the extent MTC is responsible for investigating allegations of sexual abuse, MTC will follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable. MTC will attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available or unwilling to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified MTC staff member. If an MTC staff member is used to provide services, documentation of qualifications will be maintained. MTC will offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility without financial cost where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. MTC will document efforts to provide SAFEs or SANEs. If requested by the victim, a victim advocate, qualified MTC staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. If MTC is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, MTC will request (through agreement/MOU) that the responsible agency follow PREA requirements for evidence protocol and forensic examinations.” IRDF provided documentation that ICE has reviewed and approved the facility policy. The Auditor reviewed an Operational Agreement between SHC and IRDF. The Operational Agreement confirms SHC will provide victim advocate services to detainees at IRDF that include emotional support, crisis intervention, information, and referrals. The Auditor reviewed a Memorandum of Agreement (MOA) between Pioneers Memorial Healthcare District (PMHD) and IRDF that provides for SANE examinations to be conducted at the hospital. Interviews with the Warden and PSA Compliance Manager confirmed that any allegations would be reported to the ICE/ERO immediately. The Auditor reviewed an email between the Assistant Warden and the Imperial County Sheriff’s Office (ICSO) requesting they follow the provisions of subsections (a) through (d) of the standard. Included was a Memorandum of Understanding (MOU) outlining responsibilities of IRDF and ICSO. Interview with the PSA Compliance Manager further confirmed that IRDF follows a uniform evidence protocol that has been developed in coordination with DHS and is developmentally appropriate for juveniles, although the facility does not house juveniles. Interviews with two medical staff and one mental health staff confirmed that should the detainee consent for an examination they would be transported to PMHD, and the examination would be provided free of cost. A review of eight allegations during the audit period confirmed that no detainee was transported to PMHD for a forensic examination.

Corrective Action:

No corrective action needed.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which states in part that “when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary; b) Notify ERO’s Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding “Protocol on Reporting and Tracking of Assaults” (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG).” IRDF SAAPI SOP states, “The IRDF will ensure that each allegation of sexual abuse or assault is investigated by an appropriate criminal or administrative investigative entity and shall cooperate with all investigative efforts to ensure a thorough and objective investigation. The IRDF will retain reports for as long as the alleged abuser is detained or employed by the facility, plus five years. At any time, a detainee alleges sexual assault or abuse, the IRDF will report the allegation to ICSO and coordinate a sensitive response. All investigations, administrative or criminal, into alleged sexual assault will be prompt, thorough, objective, fair, and conducted by qualified investigators. The IRDF’s PSA Compliance Manager will be responsible to conduct an administrative investigation for all allegations of sexual assault or abuse, once the ICSO completes its investigation. The Facility Administrator will report the incident to the ICE Field Office Director, via the COR. Any case that appears to potentially support criminal prosecution will be referred to the ICSO for investigation. If IRDF staff, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse or assault, the Facility Administrator will ensure that the incident is promptly referred to the ICE Field Office Director, via the COR.” Review of Agency policy, IRDF SAAPI SOP and MTC 903E.02 Sexual Safety in Prisons confirm there is established protocol to ensure all allegations of sexual abuse are investigated by the agency, facility or referred to an appropriate investigative authority. The Auditor reviewed the facility’s website, mtctrains.com/prea/ and the Agency website, www.ice.gov and confirmed that the Agency website includes the Agency’s investigative protocol, and the facility website also includes verbiage that all allegations of sexual abuse will be investigated. The Auditor reviewed all eight investigation files of allegations that occurred during the audit period and confirmed that all allegations included either or both a criminal investigation or an administrative investigation. The Auditor additionally observed file documents that confirmed ICE was notified promptly in each case. Interviews with the Warden and PSA Compliance Manager (who is also the facility investigator) confirmed all allegations of sexual abuse would be referred for investigation and that such records will be maintained in hard copy and electronic format indefinitely. Interviews further confirmed that hard copy files are contained in a locked cabinet with restricted key access. The Warden and PSA Compliance Manager additionally confirmed that when a detainee is alleged to be the perpetrator of detainee sexual abuse or staff member, contractor or volunteer is the alleged perpetrator of detainee sexual abuse, the facility will notify the appropriate ICE FOD and appropriate investigative authority unless the allegation does not involve potentially criminal behavior. The PSA Compliance Manager provided a IRDF PREA Incident File Contents sheet that is contained within each allegation file. The Auditor observed this sheet in all files which included an area to document ICE notification.

Corrective Action:

No corrective action needed.

§115.31 - Staff Training**Outcome:** Meets Standard**Notes:**

(a)(b)(c): IRDF SAAPI SOP states, “The IRDF training will ensure facility staff are able to fulfill their responsibilities under this standard, and will include: The IRDF's zero-tolerance policy for all forms of sexual abuse; Definitions and examples of prohibited and illegal sexual behavior; The right of detainees and staff to be free from sexual abuse, and from retaliation for reporting sexual abuse; Instruction that sexual abuse and/or assault is never an acceptable consequence of detention; How to avoid inappropriate relationships with detainees; Recognition of situations where sexual abuse and/or assault may occur; Working with vulnerable populations and addressing their potential vulnerability in the general population; Recognition of the physical, behavioral and emotional signs of sexual abuse and/or assault and ways to prevent and respond to such occurrences; Requirements to limit reporting of sexual abuse and assault to personnel with a need-to-know in order to make decisions concerning the detainee-victim’s welfare, and for law enforcement/investigative purpose; The investigation process and how to ensure that evidence is not destroyed; Prevention, recognition, and appropriate response to allegations or suspicions of sexual assault involving detainees with mental or physical disabilities; How to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees; Instruction on reporting knowledge or suspicion of sexual abuse and/or assault; and Instruction on documentation and referral procedures of allegations or suspicion of sexual abuse and/or assault.” The Auditor reviewed IRDF’s training curriculum for staff, sign in sheets, staff 40 hr. In-Service Training Certificate forms, and Certificates of Acknowledgement with signatures that staff have received the required PREA training. The Auditor additionally reviewed 15 staff files which confirmed staff have received training at hire date and annually thereafter. An interview with the TO confirmed that staff receive PREA training upon hire and will receive refresher training every year after. Interviews with four DOs confirmed that they receive PREA training annually. Interviews with four ICE DDOs additionally confirmed that all had received PREA training within the last year and receive this training on an annual basis. The Auditor was additionally provided training certificates to confirm completion of the required PREA training.

Corrective Action:

No corrective action needed.

§115.32 - Other Training**Outcome:** Does Not Meet Standard**Notes:**

(a)(b)(c): IRDF SAAPI SOP states, “The IRDF SAAPI training will be included in training for employees, volunteers, and contract personnel and will also be included in annual refresher training thereafter. All volunteers and other contractors who have contact with detainees will be trained on their responsibilities under the IRDF's sexual abuse prevention, detection, intervention and response policies and procedures. The level and type of training for volunteers and contractors will be based on the services they provide and their level of contact with detainees. However, all volunteers and contractors who have any contact with detainees will be notified of the IRDF's zero-tolerance policy and informed on how to report such an incident.” The Auditor reviewed the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers and confirmed the training adheres to all elements required of the standard. After course completion, the attendees are required to sign an acknowledgement of PREA training received. The Auditor additionally reviewed completed sign in sheets for the

training. The Auditor reviewed one commissary contractor and three medical contractor files to confirm training was completed. An interview with the TO confirmed that volunteers and contractors are required to complete PREA training prior to performance of their duties; however, the TO could not confirm other contractors such as outside companies providing one time or other types of infrequent services to the facility have received the mandatory PREA training.

Corrective Action:

(a)(b)(c): The facility has not demonstrated that other contractors have been trained on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. To become compliant the facility must develop procedures to ensure all other contractors who have contact with detainees have been trained on their responsibilities under the agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures. Once developed and implemented, the facility must provide documentation of these procedures and evidence for five other contractors, as defined by paragraph (d) of this standard, to indicate they have received the required training.

§115.33 - Detainee Education

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): IRDF SAAPI SOP states, "Upon admission to the IRDF, all detainees will be notified of the facility's zero-tolerance policy for all forms of sexual abuse and assault through the orientation program, the IRDF's Detainee Handbook and ICE/ERO's National Detainee Handbook and provided with information about the IRDF's SAAPI program. The IRDF's orientation process will include at a minimum: The IRDF's zero-tolerance policy for all forms of sexual abuse or assault; The name of the IRDF's PSA Compliance Manager and information about how to contact him/her; Prevention and intervention strategies; Definitions and examples of detainee on detainee sexual abuse and assault, staff-on-detainee sexual abuse and assault and coercive sexual activity; Explanation of methods for reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact (line officer), their consular official, the DHS/OIG and ICE/OPR investigation process; Information about self-protection and indicators of sexual abuse and assault; Prohibition against retaliation, including an explanation that reporting an assault will not negatively impact the detainee's immigration proceeding; The right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. Detainee notification and orientation will be in a language or manner that the detainee understands, including for those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to detainees who have limited reading skills. The IRDF will maintain documentation of a detainee's receipt of the IRDF Detainee Handbook, which includes the DHS-prescribe Sexual Assault Awareness information pamphlet, and the viewing of the IRDF Orientation video." During the onsite audit the Auditor observed the DHS Sexual Assault Awareness notice in English and Spanish with facility contact name and number, contact information for DHS OIG, reporting numbers for the ICE DRIL and poster for the SHC. Orientation for detainees contains all information required in element (a) of this standard and detainees must sign that they acknowledge this information which documents their participation in the intake process orientation. The Auditor observed the facility handbook provided in English and Spanish. The facility provides PREA specific information in Amharic, Arabic, Armenian, Azerbaijani, Bangla, Chinese, Creole, English, French, Georgian, Hausa, Hindi, Korean, Nepali, Pashto, Persian, Portuguese, Punjabi, Romanian, Russian, Serbian, Somali, Spanish, Swahili, Tamil, Tigrinya, Turkish, Urdu, Uzbek, Vietnamese, and Wolof. The ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese) and the DHS-

prescribed SAA Information pamphlet is available in 15 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. The SAA Informational pamphlets were available on the shared drive for all the languages listed above for printing and distributing to detainees as needed. The Auditor reviewed 21 detainee files and observed all detainees had signed acknowledgements for PREA orientation received at intake. Interviews with 15 detainees confirmed that all had received the ICE National Detainee Handbook in a language they could easily understand.

Corrective Action:

No corrective action needed.

§115.34 - Specialized training: Investigations

Outcome: Meets Standard

Notes:

(a)(b): The Agency policy 11062.2 states, “OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate.” The lesson plan provided for review is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collections, and covers all aspects to conduct an investigation of sexual abuse in a confinement setting. The Agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled residents; and an overall view of the investigative process. The Agency provides rosters of trained investigators on OPR’s SharePoint site for Auditors’ review; this documentation is in accordance with the standard’s requirement. IRDF SA-API SOP states, “In addition to the general training provided to all IRDF employees, the IRDF will provide specialized training on sexual abuse and effective cross-agency coordination to facility’s investigators who conduct investigations into allegations of sexual abuse at immigration detention facilities. This training must cover, at a minimum: Interviewing sexual abuse and assault victims; Sexual abuse and assault evidence collection in confinement settings; The criteria and evidence required for administrative action or prosecutorial referral; and Information about effective cross-agency coordination in the investigation process. The IRDF Training Manager will maintain written documentation verifying all specialized training provided to the facility’s investigators.” The Auditor reviewed the facility investigators’ training certificates which included: PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. Both courses were presented online through the National Institute of Corrections. The Auditor is familiar with this course curriculum and confirmed it meets the requirements of the standard. Review of eight investigation files confirmed the investigations were completed by a qualified investigator. Interview with the PSA Compliance Manager who is a facility investigator and the TO confirmed that training required under this standard has been completed.

Corrective Action:

No corrective action needed.

§115.35 - Specialized training: Medical and mental health care

Outcome: Meets Standard

Notes:

(a): The facility does not employ DHS or Agency employees who serve as full and part-time medical or mental health practitioners, and therefore, this element of the standard is not applicable.

(b)(c): IRDF SAAPI SOP states, “The IRDF medical staff will only provide care within the scope of their training and certification. Where indicated as necessary, advanced care for victims of sexual assault/abuse will be referred to outside providers.” The Auditor reviewed a sign in sheet for all medical staff showing completion of PREA/SAAPI. The specialized training includes how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse. The facility does not conduct forensic examinations. The facility provided documentation that the agency had reviewed and approved IRDF SAAPI policy. The Auditor interviewed three medical/mental health staff, and all confirmed they had completed the required training.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): IRDF SAAPI SOP states, “In accordance with the IRDF's Standard Operating Procedures "Admission and Release" and "Custody Classification System", the IRDF will assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse victims and shall house detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger. The IRDF will also use the information to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival will be kept separate from the general population until he/she is classified and may be housed accordingly. In some cases, segregation may be warranted. The IRDF's initial screening and classifications processes will be completed within 12 hours of admission to the facility. The IRDF will consider detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability; Age of detainee; Physical built and appearance; Previously incarcerated or detained; Nature of criminal history; Any convictions for sex offenses against an adult or child; Self -identification as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Having previously experienced sexual victimization; and The detainee's own concerns about his or her safety. The initial screening will consider prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility, in assessing detainees for risk of being sexually abusive. Utilizing the SRVA form, the CS will reassess each detainee for risk of victimization or abusiveness between 60 and 90 days from the date of the initial assessment, and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. The IRDF will not discipline detainees for refusing to answer or for not disclosing complete information in response to, questions asked pursuant to items 1, 7, 8 and 9 above. Due to the sensitive nature of information gathered during this process, the IRDF staff will be particularly vigilant about maintaining confidentiality and releasing information only for legitimate need-to-know reasons.” The Auditor reviewed an initial Screening for Risk of Victimization and Abusiveness form and ICE Custody Classification Worksheet which confirmed all elements of subsections (c) and (d) are evaluated upon intake. The Auditor reviewed 21 detainee files and confirmed all assessments were completed within 12 hours of admission into the

facility and all reassessments had been completed within the 90-day requirement of the standard. The Auditor reviewed eight investigation files and all detainees received a reassessment required of subsection (e). Interviews with Intake staff, the Classification Supervisor and the PSA Compliance Manager further confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions on the assessment. Interview with the Classification Supervisor additionally confirmed that hard copies of the assessments are kept in detainee files in the locked Classification Office, which the Auditor observed. Interviews also confirmed that access to any alerts input into the system pursuant to this standard are based on job duties and access is given when hired.

Corrective Action:

No corrective action needed.

§115.42 - Use of assessment information

Outcome: Meets Standard

Notes:

(a)(b)(c): IRDF SAAPI SOP states, “IRDF will use the information from the assessment to inform assignment of detainees to recreation and other activities, and voluntary work. When operationally feasible, transgender, and intersex detainees will be given the opportunity to shower separately from other detainees.” The facility provided a written ICE guidance that complements existing ICE Policy 11062.2 providing additional guidance on the subject of Transgender Care. This guidance states, “The TCCC [Transgender Classification and Care Committee] shall generally consider housing the transgender non-citizen according to their preference, including by their gender identity, sex assigned at birth, in protective custody, or in an ICE dedicated housing unit for transgender non-citizens. Placement into administrative segregation due to a non-citizen's identification as transgender should be used only as a last resort and when no other housing option exists. When making the housing decision, the Transgender Classification and Care Committee shall consider the safety and security of the non-citizen, other non-citizens, and the facility staff. All detained transgender non-citizens should be provided with a reasonably private environment for bathing and toilet facilities, consistent with privacy and security considerations afforded to other noncitizens in detention. This is particularly important for this population, as some transgender non-citizens may have undergone surgical procedures as part of their transition.” The Auditor reviewed a memorandum from the facility stating that only one transgender had been housed at the facility during the audit period. The Auditor reviewed the detainee’s Screening for Risk of Victimization and Abusiveness form, ICE Custody Classification Worksheet and email to staff sent by the PSA Compliance Manager concerning the detainee. The detainee was housed in the Special Management Unit until the facility could conduct a Transgender Classification and Care Committee review. The detainee was subsequently released after approximately 48 hours. The Auditor’s file reviews confirmed that the facility utilizes information obtained from the risk screening assessment to make decisions on housing, recreation, voluntary work, and other activities. Interviews with Intake staff, the PSA Compliance Manager and Classification Supervisor confirmed detainee victims or abusers identified during the intake process are housed accordingly when assigning housing, programming, or work. Interview with the PSA Compliance Manager further confirmed that detainees who identify as transgender or intersex during the intake process will receive an assessment every six months while housed at the facility.

Corrective Action:

No corrective action needed.

§115.43 - Protective Custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e): IRDF SA-API SOP states, "Detainees who are determined to be at risk for sexual victimization will be monitored and counseled while in custody and will be placed in the least restrictive housing that is available and appropriate. If appropriate custodial options are not available at the IRDF, the Facility Administrator will consult with the ICE Field Office Director, via the COR, to determine if ICE/ERO can provide additional assistance. Such detainees may be assigned to administrative segregation for protective custody, in accordance to the IRDF Standard Operating Procedure Special Management Unit, only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed a period of 30 days." MTC Special Management Unit SOP states, "The IRDF has developed the following procedures to govern the management of detainees in administrative segregation. These procedures will document detailed reasons for placement of a detainee in administrative segregation. Detainees and the ICE Contracting Officers Representative (COR) will be provided a copy of the administrative segregation order. Use of administrative segregation to protect detainees with special vulnerabilities, including detainees vulnerable to sexual abuse or assault, shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, and as a last resort. Detainees who have been placed in administrative segregation for protective custody will have access to programs, services, visitation, counsel, and other services available to the general population to the maximum extent possible. An IRDF Shift Supervisor will conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. An IRDF Shift Supervisor will conduct an identical review after the detainee has spent seven (7) days in administrative segregation, and every week thereafter, for the first 30 days and every 10 days thereafter, at a minimum. The Facility Administrator must notify the Field Office Director in writing, via the Contracting Officers Representative (COR), as soon as possible, but no later than 72 hours after the initial placement of an ICE detainee in segregation if the detainee has been placed in administrative segregation on the basis of a disability, medical or mental illness, or other special vulnerability, or because the detainee is an alleged victim of a sexual assault, is an identified suicide risk, or is on a hunger strike." MTC and IRDF have written procedures developed governing the management of the facility's administrative segregation unit which also documents detailed reasons for placement in administrative segregation on the basis of vulnerability to sexual abuse or assault. The facility provided documentation ICE has reviewed and approved the policy. The Auditor reviewed a facility memorandum which stated IRDF has not had to place a detainee into protective custody who has been a victim of sexual abuse or assault. However, one transgender detainee was housed in the Special Management Unit based on their potential for vulnerability to sexual abuse until the facility could conduct a Transgender Classification and Care Committee review. The detainee was subsequently released after approximately 48 hours. The Auditor reviewed a blank Administrative Segregation Order, Information Report and Administrative Segregation Review form. These forms would be utilized should a detainee request or the facility place a detainee in Administrative Segregation for vulnerability of sexual abuse or assault. Interviews with the Warden and PSA Compliance Manager confirmed that detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement and detainees would have access to programs, visitation, counsel, and other services available to general population. Reviews would be conducted within 72 hours of placement, every week after placement and then after 30 days a review would be conducted every 10 days. Both interviews additionally confirmed that notification would be made to ICE within 72 hours, and it would be documented.

Corrective Action:

No corrective action needed.

§115.51 - Detainee Reporting**Outcome:** Meets Standard**Notes:**

(a)(b)(c): IRDF SAAPI SOP states, "Detainees will have multiple ways to privately, and if desire, anonymously, report signs or incidents of sexual abuse 115.51 and assault, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that have contributed to such incidents and will not be punished for reporting. Such reporting can be done verbally, written and or telephonically. The IRDF staff, contractors and volunteers will accept any reports made verbally, in writing, anonymously and from third parties. Any reports received verbally must be immediately documented." During the onsite audit the Auditor observed within each housing unit the PREA audit notice in English and Spanish, DHS-prescribed Sexual Assault Awareness notice in English and Spanish with the facility PSA Compliance Manager's name and number, reporting numbers for the DRIL, consulate numbers and DHS OIG number. Detainees have access to the ICE National Detainee Handbook through tablets that are signed out within each housing unit. The Auditor called the SHC number and was able to conduct a telephone interview of the advocate that answered the phone. The interview confirmed SHC would be able to accept detainee reports and they could remain anonymous if requested. The Auditor was also able to contact the DHS OIG office through the numbers provided. The Auditor reviewed the MTC Imperial Regional Detention Facility Detainee Handbook which contains numbers and mailing addresses for the DHS OIG and SHC. The Auditor reviewed eight investigation files and confirmed that all allegations reported verbally were promptly documented. Interviews with the PSA Compliance Manager and four DOs confirmed that detainee reports would be accepted verbally, in writing, anonymously and from third parties and these verbal reports would be promptly documented. Interviews with 15 detainees confirmed that they had knowledge of how to report incidents to staff, but not all could read the posters that were in the housing units. The Auditor was able to confirm through orientation forms those detainees received the ICE National Detainee Handbook in a preferred language which includes the required reporting numbers and a PREA informational sheet in a preferred language with reporting numbers.

Corrective Action:

No corrective action needed.

§115.52 - Grievances**Outcome:** Meets Standard**Notes:**

(a)(b)(c)(d)(e)(f): IRDF SAAPI SOP states, "A formal grievance related to sexual abuse and assault can be filed at any time during, after, or in lieu of lodging an informal grievance or complaint and with no time limit imposed on when a grievance may be submitted. In the event the IRDF receives an emergency grievance involving immediate threat to detainee health, safety, or welfare related to sexual abuse or assault, staff will take immediate action and provide the at risk detainee with safe haven and notify the Shift Supervisor. The emergency grievance will be forwarded to the facility PSACM for investigation. The PSACM will provide the detainee a decision on the grievances within five days of receipt and appeals will be responded to within 30 days. All grievances related to sexual abuse and assault will be forwarded to and reported to ICE/ERO on the "Daily ICE/ERO Grievance Report." The IRDF's decision on any such grievance will be forwarded to the Field Office Director via the COR. Detainees may obtain assistance from another detainee, the housing officer or other facility staff, family members, or legal representatives. IRDF staff will take reasonable steps to expedite requests for assistance from

these other parties.” The Auditor reviewed the IRDF facility handbook which describes the grievance process, a memorandum from the facility stating that there have been no sexual abuse related grievances filed and a grievance form. Detainees may file a grievance through tablets (available in English, French and Spanish) or by written form. Review of facility policies confirm that the facility has implemented written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to a detainee’s health, safety or welfare related to sexual abuse. Interview with the GO confirmed that a detainee can file a grievance at any time without filing an informal first and there is no time limit on when a detainee can file a grievance related to sexual abuse. Should the grievance involve a medical emergency the grievance would be forwarded to the PSA Compliance Manager who would then immediately forward it to the appropriate medical staff. The GO further confirmed that grievances are answered within 5 days and a response to an appeal would be answered within 30 days. All grievances are entered into the computer system and given a grievance number for tracking. Interviews with four DOs confirmed that grievances related to PREA are accepted at any time, and should a grievance indicate a time sensitive issue involving an immediate threat to the detainee’s health, safety, or welfare the detainee would be removed from the area and the grievance forwarded immediately to their supervisor for responsive action. The GO and DOs further confirmed that a detainee may utilize assistance from other detainees, staff, family, or legal counsel to complete a grievance form.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IRDF SA-API SOP states, “When deemed prudent, the multidisciplinary response team will engage the resources of the SHC and ICSO on a case-by-case basis, utilizing available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse and/or assault perpetrators to most appropriately address victims' needs. The IRDF has entered into a memorandum of understanding (MOU) with SHC, a community service provider specializing in post-sexual assault intervention. The IRDF will enable reasonable communication between detainees and SHC in as confidential a manner as possible. The Facility Administrator has made available to detainees the information about SHC who can assist detainees who have been victims of sexual abuse. This information, which includes telephone number, toll-free hotline number and mailing address, is posted on all housing unit bulletin boards and is available in the IRDF Detainee Handbook.” During the onsite audit the Auditor noticed postings for SHC located on the walls within the intake area, holding cells and housing units that contained a mailing address and telephone number for detainee use. The Auditor reviewed an MOU with SHC that confirms this organization provides expertise and support for crisis intervention, counseling and support through the investigation and the prosecution of sexual abuse. Review of IRDF SA-API SOP confirms that the facility has written policies that establish procedures for utilizing SHC. Review of the facility handbook confirmed that telephone numbers and mailing addresses are provided for detainee use. Detainees are notified of tablet or telephone call monitoring through the facility handbook and notices on the telephones. The facility handbook also contains information that if evidence suggests sexual assault or abuse has occurred the facility will report the incident to local law enforcement. The Auditor was able to call SHC during the audit and confirmed that a victim advocate or other qualified representative would be available to accompany a detainee through a forensic examination, emotional support, or crisis intervention and information or referrals would be provided. The advocate further confirmed that should a detainee require in person services they would be allowed to enter the

facility and meet with the detainee. Interview with the PSA Compliance Manager confirmed that SHC would be utilized for services and an MOU is in place. There were eight allegations during the audit period. Documentation confirmed that information about SHC was provided in each case, but the facility does not track if telephone calls were made to this organization. None of the allegations were learned through monitoring communications with outside support services.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting

Outcome: Meets Standard

Notes:

IRDF SAAPI SOP states, “The IRDF's Visitation Packet, which is available to the public, includes instructions on how to report sexual abuse/assault on behalf of a detainee. Detainees are made aware of third-party reporting through the Local Detainee Handbook and Sexual Abuse and Assault Awareness Pamphlet.” During the onsite audit the Auditor observed third party reporting posters in English and Spanish located in the holding cells, intake area and housing units. The Auditor reviewed IRDF’s company website <https://mtctrains.com/prea> and confirmed it contains a link to click to email the MTC PREA Coordinator or the Assistant Coordinator. A review of the ICE web page (www.ice.gov/) confirmed it provides a means for the public to report incidents of sexual abuse/harassment on behalf of any detainee.

Corrective Action:

No corrective action needed.

§115.61 - Staff and Agency Reporting Duties

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): The Agency’s policy 11062.2 mandates, “All ICE employees shall immediately report to a supervisor or a designated official any knowledge, suspicion, or information regarding an incident of sexual abuse or assault of an individual in ICE custody, retaliation against detainees or staff who reported or participated in an investigation about such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.” In addition, ICE Directive 11062.2 states, “If alleged victim under the age of 18 or determined, after consultation with the relevant [Office of Principal Legal Advisor] OPLA Office of the Chief Counsel (OCC), to be a vulnerable adult under state or local vulnerable persons statute, reporting the allegation to the designated state or local services or local service agency as necessary under applicable mandatory reporting law; and to document his or her efforts taken under this section.” IRDF SAAPI SOP states, “IRDF staff will immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or assault, retaliation against individuals who reported an incident, or any staff neglect or violation of responsibilities which may have contributed to an incident or retaliation. The staff member receiving a reported allegation must immediately report the allegation to the Shift Supervisor. Staff will take immediate steps to ensure the victim(s) safety and to prevent further victimization of other detainees or staff. The staff member receiving the report must immediately complete an Incident Report (IR) documenting all pertinent information. The IRDF staff will not reveal any information related to a sexual abuse and assault report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. If the alleged victim is considered a vulnerable adult under a State or local vulnerable person's statute, the IRDF will report that information to the Field Office Director so that ICE can

report the allegation to the designated State or local services agency under applicable mandatory reporting laws.” The facility provided documentation that the PREA policy was reviewed and approved by the agency. The facility had eight allegations during the audit period. Review of the investigative files confirmed that all reporting was conducted timely. None of these allegations involved a victim under the age of 18 or a vulnerable adult. Interviews with four DOs, Intake and Classification staff confirmed that all were knowledgeable in their duty to report any incident or suspicion or retaliation immediately. Staff further confirmed that they would not reveal any information about the report to anyone other than to the extent necessary. Staff additionally were aware that they could report outside of their chain of command to the OIG number. Interviews with the Warden and PSA Compliance Manager confirmed that reports involving a vulnerable adult would be reported to local State agencies as well as ICE. The facility does not house juvenile detainees.

Corrective Action:

No corrective action needed.

§115.62 - Protection Duties

Outcome: Meets Standard

Notes:

IRDF SAAPI SOP states, “The staff member receiving a reported allegation must immediately report the allegation to the Shift Supervisor. Staff will take immediate steps to ensure the victim(s) safety and to prevent further victimization of other detainees or staff.” The facility had eight sexual abuse allegations during the audit period. A review of investigatory documents confirmed that all alleged victims were removed from the situation immediately and provided “safe haven,” a term IRDF utilizes for protection of the detainee. Interviews with the Warden, PSA Compliance Manager and four DOs confirmed that should they become aware that a detainee is subject to a substantial risk of imminent sexual abuse, the detainee would be removed from the situation immediately.

Corrective Action:

No corrective action needed.

§115.63 - Reporting to other Confinement Facilities

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IRDF SAAPI SOP states, “Upon the IRDF staff receiving a notification of an allegation that a detainee abuse confined at another facility, the Facility Administrator will notify the ICE Field Officer Director, via the COR, and the appropriate administrator of the facility where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. This notification will be documented using the PREA Form and maintained in the detainee's detention file. The Facility Administrator will notify the detainee in advance of such reporting. In the event the IRDF receives a report/notification from another facility that a detainee, who was previously detained at the IRDF, is alleging to have been sexually abused or assaulted. The staff member receiving the allegation will immediately notify the PSA Compliance Manager for investigation and reported to the ICE Field Office Director, via the COR.” The Auditor reviewed documentation of a detainee sexual abuse that allegedly occurred at a different facility. The documentation confirmed the Warden at IRDF notified the Warden at the facility the detainee was housed at, and the PSA Compliance Manager notified the ICE PREA Coordinator within 72 hours. During the audit period IRDF has not had any notifications from another facility that an incident happened at their facility. Interviews with the Warden and PSA Compliance Manager

confirmed that should an incident be reported, it would be documented, and an investigation started, following the established investigative protocols.

Corrective Action:

No corrective action needed.

§115.64 - Responder Duties

Outcome: Meets Standard

Notes:

(a)(b): IRDF SAAPI SOP states, “The IRDF will take seriously all statements from detainees claiming to be victims of sexual abuse or assaults and will respond supportively and non-judgmentally. Immediately upon receiving a report of an alleged sexual abuse or assault the IRDF’s first response will be to: Take immediate action and isolate (safe haven) the victim from the alleged perpetrator to ensure his/her safety; If the abuse occurred within a time period that still allows for the collection of physical evidence the IRDF detention officer or non-detention staff member first responder will request the alleged victim not to take any actions that could destroy physical evidence, i.e.: washing, defecating, brushing teeth, smoking, changing clothes, drinking, urinating, eating; refer the victim to medical for a medical examination and/or clinical assessment for potential negative symptoms. If the abuse occurred within a time period that still allows for the collection of physical evidence the IRDF will make every effort to ensure that the alleged abuser does not take any actions that could destroy physical evidence, i.e.: washing, defecating, brushing teeth, smoking, changing clothes, drinking, urinating, eating.” Review of staff and medical training confirmed that all staff are trained to separate, secure, and protect the scene and request the alleged victims not take action and ensure alleged abusers do not take action to destroy potential physical evidence. Interviews with four DOs confirmed that should an incident occur, the parties would be separated, the scene would be secured and protected, and staff would report the incident immediately. Staff further confirmed that they would request the alleged victim not to take actions and ensure the alleged abuser not take any actions to destroy evidence if time still allowed for evidence collection. Interviews with medical staff confirmed that requests would be made for the victim not to take actions to destroy physical evidence and the incident would be reported immediately to security staff. IRDF reported eight allegations during the audit period. The Auditor interviewed a detainee that reported an incident during the audit period which confirmed he was removed from the area immediately and taken to medical. A review of other investigative files confirmed that victim and abuser were separated and if required the crime scene was protected and evidence collected.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated Response

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IRDF SAAPI SOP states, “The IRDF uses a coordinated multidisciplinary team approach when responding to sexual abuse. The team consist of the following: IRDF Shift Supervisor, IRDF PSA Compliance Manager, IRDF Nurse Practitioner, IRDF Mental Health Practitioner.” The IRDF SAAPI SOP additionally states, “When deemed prudent, the aforementioned team will engage the resources of the SHC and ICSO on a case-by-case basis, utilizing available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse and/or assault perpetrators to most appropriately address victims' needs. When a victim is transferred between detention facilities, the IRDF, as permitted by law, will inform the receiving facility of the incident and the victim's

potential need for medical or social services (unless the victim requests otherwise in case of transfer to a non-ICE facility). If the receiving facility is unknown to the IRDF, the facility will notify the Field Office Director, so that he or she can notify the receiving facility. The IRDF will utilize the Detainee Transfer/Service Request Form.” IRDF’s coordinated response plan is laid out in the IRDF SAAPI SOP. This detailed written institutional plan identifies roles and actions that will be assigned to the First Responder, Shift Supervisor, Nurse Practitioner, Warden, Deputy Warden, PSA Compliance Manager, Mental Health Practitioner, and additional roles for SHC and ISCO. Interviews with the Warden and PSA Compliance Manager confirmed the facility would use this plan should an incident occur. The facility provided a memorandum stating that they have not had any detainees transferred between ICE facility or other facilities in which the detainee had a need for services. The facility further provided a Resident Transfer/Service Request that a detainee victim would fill out prior to any transfer. This form has blocks for the detainee to request services at a DHS facility or non-DHS facility or to request that a non-DHS facility not be notified of services. The PSA Compliance Manager provided a detainee file for the Auditor with a notice on the front, “NOTIFY PSA COMPLIANCE MANAGER PRIOR TO TRANSFER.” Classification would notify the PSA Compliance Manager and he in turn would have the detainee fill out the form prior to transfer. The Warden further confirmed that should a detainee be transferred to a DHS facility, IRDF would inform the receiving facility of the detainee’s need for potential medical or social services as requested or if transferred to a non-DHS facility they would provide the same information unless the detainee requested otherwise.

Corrective Action:

No corrective action needed.

§115.66 - Protection of detainees from contact with alleged abusers

Outcome: Meets Standard

Notes:

IRDF SAAPI SOP states, “The IRDF staff, contractors and volunteers suspected of perpetrating sexual abuse or assault will be removed from all duties requiring detainee contact pending the outcome of an investigation. The Facility Administrator will ensure that the incident is immediately referred to the ICE Field Office Director, via the COR and the ICSO if warranted.” Interviews with the Warden and PSA Compliance Manager who is the facility investigator confirmed that any staff, contractor, or volunteer suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of the investigation. IRDF had two allegations of sexual abuse involving a staff member during the audit period. A review of investigatory documents confirmed that both staff members were removed from duties with detainee contact and did not return until the investigation was completed.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation

Outcome: Meets Standard

Notes:

(a)(b)(c): Agency policy 11062.2 mandates, “ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force.” IRDF SAAPI SOP states, “The IRDF staff, contractors, or volunteers will not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual abuse as a result of force, coercion, threats, or fear of force. The IRDF will employ

multiple protection measures such as housing changes, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or for cooperating with investigation. For at least 90 days following a report of sexual abuse or assault, the IRDF, in concert with ICE, will monitor to see if there are facts that may suggest possible retaliation by detainees or staff and will act promptly to remedy any such retaliation. The IRDF will monitor the following: detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments by staff. The IRDF will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.” The Auditor reviewed a PREA Allegation Follow Up form for retaliation monitoring of a detainee or staff member. The form is completed by the PSA Compliance Manager and contains areas for review of disciplinary reports, housing changes, programming reviews, reassignments of staff and a block to indicate if retaliation is present. The form also contains blocks to indicate 30-, 60- or 90-day reviews. The Auditor reviewed seven other investigative files and confirmed retaliation monitoring was conducted on all allegations. There were no reports of retaliation reported during the audit period.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IRDF SA-API SOP states, “Victims and vulnerable detainees will be housed in a supportive environment that represents the least restrictive housing option possible (e.g. in a different housing unit, transfer to another facility, medical housing, or protective custody), and that will, to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. This placement should take into account any ongoing medical or mental health needs of the victim. Victims will not be held for longer than five days in any type of administrative segregation for protective purposes, except in highly unusual circumstances or at the request of the victim. The IRDF will notify the appropriate ICE Field Office Director, via the COR, whenever a detainee victim, or detainee placed due to vulnerability to sexual abuse or assault, has been held in administrative segregation for 72 hours. Victims who are in protective custody after having been subjected to sexual abuse will not be returned to the general population until the completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse or assault.” IRDF provided the Auditor with a blank Administrative Segregation Order that would be used for detainee risk or request. The form has areas for detainee identification, date, reason for placement, personal request for Administrative Segregation and area to describe the circumstances for placement. IRDF provided the Auditor with a memorandum that stated they have not placed any victim of sexual abuse/assault in Special Management for protected custody reasons during the audit period. Although IRDF had eight allegations during the audit period, none of the detainees were placed in any type of protective custody as a result. Interviews with the Warden and PSA Compliance Manager confirmed that detainee victims would be held in the least restrictive environment and would not be held any longer than five days except in unusual circumstances or if the detainee requested it. Interviews additionally confirmed that a reassessment would be completed before returning the detainee to general population. The Warden further confirmed that ICE would be notified should a detainee be held in the Special Management unit for 72 hours.

Corrective Action:

No corrective action needed.

§115.71 - Criminal and administrative investigations

Outcome: Meets Standard

Notes:

(a)(b)(c)(e)(f): IRDF SAAPI SOP states, “The IRDF's PSACM will be responsible to conduct an administrative investigation for all allegations of sexual assault or abuse. The administrative investigation shall commence once the ICSO completes its investigation. Upon conclusion of a criminal investigation, where the allegation is substantiated or unsubstantiated, the IRDF will conduct an administrative investigation. Administrative investigations will be conducted after consultation with ICE/ERO via the COR, and ICSO. The IRDF's administrative investigation includes: 1. Preservation of direct and circumstantial evidence, including any available physical DNA evidence and any available DNA evidence and any electronic monitoring data. IRDF will collect all direct and circumstantial evidence and will request the assistance from ICSO when physical DNA evidence requires collection. All surveillance will be gathered by IRDF and will have it available for during investigation process. 2. Interviewing alleged victims, suspected perpetrators and witnesses, IRDF's PSACM will be responsible to conduct an administrative investigation for all allegations of sexual assault or abuse. 3. Reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. The detention files for all detainees involved in an allegation of sexual abuse or assault will be reviewed. 4. Assessment of the credibility of an alleged victim, suspect or witness, without regard to individual's status as detainee, staff or employee and without requiring any detainee who alleged sexual abuse or assault to submit to a polygraph. 5. An effort to determine whether actions or failures to act at the IRDF contributed to the abuse. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The IRDF will conduct sexual incident reviews within 30 days of allegations for all substantiated and unsubstantiated cases. 6. Documentation of each investigation by written report, which will include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The PSACM will be responsible for gathering all evidence and create an incident report file that will contain the aforementioned information. 7. The IRDF will use no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. The IRDF will retain reports for as long as the alleged abuser is detained or employed by the facility, plus five years. 8. Coordination and sequencing of administrative and criminal investigations to ensure that a criminal investigation is not compromised by an internal administrative investigation.” IRDF SAAPI SOP further states, “When ICSO investigates an alleged sexual abuse and assault, the IRDF will cooperate with ICSO and will attempt to remain informed about the progress of the investigation. The IRDF will also cooperate with any administrative or criminal investigative efforts arising from the incident.” IRDF utilizes two investigators to conduct administrative investigations. Review of all eight investigative files confirmed that all administrative investigations, were completed promptly, thoroughly, objectively and were conducted by specially trained and qualified investigator. Additionally, all files followed the written procedures for administrative investigations and provisions as required by subsection (c) of the standard. An interview with the PSA Compliance Manager, who is the primary facility investigator, confirmed that he has completed the specialized investigator training required under standard 115.34. The investigator further confirmed that should an allegation result in a criminal investigation an administrative investigation would be completed at the conclusion. The investigator confirmed that there are written procedures that would be utilized for administrative investigations and even if the alleged victim or abuser left the facility or control of the facility the investigation would continue until it was

finished. Should a criminal investigation need to be conducted, IRDF would remain informed through telephone calls, emails or in person updates with the ICSO.

Corrective Action:

No corrective action needed.

§115.72 - Evidentiary standard for administrative investigations

Outcome: Meets Standard

Notes:

ICE Policy 11062.2 states, “Administrative investigations imposes no standard higher than the preponderance of the evidence to substantiate an allegation of sexual abuse or assault.” Additionally, the ICE OPR Investigations Incidents of Sexual Abuse and Assault training required for investigators includes the evidentiary standard for administrative investigations. IRDF SAAPI SOP states, “The IRDF will use no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated.” Interview with the PSA Compliance Manager who is the primary facility investigator confirmed there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. The facility had eight allegations of sexual abuse during the audit period. A review of the investigatory documentation confirmed that no standard higher than a preponderance of evidence was utilized to determine the outcome.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees

Outcome: Meets Standard

Notes:

IRDF SAAPI SOP states, “Following an investigation conducted by the IRDF into detainee's allegations of sexual abuse, the IRDF will notify the Field Office Director, via the COR, of the result of the investigation and any responsive actions taken so that the information can be reported to ICE headquarters and to the detainee.” Interview with the PSA Compliance Manager confirmed that once an investigation was completed notification would be made to the detainee if they were still housed at the facility. If a detainee was no longer housed at the facility notification of the completed investigation would be made to ICE/ERO. The facility had eight allegations during the audit period. Review of the investigation files confirmed that if the detainee was still housed at IRDF, notification of the results was given to the detainee by the facility staff. In all cases notification was given to ICE/ERO for detainees not in custody or transferred to a different facility. The Auditor submitted the required Notification of PREA Investigation Result to Detainee Form to the TL; the response confirmed all eight detainees were notified of the results of the investigation.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff

Outcome: Meets Standard

Notes:

(a)(b)(c)(d): IRDF SAAPI SOP states, “The IRDF staff will be subject to disciplinary or adverse action, up to and including removal from their position, for substantiated allegations of sexual abuse or for violating ICE/ERO or the IRDF's sexual abuse rules, policies, or standards. Staff removed from their position is the presumptive disciplinary sanction for those who have engaged in, attempted or threatened to engage in sexual abuse, as

defined under the definition of staff-on-detainee abuse above in section "B. ACTS OF SEXUAL ABUSE AND OR ASSAULT." The IRDF will report all incidents of substantiated sexual abuse by staff, and all removals of staff, or resignations in lieu of removal for violations of sexual abuse policies, to the ICSO unless the activities were clearly not criminal. The IRDF will also report all such incidents of substantiated abuse, removals, or resignations in lieu of removal to the Field Office Director, via the COR, regardless of whether the activities were criminal and will make reasonable efforts to report such information to any relevant licensing bodies, to the extent known." The Auditor was provided documentation that confirms the agency has reviewed and approved IRDF policy. The Auditor reviewed two investigative files that involved staff members, but neither case was substantiated and involved no disciplinary sanctions. A review of IRDF policy confirms it does not contain the verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" or "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." However, as termination is greater than removal from Federal Service, the Auditor finds IRDF SAAP SOP in substantial compliance with the wording required by subsection (b) of the standard. The Auditor reviewed an MTC Notice of Caution (NOC) form which would be utilized for staff disciplinary sanctions. Interview with the Warden confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The Warden further confirmed that removals or resignations are reported to law enforcement unless the incident was clearly not criminal, and efforts will be made to report these types of incidents to the appropriate licensing bodies.

Corrective Action:

No corrective action needed.

§115.77 - Corrective action for contractors and volunteers

Outcome: Meets Standard

Notes:

(a)(b)(c): IRDF SAAPI SOP states, "Contractors suspected of perpetrating sexual abuse or assault will be removed from all duties requiring detainee contact pending the outcome of the investigation. Any contractor or volunteer who has engaged in sexual abuse or assault will be prohibited from contact with detainees. The IRDF will take appropriate remedial measures and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse or assault but have violated other sexual abuse policies. Incidents of substantiated sexual abuse by a contractor or volunteer will be reported to the ICSO, unless the activity was clearly not criminal. The IRDF will also report such incident to the Field Office Director, via the COR, regardless of whether the activity was criminal and will make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known." IRDF did not have any allegations during the audit period that involved a contractor or volunteer. The Auditor reviewed a blank Contractor/Volunteer Action letter which would be utilized to deny entry into the facility for any contractor or staff that has violated MTC policies and/or procedures related to Sexual Assault and Abuse Prevention and Intervention. Interview with the Warden confirmed that any contractor or volunteer who has engaged in sexual abuse will be prohibited from any detainee contact and depending on the circumstances would not be able to enter the facility until an investigation is completed. The Warden further confirmed that any contractor or volunteer who engages in sexual abuse would be reported immediately to the Sheriff's Office and any relevant licensing bodies.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f): IRDF SAAPI SOP states, “Detainees will be subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in a sexual abuse or assault. The IRDF will not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse or assault made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. If a detainee is mentally disabled or mentally ill but competent, the disciplinary process will consider whether the detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. For detainee disciplinary procedures and sanctions refer to the IRDF's Standard Operating Procedure Disciplinary System.” IRDF Disciplinary SOP states, “At all steps in the disciplinary process, any sanctions imposed will be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. When a detainee has a diagnosed mental illness or mental disability, or demonstrates symptoms of mental illness or mental disability, a mental health professional, preferably the treating clinician, shall be consulted to provide input as to the detainee's competence to participate in the disciplinary hearing, any impact the detainee's mental illness may have had on his or her responsibility for the charged behavior, and information about any known mitigating factors in regard to the behavior.” The Auditor reviewed the IRDF Disciplinary SOP which includes offense 101, Assaulting any person (includes sexual assault) as one of the most severe actions. Lesser offenses include engaging in sexual acts, making sexual proposals or threats and indecent exposure. The Auditor reviewed an Institution Disciplinary Panel Report form. The form is utilized to document the rule violation, evidence to support findings, sanction imposed, blocks for information about disciplinary segregation, date and time of disciplinary hearing and signature lines for staff and detainee. The Warden reviews all sanctions and can concur with findings, terminate proceedings, or impose alternative sanctions. Interview with the Disciplinary Officer confirmed that a detainee’s mental disability or illness would be considered in determining sanctions, a detainee would not be disciplined for sexual contact with a staff member unless the contact was coerced, and reports made in good faith and later found to have insufficient evidence to substantiate the investigation would not constitute falsely reporting an incident or lying. Interviews with the Warden and PSA Compliance Manager confirmed that the disciplinary process is progressive with increasing sanctions and an appeals process is in place. There were six allegations of sexual abuse investigated within the audit period involving a detainee-on-detainee allegation of which one was substantiated. The detainee was subjected to disciplinary action which included removal of his job position and loss of privileges. The sanctions imposed were commensurate with the prohibited act and adhered to the facility’s disciplinary process.

Corrective Action:

No corrective action needed.

§115.81 - Medical and mental health screening; history of sexual abuse

Outcome: Meets Standard

Notes:

(a)(b)(c): IRDF SAAPI SOP states, “If a detainee discloses or the screening indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, the IRDF staff will, as appropriate, ensure that the detainee is immediately referred to a qualified medical and mental health practitioner for follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee will receive a health evaluation no

later than two working days from the date of assessment. When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.” The facility provided an email thread in which intake staff notify the PSA Compliance Manager, Medical, Mental Health staff and others with an operational need-to-know of affirmative answers to victimization or abusiveness on the intake form. There is a block on the intake assessment that staff can document the date and time of referral to medical and mental health. Interview with intake staff confirmed this process and the Auditor observed emails for past notifications on the intake staff’s computer. Interviews with two medical staff and one mental health staff confirmed that upon referral medical would complete an evaluation within two working days and mental health would complete an evaluation within three working days.

Corrective Action:

No corrective action needed.

§115.82 - Access to emergency medical and mental health services

Outcome: Meets Standard

Notes:

(a)(b): IRDF SAAPI SOP states, “The IRDF will provide detainee victims of sexual abuse and assault with timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexual transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All treatment services, both emergency and ongoing, will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The IRDF's Medical Department will provide such victims with medical and mental health services consistent with the community level of care.” The Auditor reviewed an MOU between IRDF and PMHD that provides for SAFE/SANE services in the event of a sexual assault. Review of an MOU between IRDF and SHC additionally confirmed that crisis intervention services would be provided to detainees. Interviews with two medical staff confirmed that treatment plans prescribed by PMHD would be continued at the facility and emergency treatment is provided without cost and whether the detainee cooperates with the investigation. Review of all eight investigation files reported during the audit period confirmed that detainees were brought to medical, triaged for medical or mental health as requested and then given information for the next steps. None of the eight allegations required the use of a SANE/SAFE examination.

Corrective Action:

No corrective action needed.

§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers

Outcome: Meets Standard

Notes:

(a)(b)(c)(d)(e)(f)(g): IRDF SAAPI SOP states, “The IRDF's Medical Department will coordinate with ICE/ERO to offer medical and mental health evaluations and, as appropriate, treatment to all detainees who have been victimized by sexual abuse while detained in immigration detention. The IRDF's evaluation and treatment of such victims will include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. The IRDF's Medical Department will offer detainee victims of sexually abusive vaginal penetration by a male abuser, while detained, pregnancy test. If pregnancy results from an instance of sexual abuse, the IRDF's Medical Department will provide the victim with timely and comprehensive information about lawful pregnancy-related medical services, as well as timely access to all lawful pregnancy-related medical services. The IRDF's Medical Department will offer detainee victims of sexual abuse, while detained, test for sexually transmitted infections as

medically appropriate. All treatment services, both emergency and ongoing, will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The IRDF's Medical Department will provide such victims with medical and mental health services consistent with the community level of care.” The Auditor reviewed eight investigation files. All files confirmed that medical and mental health service were offered following an allegation. The Auditor was able to interview one detainee that reported abuse and he confirmed that medical and mental health services were offered. Interviews with two medical staff and one mental health staff confirmed that detainees are provided services consistent with care in the community, that females would be offered pregnancy tests, comprehensive pregnancy-related education and timely access and comprehensive education about lawful pregnancy-related services. Services would also include tests for sexually transmitted infections. All treatment would be free of cost to the detainee whether they cooperate with the investigation. Interview with Mental Health staff further confirmed that detainee-on-detainee abusers are also referred to mental health for evaluations; if they accept services, they are seen within the 60 days required of this standard.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident review

Outcome: Meets Standard

Notes:

(a)(b)(c): IRDF SAAPI SOP states, “The IRDF will conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault. Regardless of whether the investigation results are substantiated or unsubstantiated the IRDF's PSACM will prepare a written report within 30 days of the conclusion of the investigation. The report will include recommendations, revealed by the allegation or investigation, to change policy or practice that could better prevent, detect or respond to sexual abuse and assault. The IRDF will implement the recommendations for improvement or will document its reasons for not doing so in a written response. Both the report and response will be forwarded to the Field Office Director, via the COR, for transmission to the ICE/ERO PSA Coordinator. The IRDF will also provide any further information regarding such incident reviews as requested by the ICE/ERO PSA Coordinator.” The Auditor reviewed eight investigation files and confirmed a sexual abuse incident review was conducted at the conclusion of each investigation to include unfounded cases. The Auditor reviewed the Sexual Abuse or Assault Incident Review Form utilized by the facility, which is the U.S. Immigration and Customs Enforcement, Enforcement and Removal Operations form. The review team considers if the incident was motivated or caused by race, ethnicity, gender identification or any other group dynamics. This form also considers if recommendations for policy or procedural changes are warranted, and all other requirements needed for subsection (b) of this standard. The facility also provided the IRDF Annual PREA report which documented all allegations during the fiscal year and findings, if there were any recommendations to policy, procedures, or practices. The report additionally discussed camera system installation and past or future PREA inspections. This report was sent to the FOD Designee, ERO PREA Coordinator and the facility administrator. Interviews with the Warden and PSA Compliance Manager confirmed that sexual abuse incident reviews are conducted within 30 days upon conclusion of the investigation, which was further supported by documentation in the files. Staff confirmed that an annual review would be conducted, and a report prepared and forwarded to required ICE personnel even if the facility had no reports of sexual abuse during the reporting period.

Corrective Action:

No corrective action needed.

§115.87 - Data collection

Outcome: Meets Standard

Notes:

(a) IRDF SA-API SOP states, "The IRDF will maintain in the Facility Administrator's office all case records associated with claims of sexual abuse or assault, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment, if necessary." Interview with the PSA Compliance Manager confirmed that case records associated with claims of sexual abuse are secured in a locked cabinet.

Corrective Action:

No corrective action needed.

§115.201 - Scope of Audit

Outcome: Meets Standard

Notes:

(d)(e)(i)(j): The Auditor was able to observe all areas of the audited facility. All policies, memorandums, staff files, records and other relevant documentation were provided for review to complete a thorough audit. Audit notice signs were posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor was allowed to interview staff and detainees in private. The Auditor did not receive correspondence from any detainee, staff, or outside entity prior to the onsite audit.

Corrective Action:

No corrective action needed.

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.

Jodi Upshaw

12/12/2023

Auditor's Signature & Date

(b) (6), (b) (7)(C)

12/12/2023

Program Manager's Signature & Date

(b) (6), (b) (7)(C)

12/12/2023

Assistant Program Manager's Signature & Date