Office of Professional Responsibility

CAP Final Determination Report and PREA Compliance Audit Report

Florence Service Processing Center

August 12 - 14, 2025

U.S. Immigration and Customs Enforcement

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

Homeland Security

AUDITOR INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Phoenix Field Office		
Field Office Director:	John Cantu		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	2035 North Central Avenue, Phoenix, AZ 85004		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Florence Service Processing Center		
Physical address:	3250 North Pinal Parkway Florence, Arizona 85132		
Telephone number:	520-868-8377		
Facility type:	Service Processing Center		
PREA Incorporation Date:	6/11/2015		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C) or tap here to enter text.	**Title:**	Officer in ChargeClick or tap here to enter text.
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	520-868-
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
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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 Florence Service Processing Center met 29 standards, had 1 standards that exceeded, had 2 standard that was non-applicable, and had 9 non-compliant standards. As a result of the facility being out of compliance with 9 standards, the facility entered into a 180-day corrective action period which began on January 26, 2026, and ended on July 25, 2026. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

Number of Standards Initially Not Met: 9

- §115.13 - Detainee supervision and monitoring.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.53 - Detainee access to outside confidential support services.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

Number of Standards Exceeded: 0

Number of Standards Met: 9

- §115.13 - Detainee supervision and monitoring.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.33 - Detainee education.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.53 - Detainee access to outside confidential support services.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.86 - Sexual abuse incident reviews.

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.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a)(b)(c): The FSPC PAQ indicates the facility employs (b) (7)(E) employees who may have reoccurring contact with detainees consisting of (b) (7)(E) AGS security staff ((b) (7)(E) males and (b) (7)(E) females) and (b) (7)(medical and (b) mental health staff employed by IHSC and contracted through the United States Public Health Service (USPHS) and the Arora Group. Additional staff include food service employed by AGS, maintenance staff employed by ICE and contracted through Satellite Services, Inc., and religious services contracted through Jesuit Refugee Service USA. According to the PAQ security staff work in three shifts (b) (7)(E) . Although the PAQ indicates there are no volunteers at the facility. (b) (7)(E) [redacted] The Auditor reviewed a memorandum to file which states, "(a) The facility follows all DHS policy, directives and guidelines regarding detainee supervision levels and (b) (7)(E) [redacted], the facility took into consideration any judicial findings of inadequacy. (c) The physical layout of the facility has not changed since its construction, and this was taken into consideration in determining adequate levels of detainee supervision and (b) (7)(E) . (d) In determining adequate levels of detainee supervision (b) (7)(E) (b) (7)(E) the facility took into consideration the composition of the detainee population consisting of only ICE detainees. (e) The prevalence of substantiated and unsubstantiated incidents of sexual abuse was taken into consideration in determining adequate levels of detainee supervision (b) (7)(E) . (f) The facility took into consideration the findings and recommendations of sexual abuse incident review reports in determining adequate levels of detainee supervision and (b) (7)(E) . (g) Any other relevant factors, including but not limited to the length of time detainees spend in agency custody, was taken into consideration in determining adequate levels of detainee supervision and (b) (7)(E) ." Interviews with the AFOD and PSA Compliance Manager indicated FSPC maintains adequate staffing levels (b) (7)(E) to sufficiently monitor the detainees and protect them from sexual abuse. Interviews with the AFOD and PSA Compliance Manager further indicated comprehensive detainee supervision guidelines have been developed, are reviewed, and if need be, updated annually. During the on-site audit, the Auditor reviewed the facility comprehensive supervision guidelines and confirmed the most recent review was completed in March 2025. (d): FSPC policy 2.11 states, "When a shift Supervisory Detention and Deportation Officer (SDDO) is on site they are required to perform daily unscheduled visits to the following: Housing Units; Special Housing Units; TIF Trailer; Food Service; and Recreation Areas. When a shift SDDO is on site, unannounced visits will occur once per shift in order to encourage informal communication between staff and detainees and to unofficially observe living and working conditions. Additionally, the Deputy Field Office Director (DFOD) and the Assistant Field Office Director (AFOD), will make weekly unannounced visits to all areas of the facility. Facility staff will ensure that these visits are recorded in the area/unit's logbook." However, a review of FSPC policy 2.11 confirmed the policy does not include unannounced security inspections include "to identify and deter" sexual abuse. An interview with a facility

Lieutenant who conducts unannounced security inspections indicated supervisors conduct unannounced security inspections at irregular times, every day and, on every shift, which are documented in the facility logbooks in red ink; however, the Lieutenant had a difficult time articulating unannounced security inspections are to be conducted specifically to identify and deter sexual abuse. During interviews with a facility Lieutenant who conducts unannounced security inspections and four random DOs it was confirmed staff could not articulate subsection (d) of the standard which requires the facility prohibit staff from alerting others that the unannounced rounds are occurring. During the on-site audit, the Auditor reviewed facility logbooks and confirmed supervisory staff conduct unannounced security inspections every day, at irregular times, and on every shift; however, a review of facility logbooks could not confirm unannounced security inspections are conducted to identify and deter sexual abuse of the detainees.

Corrective Action:

The facility is not in compliance with subsection (d) of the standard. A review of FSPC policy 2.11 confirmed the policy does not include unannounced security inspections include "to identify and deter" sexual abuse. An interview with a facility Lieutenant who conducts unannounced security inspections indicated supervisors conduct unannounced security inspections every day, at irregular times, and, on every shift, which are documented in the facility logbooks in red ink; however, the Lieutenant had a difficult time articulating unannounced security inspections are to be conducted specifically to identify and deter sexual abuse. In an interview with a facility Lieutenant who conducts unannounced security inspections and four random DOs it was confirmed staff could not articulate subsection (d) of the standard which requires the facility prohibit staff from alerting others that the unannounced rounds are occurring. During the on-site audit, the Auditor reviewed facility logbooks and confirmed supervisory staff are conducting unannounced security inspections, every day, at irregular times, and on every shift; however, a review of facility logbook could not confirm unannounced security inspections are conducted to identify and deter sexual abuse of the detainees. To become compliant, the facility must implement a procedure which requires staff to conduct frequent unannounced security inspections to identify and deter sexual abuse of the detainees and to ensure staff is prohibited from alerting other staff the unannounced security inspections are occurring, unless such an announcement is related to the legitimate operational functions of the facility. Once implemented, the facility must submit documentation which confirms all applicable staff have received training in the implemented procedures. In addition, the facility must submit security inspection logs for five consecutive days from every shift to confirm unannounced security inspections are being conducted to identify and deter sexual abuse.

Corrective Action Taken:

3/21/2026 The facility submitted updated FSPC policy 2.11. The Auditor reviewed the updated policy and confirmed the policy includes unannounced security inspections are “to identify and deter” sexual abuse and unannounced security inspections are to be conducted every day on every shift. A review of updated policy 2.11 further confirms the policy does not include unannounced security inspections are to be conducted at irregular times; however, the deficiency lies with staff having difficulty articulating the standard’s requirement “unannounced security inspections are to be conducted specifically to identify and deter sexual abuse”; and therefore, the Auditor accepts the facility has implemented procedure which requires staff to conduct frequent unannounced security inspections to identify and deter sexual abuse. In addition, a review of updated policy 2.11 further confirms the updated policy includes the facility prohibits staff from alerting others unannounced security inspections are occurring. The facility submitted logbooks depicting five consecutive days. The Auditor reviewed the submitted logbooks and confirmed unannounced security inspections had been completed every day, on each shift, and at irregular times. 5/20/2026 The facility submitted a training email with read receipt tracking and updated policy and sign-in sheets for shift supervisors. 6/30/2026 The facility submitted read receipts. The Auditor reviewed the read receipts and confirmed 12 out of 20 officers have read the attached updated policy 2.11 which requires staff is prohibited from alerting others unannounced security inspections are occurring. The Auditor now accepts the facility is working towards training all officers on updated policy 2.11; and therefore, no longer requires documentation to confirm all applicable staff receive training on security staff is prohibited from alerting others unannounced security inspections are occurring. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (d) of the standard.

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

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

Notes:

(a)(b): FSPC policy 2.11 states, "The facility shall 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. Such steps shall include, 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. 1. Providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. 2. Providing access to written materials related to sexual abuse in formats or through methods that ensure effective communication. The facility shall 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." Interviews with the PSA Compliance Manager, an Intake Lieutenant, and four random DOs indicated during intake reasonable accommodations are made to ensure detainees have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, and an ICE Effective Communication card for those detainees who are deaf or hard of hearing. For those detainees who have limited reading skills or are limited English proficient (LEP), staff will utilize the facility language line to interpret the information or if available, a staff interpreter who is proficient in the detainee's preferred language. If a detainee is blind or has limited sight, staff would read the information to the detainee and if a detainee has intellectual, psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. An interview with the Intake Lieutenant indicated during intake detainees are provided the ICE National Detainee Handbook, a Florence Detention Center (FDC) Handbook, and a DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. An interview with the Intake Lieutenant further indicated a FDC Orientation Video, available in English, Spanish, and Punjabi, is played for detainees during the intake process and every morning on the dormitory TVs and if a detainee's preferred language is other than English, Spanish, or Punjabi, a video transcript is provided in their preferred language. During the subsequent on-site audit, the Auditor observed the ICE National Detainee Handbook, available in 19 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof, and O'egchi' (Kekchi), the FDC Handbook, available in 15 languages to include English, Spanish, Arabic, Chinese, French, Georgian, Hindi, Portuguese, Romanian, Bengali, Punjabi, O'egchi' (Kekchi), Russian, Sin Hala, and Tami and the DHS-prescribed SAA Information pamphlet, available in 17 languages which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam and Wolof. During the on-site audit, the Auditor reviewed 20 detainee files, and an additional 5 files were reviewed during the subsequent on-site audit. A review of 25 detainee files confirmed the files contained an FSF Detainee Summary Supplement Form which contains a detainee Acknowledgement which states, "By signing below, I am acknowledging that I was provided with the following notifications, instructions or demonstrations for the following items FDC Detainee Handbook and the language the detainee handbook was provided, viewed or read the FDC orientation video or video transcript and the sexual assault and abuse prevention and intervention pamphlet." A review of the form further confirms the form states, "All of the above was provided and communicated to me in a language or manner I could understand. During the subsequent on-site audit, the Auditor observed a detainee whose preferred language was Spanish going through his intake into the facility and confirmed the detainee received the ICE National Detainee Handbook, the FDC Detainee Handbook, and the DHS-prescribed SAA Information pamphlet in his preferred language; however, during the initial on-site audit the Auditor interviewed

24 detainees (20 Spanish, 1 Punjabi, 1 Arabic, 1 Russian and 1 Turkish) and after showing the interviewed detainees the written materials, the Auditor confirmed all 24 detainees indicated they did not receive an ICE National Detainee Handbook, a FDC Detainee Handbook, or the DHS-prescribed SAA Information pamphlet. (c): FSPC policy 2.11 states, "In matters relating to allegations of sexual abuse, staff shall employ effective expressive and receptive verbal communication techniques while communicating with detainees with disabilities in accordance with professionally accepted standards of care. The facility shall 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 DFOD determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, 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." Interviews with four random DOs confirmed they could utilize another detainee for interpretation during an allegation of sexual abuse if the detainee victim expressed a preference and it was approved by their supervisor and ICE staff. During the on-site audit, the Auditor reviewed four sexual abuse allegation investigation files and confirmed none of the detainee victims, or witness interviews, included the use of another detainee for interpretation purposes.

Corrective Action:

The facility is not in compliance with subsections (a) and (b) of the standard. During the subsequent on-site audit, the Auditor observed a detainee whose preferred language was Spanish going through his intake into the facility and confirmed the detainee received the ICE National Detainee Handbook, the FDC Detainee Handbook, and the DHS-prescribed SAA Information pamphlet in his preferred language; however, during the initial on-site audit the Auditor interviewed 24 detainees (20 Spanish, 1 Punjabi, 1 Arabic, 1 Russian and 1 Turkish) and after showing the interviewed detainees the ICE National Detainee Handbook, the FDC Detainee Handbook, and the DHS-prescribed SAA Information pamphlet confirmed all 24 detainees indicated they did not receive any of the written material. To become compliant, the facility must submit documentation to confirm all staff who may be assigned to intake receive training in the facility's intake procedure to ensure, during intake, detainees with disabilities to include detainees who are deaf, hard of hearing, have low vision, blind, limited reading skills, LEP, may have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the Agency's and FSPC's efforts to prevent, detect, and respond to sexual abuse. The facility must submit the files of five detainees which include detainees who are disabled as described in subsection (a) of the standard or who do not speak English or Spanish, to confirm the FSPC has implemented a procedure to ensure all detainees have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect and respond to sexual abuse.

Corrective Action Taken:

3/21/2026 The facility submitted five detainee Summary Supplement Forms which included one Vietnamese detainee, one Russian detainee, one Uzbek detainee, one Chinese detainee, and one Turkish detainee. The Auditor reviewed the forms and confirmed all detainees were provided the ICE National Detainee Handbook and the DHS-prescribed Sexual Assault and Abuse (SAA) Information Pamphlet in their preferred language. The facility further submitted the file of one deaf mute detainee whose preferred language was Spanish. The Auditor reviewed the file and confirmed the detainee received the information in his preferred language, Spanish.
5/20/2026 The facility submitted AGS Intake training and sign-off sheets. The Auditor reviewed the AGS Intake training and sign-off sheets and confirmed all staff who may be assigned to Intake received training on the standard’s requirements to ensure, during intake, detainees with disabilities to include detainees who are deaf, hard of hearing, have low vision, blind, limited reading skills, LEP, may have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the Agency’s and FSPC’s efforts to prevent, detect, and respond to sexual abuse and were advised the facility shall maintain documentation of detainee participation in the instruction process; however, the Auditor requires the facility submit documentation to confirm all staff who may be assigned to intake received training in the facility’s intake procedures to ensure, during intake, detainees with disabilities to include detainees who are deaf, hard of hearing,

have low vision, blind, limited reading skills, LEP, may have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the Agency's and FSPC's efforts to prevent, detect, and respond to sexual abuse. The facility submitted refresher training which included admission and release, classification systems. The Auditor reviewed the refresher training and confirmed the training includes the facility's procedures to ensure, during intake, detainees with disabilities to include detainees who are deaf, hard of hearing, have low vision, blind, limited reading skills, LEP, may have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the Agency's and FSPC's efforts to prevent, detect, and respond to sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a) and (b) of the standard.

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

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

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided Policy 11062.2, which states in part, "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)." FSPC policy 2.11 states, "Alleged Detainee Perpetrator-When a detainee(s) is alleged to be the perpetrator, it is the DFOD's responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation (if the incident is potentially criminal), reported to the Field Office Director, who shall report it to the Office of Professional Responsibility (OPR) Joint Intake Center, and is promptly reported to ICE through the SEN (Significant Event Notification) system. Alleged Staff Perpetrator-When an employee, contractor or volunteer is alleged to be the perpetrator of detainee sexual abuse and/or assault, it is the DFOD's responsibility to ensure that the incident is promptly referred to the appropriate law enforcement agency having jurisdiction for investigation (if the incident is potentially criminal) and reported to the Field Office Director, who shall report it to the OPR Joint Intake Center. The local government entity or contractor that owns or operates the facility shall also be notified. At a minimum, the following shall be notified immediately: The highest-ranking ICE official on duty; The Deputy Field Office Director (DFOD); and The Field Office Director (FOD). The FOD shall notify: The Deputy Assistant Director, Detention Management Division; The ICE Office of Professional Responsibility (OPR). OPR will refer the matter to the DHS Office of the Inspector General (OIG); and The DFOD or FOD shall also refer the matter to the FBI (or other appropriate law enforcement agency)." FSPC policy 2.11 further states, "If a detainee alleges sexual abuse or assault, a sensitive and coordinated response is necessary. The facility shall coordinate with ICE and the Florence Police Department or other appropriate investigative agencies to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse." Interviews with the AFOD, PSA Compliance Manager, and facility PREA Investigator indicated criminal allegations are investigated by the FPD and once FPD informs the facility a criminal investigation will be completed, or they declined to conduct an investigation, the facility PREA Investigator will immediately begin an administrative investigation. During the on-site audit, the Auditor reviewed four sexual abuse allegation investigation files and confirmed each allegation of sexual abuse had been reported to the FPD, ICE OPR, and JIC. A review of four sexual abuse allegation investigation files further confirmed an administrative investigation had been completed by a facility PREA Investigator. The Auditor reviewed the Agency website (https://www.ice.gov/prea) and confirmed the Agency policy 11062.2 has been posted on the site; however, a review of the facility website (https://www.ice.gov/detain/detention-facilities/florence-spc) confirmed FSPC policy 2.11 has not been posted.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. A review of the facility website (https://www.ice.gov/detain/detention-facilities/florence-spc) confirmed FSPC policy 2.11 has not been posted on the website. To become compliant, the facility must submit documentation which confirms FSPC policy 2.11 has been posted on the facility website.

Corrective Action Taken:

5/20/2026 The facility submitted a link to the Florence Service Processing Center/ICE. The Auditor reviewed the link and confirmed FSPC protocol has been posted on the website. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the standard.

§115.33 - Detainee education.

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

Notes:

(a)(b)(c)(d)(e)(f): FSPC policy 2.11 states, "Upon admission, during the intake process, detainees will receive information about the facility's Sexual Abuse and Assault Prevention and Intervention Program (SAAPI). This will include: 1. The facility's zero-tolerance policy for all forms of sexual abuse or assault; 2. Prevention and intervention; 3. Definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual activity; 4. Explanation of the ways of reporting sexual abuse or assault, including one or more staff members other than an immediate point-of-contact officer, the Detention and Reporting Information Line (DRIL), and the investigation process; 5. Information on self-protection and indicators of sexual abuse; 6. Prohibition against retaliation, including an explanation that reporting an assault shall not negatively impact the detainee's immigration proceedings; and 7. Right of a detainee who has been subjected to sexual abuse to receive treatment and counseling. The facility's Sexual Abuse and Assault Prevention and Intervention Program provides detainees who are victims of sexual abuse or assault an option to report the incident or situation to a designated staff member other than an immediate point-of-contact line officer (for example, the program coordinator or a mental health specialist). Detainees will also be informed that they can report any incident or situation regarding sexual abuse, assault or intimidation to any staff member, the DHS Office of Inspector General, and the Joint Intake Center. During the intake process all detainees will receive written information which includes the same issues listed in the section above. 1. FSPC Detainee Handbook, 2. ICE National Detainee Handbook, 3. Sexual Assault Awareness Information pamphlet. As part of the orientation process, during intake, staff will also show a DVD presentation and conduct a brief version of the same presentation to all detainees covering the same issues listed in the section above including: 1. Provide instructions on how detainees may contact their consular official, the DHS Office of Inspector General, or as appropriate, another designated office, to confidentially and, if desired, anonymously report these incidents. 2. Inform the detainees of at least one way to report sexual abuse to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward detainee reports of sexual abuse to agency officials, allowing the detainee to remain anonymous upon request." FSPC policy 2.11 further states, "A Sexual Assault Awareness notice is posted in English and Spanish in all housing units to include the name of the facility PSA Compliance Manager. Additionally, posted in the housing units is information about local organizations that can assist detainees who have been victims of sexual assault, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). This information will be provided in English and Spanish and to other segments of the detainee population with limited English proficiency, through translations or oral interpretation. Interviews with the PSA Compliance Manager, an Intake Lieutenant, and four random DOs indicated during intake reasonable accommodations are made to ensure detainees have an equal opportunity to participate in or benefit from all aspects of the Agency's and facility's efforts to prevent, detect, and respond to sexual abuse to include but not limited to, the use of a teletypewriters (TTY) or Telecommunication device for the deaf (TDD) phone, and an ICE Effective Communication card for those detainees who are deaf or hard of hearing. For those detainees who have limited reading skills or are limited English proficient (LEP), staff will utilize the facility language line to interpret the information or if available, a staff interpreter who is proficient in the detainee's preferred language. If a detainee is blind or has limited sight, staff would read the information to the detainee and if a detainee has intellectual,

psychiatric, or other disabilities, staff will seek the assistance of medical or mental health staff to ensure effective communication is established. An interview with the Intake Lieutenant indicated during intake detainees are provided the ICE National Detainee Handbook, a Florence Detention Center (FDC) Handbook, and a DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet. An interview with the Intake Lieutenant further indicated a FDC Orientation Video, available in English, Spanish, and Punjabi, is played for detainees during the intake process and every morning on the dormitory TVs and if a detainee's preferred language is other than English, Spanish, or Punjabi, a video transcript is provided in their preferred language. During the subsequent on-site audit, the Auditor observed the ICE National Detainee Handbook, available in 19 languages, which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam, Wolof, and O'egchi' (Kekchi), the FDC Handbook, available in 15 languages to include English, Spanish, Arabic, Chinese, French, Georgian, Hindi, Portuguese, Romanian, Bengali, Punjabi, O'egchi' (Kekchi), Russian, Sin Hala, and Tami and the DHS-prescribed SAA Information pamphlet, available in 17 languages which included English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Turkish, Vietnamese, Mam and Wolof. The Auditor reviewed the ICE National Detainee Handbook and confirmed the handbook includes information on the Agency's zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, explanation of methods for reporting sexual abuse, information about self-protection, retaliation and reporting sexual abuse will not negatively impact your immigration proceeding and the right to receive treatment and counseling if subjected to sexual abuse. During the on-site audit, the Auditor reviewed 20 detainee files, and an additional 5 files, during the subsequent on-site audit and confirmed the files contained an FSF Detainee Summary Supplement Form which contains a detainee Acknowledgement which states, "By signing below, I am acknowledging that I was provided with the following notifications, instructions or demonstrations for the following items FDC Detainee Handbook and the language the detainee handbook was provided, viewed or read the FDC orientation video or video transcript and the sexual assault and abuse prevention and intervention pamphlet." A review of the form further confirms the form states, "All of the above was provided and communicated to me in a language or manner I could understand." During the subsequent on-site audit, the Auditor observed a detainee whose preferred language was Spanish going through his intake into the facility and confirmed the detainee received the ICE National Detainee Handbook, the FDC Detainee Handbook, and the DHS-prescribed SAA Information pamphlet in his preferred language; however, during the initial on-site audit the Auditor interviewed 24 detainees (20 Spanish, 1 Punjabi, 1 Arabic, 1 Russian and 1 Turkish) and after showing the interviewed detainees the written materials, the Auditor confirmed all 24 detainees indicated they did not receive an ICE National Detainee Handbook, a FDC Detainee Handbook, or the DHS-prescribed SAA Information pamphlet.

Corrective Action:

The facility is not in compliance with subsections (a), (b), (c), and (e) of the standard. During the subsequent on-site audit, the Auditor observed a detainee whose preferred language was Spanish going through his intake into the facility and confirmed the detainee received the ICE National Detainee Handbook, the FDC Detainee Handbook, and the DHS-prescribed SAA Information pamphlet in his preferred language; however, during the initial on-site audit, the Auditor interviewed 24 detainees (20 Spanish, 1 Punjabi, 1 Arabic, 1 Russian and 1 Turkish) and after showing the interviewed detainees the written materials, the Auditor confirmed all 24 detainees indicated they did not receive an ICE National Detainee Handbook, a FDC Detainee Handbook, or the DHS-prescribed SAA Information pamphlet. To become compliant, the facility must submit documentation to confirm all staff who may be assigned to intake have received training in the facility's procedures to ensure during the intake process, all detainees are provided notification, orientation, and instruction in formats accessible to all detainees, including those who are LEP, deaf, visually impaired, or otherwise disabled, as well as detainees who have limited reading skills, to include the Agency's and the facility's zero-tolerance policies for all forms of sexual abuse and includes at a minimum instruction on prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse; explanation of methods for reporting sexual abuse, including any staff member other than an immediate point of contact line officer, the DHS Office of

Inspector General, and the Joint Intake Center, information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse will not negatively impact the detainee's immigration proceedings; the right of a detainee who has been subjected to sexual abuse to receive counseling and treatment, and to ensure the DHS-prescribed SAA Information pamphlet is made available and distributed to detainees in a manner all detainees can understand. In addition, the facility must submit the files of five detainees to include detainees who do not speak English or Spanish, or are otherwise disabled, to confirm detainees are provided notification, orientation, and instruction in formats accessible to all detainees, including those who are deaf, visually impaired, or otherwise disabled, as well as detainees who have limited reading skills, the detainee's participation is documented, and the DHS-prescribed SAA Information pamphlet is made available and distributed to all detainees in a manner all detainees can understand.

Corrective Action Taken:

3/21/2026 The facility submitted five detainee Summary Supplement Forms which included one Vietnamese detainee, one Russian detainee, one Uzbek detainee, one Chinese detainee, and one Turkish detainee. The Auditor reviewed the forms and confirmed all detainees were provided the ICE National Detainee Handbook and the DHS-prescribed Sexual Assault and Abuse (SAA) Information Pamphlet in their preferred language. The facility further submitted the file of one deaf mute detainee whose preferred language was Spanish. The Auditor reviewed the file and confirmed the detainee received the information in his preferred language. Spanish. The facility submitted 20 training records. 5/20/2026 The facility submitted the training curriculum for the requirements related to detainees with disabilities and special needs to confirm all staff who may be assigned to intake received training in the facility's intake procedures to ensure, during intake, detainees with disabilities to include detainees who are deaf, hard of hearing, have low vision, blind, limited reading skills, LEP, may have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the Agency's and FSPC's efforts to prevent, detect, and respond to sexual abuse. The Auditor reviewed the curriculum and confirmed the curriculum includes the facility's intake procedures to ensure, during intake, detainees with disabilities to include detainees who are deaf, hard of hearing, have low vision, blind, limited reading skills, LEP, may have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the Agency's and FSPC's efforts to prevent, detect, and respond to sexual abuse. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), (c), and (e) of the standard.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b)(c)(d)(e)(f)(g): FSPC policy 2.11 states, "Detainees shall be screened upon arrival at the facility (within 12 hours) 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. Staff shall also use the information to inform the assignment of detainees to recreation and other activities, and voluntary work. Each new arrival shall be kept separate from the general population until he or she is classified and may be housed accordingly. Staff shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability; The age of the detainee; The physical build and appearance of the detainee; Whether the detainee has previously been incarcerated or detained; The nature of the detainee's criminal history; Whether the detainee has any convictions for sex offenses against an adult or child; Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; Whether the detainee has self-identified as having previously experienced sexual victimization; and The detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing detainees for risk of being sexually abusive. Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked during the initial screening." FSPC policy 2.11 further states, "All staff reporting that a detainee may be a potential sexual assault victim/abuser or who may be at risk sexual victimization, will ensure

that due to the sensitive nature of information, staff must be vigilant about maintaining confidentiality and releasing information only for legitimate need-to-know reasons." In addition, FSPC policy 2.11 states, "At any point during the intake process, staff are made aware of a potential sexual assault victim or abuser, staff are to immediately separate the detainee from all other detainees until a proper review has been conducted by a supervisor. The security shift supervisor, SDDO on duty, Facility PREA Investigator, and PSA Compliance Manager shall be notified immediately. The shift supervisor is responsible for ensuring IHSC and the Criminal Alien Program (CAP) receive the information necessary to be recorded in the detainee's medical record and assessed for the detainee's classification process. The Facility PREA Investigator is responsible for retaining a sexual abuse and assault prevention and intervention log to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness (mental, physical or developmental disability, age, physical build/appearance, detainee self identifies as LGBTQI). The log shall contain at a minimum the following: Detainee Name, Alien Number, Date of Birth, Date of Arrival, Classification Level, Reason, Name of staff reporting information on alleged victim/abuser, Name of staff that have been notified of possible detainee sexual victim/abuser or at increased risk of sexual victimization or abusiveness." FSPC policy 2.2 "Classification System" states, "The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility. If the process takes longer, documentation shall be maintained to explain the cause of the delay and to indicate that the detainee shall be housed appropriately." FSPC policy 2.2 further states, "The facility classification system ensures that a detainee is reclassified any time to correct classification errors, and where there are medically documented changes in the detainee's medical or mental health. Reclassification assessments shall take into account, among other factors, the detainee's risk of victimization or abusiveness. The first reclassification assessment shall be completed 60 to 90 days after the date of the primary assessment." FSPC policy 2.2 further states, "Special reclassification assessments may be completed when there is documentation, or a detainee is suspected of being a victim of an assault, physical abuse or sexual abuse. In these cases, the perception of the detainee's safety and well-being should be taken into consideration." During the subsequent on-site audit, the Auditor observed the intake area where the detainees are processed and classified upon arrival to the facility and confirmed the area has three dormitories which can house up to 100 detainees in each until the completion of the classification process, which can take up to two weeks or longer. Interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant indicated during the intake process detainees are screened for special vulnerabilities which are documented on the ICE RCA. During the on-site audit, the Auditor confirmed the detainee's ICE RCA is stored electronically and can only be accessed with the proper log in information; and therefore, sensitive information cannot be exploited to the detainee's detriment by staff or other detainees. Interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant further indicated the ICE RCA, and the special vulnerability score, are considered when determining the detainee's classification level, if they are likely to be a victim of sexual abuse or a sexual aggressor and the detainee's housing assignment. During the on-site audit, the Auditor reviewed the ICE RCA and confirmed the RCA "special vulnerability" section takes into consideration serious physical illness; serious mental illness; person with a disability; elderly; primary caretaking responsibility; sexual orientation/gender identity; victim of persecution/torture; victim of a crime (which includes have you been the victim of sexual abuse or a violent crime); victim of human trafficking; any other; however a review of the RCA further confirms the special vulnerabilities section does not take into consideration the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained, whether the detainee has any convictions for sex offenses against an adult or child; or the detainee's own concerns about his safety. In addition, a review of the RCA confirms although the detainee's sexual orientation/gender identity is included in special vulnerabilities, there are notes which limit the user from including a positive answer regarding a special vulnerability, for example, if he has a fear of being harmed in detention based on his sexual orientation. The note states, "please check the vulnerability box if the detainee expresses fear of being harmed," which indicates if the detainee has no fear, the vulnerability is not checked. Interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant indicated detainees are not disciplined for refusing to answer or for providing incomplete answers. During the on-site audit, the Auditor reviewed the IHSC Medical Intake Screening form and confirmed the form does not include all elements required for compliance with PREA

Standard §115.41 (c). A review of the IHSC Medical Intake Screening form further confirms the form asks "have you ever been a victim of sexual abuse;" however, only considers those detainees who confirm the abuse occurred during the last six months. During the on-site audit, the Auditor reviewed a medical telephone encounter and confirmed during a medical intake, a detainee reported he had experienced prior sexual abuse which did not occur within the past six months. A review of a medical telephone encounter further confirmed there was no documentation to confirm medical or mental health staff shared the information with Intake staff. During the subsequent on-site audit, the Auditor observed an "incoming" board within the intake area. An interview with an Intake Officer indicated the board is utilized to track incoming detainee's and their progression through the intake process. The Auditor reviewed the "incoming" board and confirmed the board included the date of arrival, the number of detainees received, and the date the intake process is completed. On December 18, 2025, during the subsequent on-site audit, at approximately 10:30 a.m., the Auditor observed a detainee moving through the intake process; however a review of the "incoming" board confirmed the detainee had arrived at the facility on December 17, 2025, at 11:46 a.m. and was removed from one of the dormitories which houses over 100 detainees, who were in various stages of the intake and classification process, or had completed the process, and were waiting to either be released, transported to another facility, or moved to FSPC. During the subsequent on-site audit, the Auditor further observed the detainee listed on the "incoming" board receive PREA orientation documents which he signed for and were placed in his detainee file; however, once completed, the detainee was placed back into the dormitory to wait for Classification staff to complete the classification process which included the initial risk assessment. During the subsequent on-site audit, a medical incident occurred involving a staff member which required emergency medical personnel; and therefore, the Auditor could not observe the remainder of the process; however, the Auditor had already observed the detainee had arrived at the facility approximately 24 hours before the start of the intake process. During the subsequent on-site audit, the Auditor further observed there were additional detainees who arrived on the same transport as the detainee being observed; however, had not yet been processed. During the on-site audit and the subsequent on-site audit, the Auditor requested a roster of detainees who reported prior victimization and a roster of those who identified as likely to perpetrate sexual abuse; however, although a detainee reported a history of sexual abuse during a medical intake, the PSA Compliance Manager indicated the facility has not had a detainee who had reported prior sexual abuse or had prior acts of sexual abuse; and therefore, he could not provide the requested rosters or the sexual abuse and assault prevention and intervention log used to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness. The Auditor reviewed 20 detainee electronic RCA files and confirmed in 7 files the ICE RCA was completed or last updated at another facility, prior to arriving at the intake area of FSPC and in 8 of the files there was an update to the existing RCA, between 3 to 5 days after the detainee arrived. In addition, during the subsequent on-site audit, the Auditor reviewed an additional 5 files, and confirmed the files included a RCA which had been updated between 3 to 5 days after their arrival at the facility; and therefore, the Auditor could not confirm detainees are being assessed on upon intake as required by subsection (a) of the standard. A review of all 25 electronic RCA files further confirmed none of the detainees had been identified as having a special vulnerability. During the subsequent on-site audit, the Auditor interviewed a DO (Classification Officer) who confirmed a special vulnerability is entered only if the detainee indicates he has been sexually abused within an ICE facility or in a prison. Interviews with 24 detainees confirmed 12 detainees stated they had been housed in the intake area for 5 days or less, 6 detainees indicated they were housed in the intake area between 5 and 9 days, and 6 detainees indicated they were housed in the intake area over 10 days, prior to receiving their initial housing. Interviews with 24 detainees further confirmed 2 detainees indicated they had only been asked questions regarding prior sexual abuse by medical staff and 22 detainees indicated they had not been asked any questions related to sexual abuse. In addition, interviews with 24 detainees confirmed 1 detainee disclosed he was gay during medical intake; however, he was not asked about his sexual orientation during the intake process. An interview with one detainee who identified as being gay further confirmed he asked staff if he could be segregated as he feared for his own safety if other detainees discovered he was gay; however, staff stated there were no other accommodations which they could make as a review of the detainee's RCA confirmed there were no special vulnerabilities noted. Interviews with the AFOD, PSA Compliance Manager, and the Intake Lieutenant indicated detainees will be

reclassified between 60 and 90 days after the initial assessment. A review of 20 detainees files indicated 7 of the detainees had been at FSPC for longer than 60 days and had been reclassified between 60 and 90 days; however, the reclassification was conducted utilizing the ICE RCA and did not include a reassessment of the detainee's risk of sexual abuse or abusiveness. During the initial on-site audit, the Auditor reviewed the file of the detainee who identified as being "gay" and confirmed a reassessment was not conducted following receipt of additional information. In addition, the Auditor reviewed four sexual abuse allegation investigation files and could not confirm the detainee's had been reassessed for victimization or abusiveness following an incident of sexual abuse. The Auditor did not make a compliance determination for provision (c) bullet (7) related to consideration of transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with Executive Order (E.O.) 14168. The Auditor did not make a compliance determination for provision (f) bullet (7) related to consideration of transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E. O. 14168.

Corrective Action:

The facility is not in compliance with subsections (a), (b), (c), (d), and (e) of the standard. Interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant indicated the ICE RCA, and the special vulnerability score, are considered when determining the detainee's classification level, if they are likely to be a victim of sexual abuse or a sexual aggressor and the detainee's housing assignment. The Auditor reviewed the ICE RCA and confirmed the RCA "special vulnerability" section does not take into consideration the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained, whether the detainee has any convictions for sex offenses against an adult or child; and the detainee's own concerns about his safety. In addition, a review of the RCA confirms although the detainee's sexual orientation/gender identity is included in special vulnerabilities, there are notes which limit the user from including a positive answer regarding a special vulnerability, for example, a detainee is asked about his sexual orientation and if he has a fear of being harmed in detention based on his sexual orientation. The note states, "please check the vulnerability box if the detainee expresses fear of being harmed," which indicates if the detainee has no fear, the vulnerability is not checked. During the on-site audit, the Auditor reviewed the IHSC Medical Intake Screening form and confirmed the form does not include all elements required for compliance with PREA Standard §115.41(c). A review of the IHSC Medical Intake Screening form further confirms the form asks "have you ever been a victim of sexual abuse;" however, only considers those detainees who confirm the abuse occurred during the last six months. During the on-site audit and the subsequent on-site audit, the Auditor requested a roster of detainees who reported prior victimization and a roster of those who identified as likely aggressors; however, although a detainee reported a history of sexual abuse during a medical intake, the PSA Compliance Manager indicated the facility has not had a detainee who had reported prior sexual abuse or had prior acts of sexual abuse; and therefore, he could not provide the requested rosters or the sexual abuse and assault prevention and intervention log used to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness. During the subsequent on-site audit, the Auditor observed an "incoming" board within the intake area. An interview with an Intake Officer indicated the board is utilized to track incoming detainee's and their progression through the intake process. The Auditor reviewed the "incoming" board and confirmed the board included the date of arrival, the number of detainees received, and the date the intake process is completed. On December 18, 2025, during the subsequent on-site audit, at approximately 10:30 a.m., the Auditor observed a detainee moving through the intake process; however a review of the "incoming" board confirmed the detainee had arrived at the facility on December 17, 2025, at 11:46 a.m. and was removed from one of the dormitories which houses over 100 detainees, who were in various stages of the intake and classification process, or had completed the process, and were waiting to either be released, transported to another facility, or moved to FSPC. During the subsequent on- site audit, the Auditor further observed the detainee listed on the "incoming" board receive PREA orientation documents which he signed for and were placed in his detainee file; however, once completed, the detainee was placed back into the dormitory to wait for Classification staff to complete the classification process which included the initial risk assessment. During the subsequent on-site audit, a medical incident occurred involving a staff member which required emergency medical personnel; and therefore, the Auditor could not observe the remainder of the process;

however, the Auditor had already observed the detainee had arrived at the facility approximately 24 hours before the start of the intake process. During the subsequent on-site audit, the Auditor further observed there were additional detainees who arrived on the same transport as the detainee being observed; however, had not yet been processed. The Auditor reviewed 20 detainee electronic RCA files and confirmed in 7 files the ICE RCA was completed or last updated at another facility, prior to arriving at the intake area of FSPC and in 8 of the files there was an update to the existing RCA, between 3 to 5 days after the detainee arrived. In addition, during the subsequent on-site audit, the Auditor reviewed an additional 5 files, and confirmed the files included a RCA which had been updated between 3 to 5 days after their arrival at the facility; and therefore, the Auditor could not confirm detainees are being assessed on upon intake as required by subsection (a) of the standard. A review of all 25 electronic RCA files further confirmed none of the detainees had been identified as having a special vulnerability. During the subsequent on-site audit, the Auditor interviewed a DO (Classification Officer) who confirmed a special vulnerability is entered only if the detainee indicates he has been sexually abused within an ICE facility or in a prison. Interviews with 24 detainees confirmed 12 detainees stated they had been housed in the intake area for 5 days or less, 6 detainees indicated they were housed in the intake area between 5 and 9 days, and 6 detainees indicated they were housed in the intake area over 10 days, prior to receiving their initial housing. Interviews with 24 detainees further confirmed 2 detainees indicated they had only been asked questions regarding prior sexual abuse by medical staff and 22 detainees indicated they had not been asked any questions related to sexual abuse. In addition, interviews with 24 detainees confirmed 1 detainee disclosed he was gay during medical intake; however, he was not asked about his sexual orientation during the intake process. An interview with one detainee who identified as being gay further confirmed he asked staff if he could be segregated as he feared for his own safety if other detainees discovered he was gay; however, staff stated there were no other accommodations which they could make as a review of the detainee's RCA confirmed there were no special vulnerabilities noted. Interviews with the AFOD, PSA Compliance Manager, and the Intake Lieutenant indicated detainees will be reclassified between 60 and 90 days after the initial assessment. A review of 20 detainees files indicated 7 of the detainees had been at FSPC for longer than 60 days and had been reclassified between 60 and 90 days; however, the reclassification was conducted utilizing the ICE RCA and did not include a reassessment of the detainee's risk of sexual abuse or abusiveness. During the initial on-site audit, the Auditor reviewed the file of the detainee who identified as being "gay" and confirmed a reassessment was not conducted following receipt of additional information. In addition, the Auditor reviewed four sexual abuse allegation investigation files and could not confirm the detainee's had been reassessed for victimization or abusiveness following an incident of sexual abuse. The Auditor did not make a compliance determination for provision (c) bullet (7) related to consideration of transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E.O. 14168. The Auditor did not make a compliance determination for provision (f) bullet (7) related to consideration of transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E.O. 14168. During the on-site audit, the Auditor reviewed the IHSC Medical Intake Screening form and confirmed the form does not include all elements required for compliance with PREA Standard §115.41 (c). A review of the IHSC Medical Intake Screening form further confirms the form asks "have you ever been a victim of sexual abuse;" however, only considers those detainees who confirm the abuse occurred during the last six months. In addition, during the on-site audit, the Auditor reviewed a medical telephone encounter and confirmed during a medical intake, a detainee reported he had experienced prior sexual abuse which did not occur within the past six months. A review of a medical telephone encounter further confirmed there was no documentation to confirm medical or mental health staff shared the information with Intake staff. To become compliant, the facility must implement a procedure to ensure the initial classification process and initial housing assignment is completed within 12 hours of admission to the facility. The facility must implement a procedure which ensures elements of subsections (c) and (d) are considered when determining a detainee's risk for victimization or abusiveness to include whether the detainee has a mental physical or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained; the nature of the detainee's criminal history; whether the detainee has any convictions for sexual offenses against an adult or child; whether the detainee has self-identified as gay, lesbian, or bisexual, and whether the detainee has self-identified as having previously experienced sexual victimization

and the detainee's own concerns about his physical safety, prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility. The facility must implement a procedure which requires medical and mental health staff to share information regarding sexual abuse or perpetrating sexual abuse, to staff responsible for the initial housing of detainees, to include sexual abuse which occurred outside the previous six months. The facility must implement a procedure to reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of the initial assessment, at any other time when warranted based upon the receipt of additional relevant information, and following an incident of sexual abuse or victimization. Once implemented the facility must submit documentation to confirm all staff who may be assigned to Intake, the PSA Compliance Manager, medical and mental health staff, security shift supervisors, SDDOs on duty, and facility PREA Investigators, responsible for maintaining the sexual abuse and assault prevention and intervention log used to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness have received training on the implemented procedures. The facility must submit the files of 10 detainees, and the corresponding sexual abuse and assault prevention and intervention log used to track all detainees who have identified as having a history of sexual abuse or a history of perpetrating sexual abuse to confirm detainees are assessed on intake to identify those likely to be sexual aggressors or sexual abuse victims to house detainees to prevent sexual abuse, taking necessary steps to mitigate such danger. In addition, if applicable, the facility must submit the files of 10 detainees, and the corresponding reassessments, who are housed at the facility over 60 days to confirm the facility has implemented a procedure requiring a reassessment of all detainees' risk of sexual victimization or abusiveness between 60 and 90 days of the initial risk assessment. The facility must submit all sexual abuse allegation investigation files closed by the Agency during the corrective action plan (CAP) period, to confirm detainees had been reassessed following an allegation of sexual abuse or victimization.

Corrective Action Taken:

5/20/2026 The facility submitted a PREA risk assessment training memo with sign-off sheets. The Auditor reviewed the memo and sign-off sheets and confirmed all applicable staff have received training on the memo's requirement to ensure communication between AGS Security, Medical, and ICE Criminal Alien Program (CAP), staff are responsible in reporting all sexual assault victim/abusers and potential victim/abusers during the initial classification process and initial housing assignment. The intake process is to be completed within 12 hours of admission to the facility and Processing Officers will ensure the Intake Special Vulnerability Questionnaire (ISVQ) is completed during intake. If any questions are answered yes on the ISVQ Form, staff will notify the security supervisor of the potential victim/abuser. The Supervisor will notify PREA investigator Vasquez, CAP or SDDO on Duty, and Medical Charge Nurse. A review of the training memo further confirmed the training memo requires medical and mental health staff to share information regarding sexual abuse or perpetrating sexual abuse, to staff responsible for the initial housing of detainees, to include sexual abuse which occurred outside the previous six months. The facility submitted a sample Risk Tracking Log. 6/30/2026 The facility submitted a memorandum with an attached curriculum. The Auditor reviewed the memorandum and confirmed the curriculum requires the facility utilize information gained from the initial risk assessment to determine initial housing. The facility submitted the files on 11 detainees and the corresponding SAAPI tracking log. 7/20/2026 The facility submitted training sign-in sheets. The Auditor reviewed the sign-in sheets and confirmed all three shifts were provided with the "updated training, policy and procedures regarding detainees who may have disabilities LEP, etc. You have received a copy of the training material utilized during Annual Refresher Training and New Hire Training. You have received training on the procedures taken to determine a detainee's risk during the Initial Risk Assessment and proper use of that assessment information. The facility submitted a memorandum to Auditor which states, "As of this date, Florence SPC does not have any closed sexual assault allegations on record." 7/22/2026 The facility submitted an addendum to policy 2.11. The Auditor reviewed the addendum and confirmed the addendum requires the facility Investigators to conduct reassessments for all detainees who have been at the facility between 60-90 days. 8/2/2026 The facility submitted a memorandum to Auditor which states, "…please note that staff at FSPC work at both the Florence Staging Facility (FSF) and the Florence Detention Center (FDC). Both facilities are located on the same ICE-owned property and are separated by a fence. All ICE personnel, AGS security staff, and medical personnel are assigned to work at both FSF and FDC as operational

needs require;" and therefore, the Auditor accepts staff assigned to both the main facility and the staging facility have received training on the facility's implemented procedures to ensure detainees are assessed on intake to identify those likely to be sexual aggressors or sexual abuse victims to house detainees to prevent sexual abuse, taking necessary steps to mitigate such danger. The facility submitted the file of one detainee. The Auditor reviewed the file and confirmed the detainee did not identify as having a history of sexual abuse during the intake process as he indicated no during the initial risk screening; however, during the medical screening the detainee disclosed a history of sexual abuse and was immediately placed on the SAAPI screening log and placed into protective custody per the detainee's request. A review of the SAAPI requires log further confirmed the log included "Medical Screening- Claimed to be sexual assault victim" and noted the current bed assignment as FSF SMU 4. The facility submitted a memorandum to Auditor which states, "As of this date, the Florence Service Processing Center and the Florence Staging Facility function as staging facilities for newly arriving and removable individuals. Currently, individuals are not held at either facility for 60 to 90 days; therefore, the risk classification assessment required for those detained for this duration does not apply at this time." The facility submitted a memorandum to Auditor which states, "As of this date, the Florence Service Processing Center and the Florence Staging Facility do not have any closed sexual assault allegations on record." The facility did not submit the files of any detainees who identified as perpetrating sexual abuse following the implementation of the new procedures. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsections (a), (b), (c), (d), and (e) of the standard.

§115.42 - Use of assessment information.

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

Notes:

(a): FSPC policy 2.11 states, "At any point during the intake process, staff are made aware of a potential sexual assault victim or abuser, staff are to immediately separate the detainee from all other detainees until a proper review has been conducted by a supervisor. The security shift supervisor, SDDO on duty, Facility PREA Investigator, and PSA Compliance Manager shall be notified immediately. The shift supervisor is responsible for ensuring IHSC and the Criminal Alien Program (CAP) receive the information necessary to be recorded in the detainee's medical record and assessed for the detainee's classification process. The Facility PREA Investigator is responsible for retaining a sexual abuse and assault prevention and intervention log to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness (mental, physical or developmental disability, age, physical build/appearance, detainee self identifies as LGBTQI). The log shall contain at a minimum the following: Detainee Name, Alien Number, Date of Birth, Date of Arrival, Classification Level, Reason, Name of staff reporting information on alleged victim/abuser, Name of staff that have been notified of possible detainee sexual victim/abuser or at increased risk of sexual victimization or abusiveness." FSPC policy 2.2 states, "Consistent with FDC Policy 4.8 "Disability Identification, Assessment, and Accommodation," staff shall use any information about identified disabilities in making classification and housing decisions. Detainees with disabilities shall be housed in the least restrictive and most integrated setting possible consistent with facility safety and security and provided an equal opportunity to participate in or benefit from the facility's programs and activities. The Supervisory Detention and Deportation Officer (SDDO) or designee will review and approve each detainee's Risk Classification Assessment (RCA). Detainees shall be assigned housing, offered recreational activities, assigned work (at the detainee's request), and provided food service according to their classification levels. Classification and housing decisions for a transgender or intersex detainee must be based on the consideration of the detainee's gender self-identification and an assessment of the effects of placement on the detainee's health and safety. A medical or mental health professional will be consulted as soon as practicable on this assessment. Placement decisions of transgender or intersex detainees should not be based solely on the identity documents or physical anatomy of the detainee, and a detainee's self-identification of his/her gender and self-assessment of safety needs shall always be taken into consideration as well. The placement will be consistent with the safety and security considerations of the facility, and placement and programming assignments for each transgender or intersex detainee shall be reassessed at least twice each year to review any threats to safety experienced by the detainee. The FSPC detainee

handbook states, "All detainees will be classified upon their arrival at this facility and prior to being admitted into the general population. There are four custody classification levels, low, medium low, medium high and high custody. A printed color-coded wristband, which corresponds with your custody classification, will be strapped around your wrist, in such a way that it does not cause any circulation problems and must remain on until removed by an officer. Removing your wristband may lead to disciplinary action. The custody classification system will ensure that each detainee is placed in the appropriate category and physically separated from detainees in other, higher categories. The Processing Officer will use the following information to determine the appropriate custody classification to place you: Current and past offense(s) / severity of charge(s), Escapes / escape attempts, Institutional disciplinary history, Documented violent episodes / incidents, Medical information or a history of victimization, and Other pertinent facts (not opinions) relevant to your behavior while in custody and or criminal past. A point system is used in assigning a number of points for certain offenses. The points are then tallied, which in turn decides your custody classification score. (See Severity of Offense Scale below)." Interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant indicated during the intake process detainees are screened for special vulnerabilities which are documented on the ICE RCA. Interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant further indicated the ICE RCA, and the special vulnerability score, are considered when determining the detainee's classification level, to include if they are likely to be a victim of sexual abuse or a sexual aggressor, and will be used to determine the detainee's housing assignment, recreation and other activities, and voluntary work assignment. In addition, interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant indicated during the intake process, an electronic ICE RCA is created or updated if the detainee has an ICE RCA which had been previously created; however, a review of the ICE RCA confirmed the ICE RCA is not in compliance with subsections (c) and (d) of standard §115.41. During the on-site audit, the Auditor requested a roster of detainees who reported prior victimization and a roster of those who identified as likely aggressors; however, although one detainee reported he had experienced prior sexual abuse during a medical intake, the PSA Compliance Manager indicated the facility has not had a detainee who had reported prior sexual abuse or had prior acts of sexual abuse; and therefore, he could not provide the requested rosters or the sexual abuse and assault prevention and intervention log used to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness. During the on-site audit, the Auditor reviewed the IHSC Medical Intake Screening form and confirmed the form does not include all elements required for compliance with PREA Standard §115.41 (c). A review of the IHSC Medical Intake Screening form further confirms the form asks "have you ever been a victim of sexual abuse;" however, only considers those detainees who confirm the abuse occurred during the last six months. The Auditor reviewed a medical telephone encounter and confirmed during a medical intake, a detainee reported he had experienced prior sexual abuse; however, the abuse did not occur within the past six months. A review of a medical telephone encounter further confirmed there is no indication medical or mental health staff shared the information with the PSA Compliance Manager, intake staff, and/or those responsible for housing, recreation and other activities, and voluntary work, to inform the assignment of detainees to housing, recreation voluntary work, or any other activities. The Auditor reviewed 20 detainee electronic RCA files and confirmed in 7 files the ICE RCA was completed or last updated at another facility, prior to arriving at the intake area of FSPC. Interviews with 24 detainees confirmed 2 detainees indicated they had only been asked questions regarding prior sexual abuse or prior abusiveness by medical staff and 22 detainees indicated they had not been asked questions regarding prior sexual abuse or prior abusiveness by any staff member. (b)(c): The Auditor did not make a compliance determination for provisions (b) and (c), as the provisions do not currently align with E.O. 14168.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. Interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant further indicated the ICE RCA, and the special vulnerability score, are considered when determining the detainee's classification level, to include if they are likely to be a victim of sexual abuse or a sexual aggressor, and will be used to determine the detainee's housing assignment, recreation and other activities, and voluntary work assignment. In addition, interviews with the AFOD, PSA Compliance Manager, and an Intake Lieutenant indicated during the intake process, an electronic ICE RCA is created or

updated if the detainee has an ICE RCA which had been previously created; however, a review of the ICE RCA confirmed the ICE RCA is not in compliance with subsections (c) and (d) of standard §115.41. The Auditor reviewed 20 detainee electronic RCA files and confirmed 13 files indicated the ICE RCA had either been created or updated during intake; however, a review of 7 files indicated the ICE RCA was completed or last updated at a facility, prior to arriving at the intake area of FSPC. During the on-site audit, the Auditor requested a roster of detainees who reported prior victimization and a roster of those who identified as likely to perpetrate sexual abuse; however, although one detainee indicated he had experienced prior sexual abuse during a medical intake, the PSA Compliance Manager indicated the facility has not had a detainee who had reported prior sexual abuse or had prior acts of sexual abuse; and therefore, he could not provide the requested rosters or the sexual abuse and assault prevention and intervention log used to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness. The Auditor reviewed the IHSC Medical Intake Screening form and confirmed the form does not include all elements required for compliance with PREA Standard §115.41 (c). A review of the IHSC Medical Intake Screening form further confirms the form asks "have you ever been a victim of sexual abuse;" however, only considers those detainees who reported the abuse occurred during the last six months. The Auditor reviewed a medical telephone encounter and confirmed during a medical intake, a detainee reported he had experienced prior sexual abuse; however, the abuse did not occur within the past six months. A review of a medical telephone encounter further confirmed there was no indication medical or mental health staff shared the information with Intake staff and/or those responsible to inform assignment of detainees to housing, recreation voluntary work, or any other activities. Interviews with 24 detainees confirmed 2 detainees indicated they had only been asked questions regarding prior sexual abuse or prior abusiveness by medical staff and 22 detainees indicated they had not been asked questions regarding prior sexual abuse or prior abusiveness by any staff member. To become compliant, the facility must implement a procedure to ensure during intake, to ensure the facility utilizes the information gained from a compliant risk assessment to inform the assignment of the detainees to housing, recreation, voluntary work, and/or any other activities. The facility must implement a procedure to ensure medical and mental health staff share information related to sexual abuse with all staff responsible to inform the assignment of detainees to housing, recreation, voluntary work, and/or any other activities. Once implemented the facility must submit documentation to confirm all staff who may be assigned to Intake, the PSA Compliance Manager, medical and mental health staff, security shift supervisors, SDDOs on duty, and facility PREA Investigators, responsible for maintaining the sexual abuse and assault prevention and intervention log used to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness have received training on the implemented procedures. The facility must submit the files of 10 detainees, and the corresponding sexual abuse and assault prevention and intervention log used to track all detainees who may have been an alleged sexual assault victim or abuser and/or for detainees at an increased risk of sexual victimization or abusiveness, to confirm the procedures have been implemented at FSPC.

Corrective Action Taken:

6/30/2026 The facility submitted a training memo. The Auditor reviewed the training memo and confirmed the memo requires Processing Officers will ensure the Intake Special Vulnerability Questionnaire (ISVQ) is completed during intake. 7/20/2026 The facility submitted training sign-in sheets. The Auditor reviewed the sign-in sheets and confirmed all three shifts were provided with the updated training, policy and procedures regarding detainees who may have disabilities LEP, etc. 8/2/2026 The facility submitted a memorandum to Auditor which states, "…please note that staff at FSPC work at both the Florence Staging Facility (FSF) and the Florence Detention Center (FDC). Both facilities are located on the same ICE-owned property and are separated by a fence. All ICE personnel, AGS security staff, and medical personnel are assigned to work at both FSF and FDC as operational needs require;" and therefore, the Auditor accepts staff assigned to both the main facility and the staging facility have received training on the facility's implemented procedures to ensure during intake, the facility utilizes the information gained from a compliant initial risk assessment to inform the assignment of the detainees to housing, recreation, and any other activities. The facility submitted a memorandum to Auditor which states, "As of this date, the Florence Service Processing Center—which includes the Florence Detention Center (FDC) "Main" and the Florence Staging Facility (FSF) "Intake for New Arrival"—does not operate a Voluntary

Work Program" and "…ICE ERO has designated specific holding areas—including an adjacent facility— for high-level classification individuals. This separation is maintained across all activities, including recreation, meals, medical visits, and library use, to prevent interaction between different classification levels." The facility submitted the file of one detainee. The Auditor reviewed the file and confirmed the detainee did not identify as having a history of sexual abuse during the intake process as he indicated no during the initial risk screening; however, during the medical screening the detainee disclosed a history of sexual abuse and was immediately placed on the SAAPI screening log and placed into protective custody per the detainee's request. A review of the SAAPI requires log further confirmed the log included "Medical Screening- Claimed to be sexual assault victim" and noted the current bed assignment as FSF SMU 4. The facility did not submit the files of any detainees who identified as perpetrating sexual abuse following the implementation of the new procedures. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d): FSPC policy 2.11 states, "The facility shall utilize 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 perpetrators to most appropriately address victims' needs. The DFOD shall establish procedures to make available, to the full extent possible, outside victim services following incidents of sexual abuse. The facility shall also attempt to make available such victim services for any individual identified as having experienced sexual victimization prior to entering DHS custody. The DFOD shall maintain or attempt to enter into memoranda of understanding (MOU) or other agreements with community service providers or, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. The facility shall enable reasonable communication between detainees and these organizations and agencies, in as confidential a manner as possible. The facility shall also inform detainees, prior to giving them access to outside resources, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Local and National Victim Resource organizations: 1. Local Sexual Assault Resources-Southern Arizona Center Against Sexual Assault (SACASA), 1600 North Country Club, Tucson, Arizona 85716, Toll Free 24-hour helpline (800) 400-1001. 2. National Sexual Assault Resources-Rape, Abuse & Incest National Network (RAINN), Toll Free 24-hour helpline (800) 656-4673. Men's Sexual Abuse Assistance (1 in 6), Toll Free 24-hour helpline (877) 628-1466, National Detention & Abuse Reporting (FREEDOM FOR IMMIGRANTS) Toll Free 24-hour helpline 9233# or (209) 757-3733, Sexual Violence & Health Trafficking (REACH), Toll Free 24-hour helpline (866) 373-8300. Victim advocates shall provide emotional support, crisis intervention, information, and referrals." The Auditor reviewed email documentation to confirm the facility has attempted to enter an MOU with SACASA to provide outside victim services to detainee victims of sexual abuse. During the on-site audit, the Auditor observed the Sexual Abuse and Assault Victim Resources flyer posted in all housing units and common areas of the facility and confirmed the flyer contained local and Statewide addresses and toll-free telephone numbers for SACASA, Arizona Coalition to end Sexual and Domestic Violence, LA Frontera Arizona, a New Leaf, and National Agencies and telephone numbers for RAINN, 1 in 6, Freedom for Immigrants and Reach; however, a review of the Sexual Abuse and Assault Victim Resources flyer further confirmed the flyer was posted only in English; and therefore, the extent to which communications to these agencies would be monitored or the extent to which reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws prior to giving detainees access is not in a manner all detainees can understand as required by subsections (d) of the standard. During the on-site audit, the Auditor, utilizing a detainee phone, attempted to call SACASA; however, none of the calls were successful. During the on-site audit, the Auditor interviewed the Director of SACASA from a cell phone and confirmed SACASA is a community wide service; and therefore, does not require a MOU, who provides a 24- hour helpline to all detainees housed in FSPC. An interview with the Director of SACASA further confirmed SACASA victim advocates provide

confidential emotional support, crisis intervention, and counseling for detainee victims of sexual abuse and the victim advocates have access to a language line to provide translation services for LEP detainees.

Corrective Action:

The facility is not in compliance with subsection (d) of the standard. During the on-site audit, the Auditor observed the Sexual Abuse and Assault Victim Resources flyer in all housing units and common areas of the facility and confirmed the flyer contained local and Statewide addresses and toll-free telephone numbers for SACASA, Arizona Coalition to end Sexual and Domestic Violence, LA Frontera Arizona, a New Leaf, and National Agencies and telephone numbers for RAINN, 1 in 6, Freedom for Immigrants, and Reach; however, a review of the Sexual Abuse and Assault Victim Resources flyer further confirmed it was posted only in English; and therefore, the extent to which communications to these agencies would be monitored or the extent to which reports of sexual abuse will be forwarded to the authorities in accordance with mandatory reporting laws prior to giving detainees access is not in a manner all detainees can understand as required by subsections (d) of the standard. During the on-site audit, the Auditor, utilizing a detainee phone, attempted to call SACASA; however, none of the calls were successful. To become compliant, the facility must provide the Auditor documentation to confirm the facility has addressed the issues with detainee phones, to ensure detainees are able to access 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 perpetrators to most appropriately address victims' needs. The facility must provide documentation to confirm prior to giving detainees access to outside resources they are notified of the extent to which such communications would be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws prior to giving them access in a manner all detainees can understand.

Corrective Action Taken:

5/20/2026 The facility submitted a Sexual Abuse and Assault Victim Resource flyer. The Auditor reviewed the flyer and confirmed the flyer includes in multiple languages detainees are notified of the extent to which such communications would be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws prior to giving them access in a manner all detainees can understand. The facility submitted an email string between the facility and Talon, who manages the facility phones. The Auditor reviewed the email and confirmed the facility has addressed the issues with detainee phones, to ensure detainees are able to access 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 perpetrators to most appropriately address victims' needs. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (d) of the standard.

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

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

Notes:

(a)(b)(c): FSPC policy 4.3 states, "If any security or medical intake screening or classification assessment indicates that a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall 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." Interviews with the AFOD, the PSA Compliance Manager and an Intake Lieutenant indicated during the intake process at FSF, the detainees are screened for special vulnerabilities which are documented on the ICE RCA; however, a review of the ICE RCA confirms the RCA is not compliant with subsections (c) and (d) of standard §115.41. Interviews with the PSA Compliance Manager and an Intake Lieutenant indicated if a detainee discloses prior sexual abuse or has perpetrated sexual abuse, the detainee would be referred for a follow-up with medical and mental health. Interviews with the FNP and the Clinical Psychologist indicated during a detainee medical intake, if the detainee is determined to be a likely sexual abuse victim or sexual aggressor, a referral is made for follow up services with medical and mental health, an appointment for a

medical and a mental health follow-up would be made, and the detainee would receive a medical evaluation within two working days and a mental health evaluation would be conducted within 72 hours of the referral. During the on-site audit, the Auditor reviewed the IHSC Medical Intake Screening form and confirmed the form does not include all elements required for compliance with PREA Standard §115.41 (c). A review of the IHSC Medical Intake Screening form further confirms the form asks "have you ever been a victim of sexual abuse;" however, only considers those detainees who confirm the abuse occurred during the last six months. During the on-site audit, the Auditor requested a roster of detainees who reported prior victimization and a roster of those who identified as likely aggressors; however, even though one detainee reported a history of sexual abuse during a medical intake, the PSA Compliance Manager indicated the facility has not had a detainee who had reported prior sexual abuse or had prior acts of sexual abuse; and therefore, he could not provide the requested rosters. During the on-site audit, the Auditor reviewed a medical telephone encounter and confirmed during a medical intake, a detainee indicated he had experienced prior sexual abuse; however, the abuse did not occur within the past six months. A review of a medical telephone encounter further confirmed the detainee was asked if he would like to see a mental health provider to discuss this and he refused; and therefore, was not referred to mental health for a follow-up.

Corrective Action:

The facility is not in compliance with subsection (a) of the standard. Interviews with the AFOD, the PSA Compliance Manager and an Intake Lieutenant indicated during the intake process detainees are screened for special vulnerabilities which are documented on the ICE RCA; however, a review of the ICE RCA and the IHSC Medical Intake Screening form confirmed neither form is compliant with subsections (c) and (d) of standard

Corrective Action Taken:

3/21/2026 The Auditor partially concurs with the projected corrective action. The facility submitted the Medical Intake Procedures. The Auditor reviewed the procedures and confirmed the procedures require medical staff to use the Custody PREA Risk Assessment forms. 5/20/2026 The facility submitted a training memo and sign-in sheets. The Auditor reviewed the training memorandum and confirmed the memorandum includes processing Officers will ensure the Intake Special Vulnerability Questionnaire (ISVQ) is completed during intake. If any questions are answered yes on the ISVQ Form, staff will notify the security supervisor of the potential victim/abuser. The Supervisor will notify PREA investigator Vasquez, CAP or SDDO on Duty, and Medical Charge Nurse. 8/2/2026 The facility submitted a memorandum to Auditor which states, "…please note that staff at FSPC work at both the Florence Staging Facility (FSF) and the Florence Detention Center (FDC). Both facilities are located on the same ICE-owned property and are separated by a fence. All ICE personnel, AGS security staff, and medical personnel are assigned to work at both FSF and FDC as operational needs require" and therefore, the Auditor accepts all applicable staff have received training on the facility's implemented procedures to ensure all detainees are assessed, utilizing a compliant risk assessment pursuit to standard §115.41 to identify those likely to be sexual abuse victims or sexual aggressors, and once identified, to immediately refer detainees with a history of sexual abuse or perpetrating sexual abuse to a qualified medical or mental health practitioner for follow-up as appropriate. The facility submitted the file, and corresponding medical and mental health records, of one detainee. The Auditor reviewed the file and corresponding medical and mental health records and confirmed the detainee did not identify as having a history of sexual abuse during the intake process as he indicated no during the initial risk screening; however, during the medical screening the detainee disclosed a history of sexual abuse and was immediately referred to mental health for a follow-up evaluation. A further review of the mental health records confirmed the detainee received a follow-up evaluation which noted a history of abuse within 72 hours of the referral. The facility did not submit the files of any detainees who identified as perpetrating sexual abuse following the implementation of the new procedures. Upon review of all submitted documentation the Auditor now finds the facility in substantial compliance with subsection (a) of the standard.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b)(c): FSPC policy 2.11 states, "Staff shall conduct a sexual abuse incident review at the conclusion of every investigation of sexual abuse and, where the allegation was not determined to be unfounded, prepare a written report within 30 days of the conclusion of the investigation recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse. An unfounded allegation means an allegation that was investigated and determined not to have occurred. Staff shall implement the recommendations for improvement or shall document its reasons for not doing so in a written response. Both the report and response shall be forwarded to the Field Office Director or his or her designee, for transmission to the ICE PSA Coordinator. Staff shall also provide any further information regarding such incident reviews as requested by the ICE PSA Coordinator. The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The facility shall conduct an annual review of all sexual abuse investigations and resulting incident reviews to assess and improve sexual abuse intervention, prevention and response efforts. If the facility has not had any reports of sexual abuse during the annual reporting period, then the facility shall prepare a negative report. The results and findings of the annual review shall be provided to the DFOD, Field Office Director or his or her designee, for transmission to the ICE PSA Coordinator." Interviews with the AFOD, PSA Compliance Manager, and facility PREA Investigator indicated the facility incident review team consists of upper-level management officials, medical and mental health practitioners, and the facility PREA Investigator and the team would conduct a sexual abuse incident review at the conclusion of every administrative investigation regardless of the outcome of the investigation utilizing the ICE Sexual Abuse or Assault Incident Review form to document the review. The Auditor reviewed the Sexual Abuse or Assault Incident Review form, and confirmed the review requires the facility consider if the incident was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or motivated or otherwise caused by other group dynamics at the facility. A review of the Sexual Abuse or Assault Incident Review form further confirms the review form requires the review team review the incident within 30 days of the conclusion of the investigation and make recommendations for a change in policy or practice which could assist with preventing, detecting, and responding to a sexual abuse. In addition, a review of the Sexual Abuse or Assault Incident Review form confirms the recommendations and the reasons for not complying with the recommendations are documented on the form. The Auditor reviewed four sexual abuse allegation investigation files and confirmed each file included a Sexual Abuse or Assault Incident Review Form which had been completed within 30 days of the conclusion of the investigations and forwarded, with the responses, to the Agency PSA Coordinator. During the pre-audit phase and the on-site audit, although requested, the Auditor was not provided with the FSPC annual reports, or if no sexual abuse allegations reported, negative reports, for 2023 or 2024 to confirm compliance with subsection (c) of the standard.

Corrective Action:

The facility is not in compliance with subsection (c) of the standard. During the pre-audit phase and the on-site audit, although requested, the Auditor was not provided with the FSPC annual reports, or if no sexual abuse allegations reported, negative reports, for 2023 or 2024 to confirm compliance with subsection (c) of the standard. To become compliant, the facility must submit the FSPC annual reports, or negative reports for 2023 and 2024.

Corrective Action Taken:

3/21/2026 The facility submitted the facility's Annual Reports for 2023 and 2024 to confirm compliance. Upon review of all submitted documentation the Auditor now finds the facility in compliance with subsection (c) of the 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.

Robin Bruck 6/1/2026

Auditor's Signature & Date

(b) (6), (b) (7)(C) 8/15/2026

Program Manager's Signature & Date

(b) (6), (b) (7)(C) 8/10/2026

Assistant Program Manager's Signature & Date

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility