Office of Professional Responsibility

PREA Audit Compliance Report

Miami Staging Facility

June 23 - 24, 2026

U.S. Immigration and Customs Enforcement

PREA Audit: Subpart B
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	6/23/2026	**To:**	6/24/2026
AUDITOR INFORMATION			
Name of auditor:	Diana Lind	**Organization:**	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	(409) 866-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Miami		
Field Office Director:	Garrett Ripa		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	865 SW 78th Avenue Plantation, FL 33324		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Miami Staging Facility		
Physical address:	2100 NW 42nd Ave, Miami, FL 33142 (Miami International Airport		
Telephone number:	786-514-2150		
Facility type:	Holding Facility		
PREA Incorporation Date:	Click or tap to enter a date.		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	305-207-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	ERO PREA Field Coordinator
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	786-256-(b) (6), (b)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Miami Staging Facility (MSF) was conducted on June 23-24, 2026, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Diana Lind employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C) and Assistant Program Manager (APM), (b) (6), (b) (7)(C) both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight during the ICE PREA auditing process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews Analysis Unit during the audit report review process. This is the first PREA audit for MSF. There were no allegations of sexual abuse reported at the MSF for the audit period. MSF is operated by DHS ICE, Enforcement and Removal Operations (ERO), and staffed by Akima Infrastructure Protection (AIP) under contract. The facility holds adult male and female detainees who are targeted arrests, prison release deportations and transports to other facilities. The facility does not hold juveniles or family unit detainees. The facility is located in Miami International Airport, Miami, Florida.

The entry briefing was held in the Krome Office of the PREA Coordinator/Prevention of Sexual Assault Compliance Manager (PSACM) on June 23, 2026. The OPR Team Lead (TL) opened the briefing. The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance with those present. Six months prior to the audit, OPR TL provided the Auditor with the facility's Pre-Audit Questionnaire (PAQ), agency policies, and other pertinent documents through ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and the Document Request DHS Immigration Detentions Facilities form and placed within folders for ease of auditing. The main policies that provide facility direction for MSF is ICE policy 11062.2 Sexual Abuse and Assault Prevention and Intervention (SAAPI) and ICE Directive 11087.2 Operation of ERO Holding Facilities. Most documentation, policies, and PAQ were reviewed by the Auditor prior to the onsite audit, additional policies were provided onsite. A tentative daily schedule was provided to the Auditor for the onsite inspection, binder review, and interviews with staff and detainees. The Auditor also reviewed the facility's website, www.ice.gov/detain/prea. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained that compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the onsite inspection, provided documentation, and the outcome of both staff and detainee interviews. No correspondence was received from any detainee, outside individual, or staff.

The facility provided the requested information to be used for the auditor's random selection of staff to be interviewed (random and specific categories) including lists of staff by duty position and shifts. The facility reported in the PAQ that ICE works staggering shifts from (b) (7)(E) . and the contract security work staggering shifts from (b) (7)(E) MSF employs (b) (7)(ICE staff who have continuing contact with detainees. There are (b) (7)(assigned AIP contracted staff ((b) male and (b) females). There are no contracted medical, mental health, or food service staff. The facility does not have volunteers who come into the facility. The Auditor interviewed four ICE staff including the Supervisory Detention and Deportation Officer (SDDO) and three ICE Detention Officers. The remaining (b) (7)(interviews were AIP contract staff assigned to MSF, including (b) Investigators, (one who is the PSACM and Training Manager), a Grievance Supervisor, a Compliance Officer, Human Resources Manager, Human Resources Assistant, MSF Captain, MSF Lieutenant, Quality Assurance Manager, and (b) (7)(E) Detention Officers. In addition, the auditor also

interviewed an advocate from Roxcy Bolton Rape Treatment Center (RTC). The facility reported in the PAQ that victims of sexual assault would be transferred for treatment to Jackson Memorial Hospital (JMH).

There were four male detainees at the MSF during the onsite audit which were interviewed. Of the four detainees interviewed, no detainees reported victimization and no detainees reported a disability. Of the 4 detainees, 2 were interviewed with the limited English proficient (LEP) interview protocol utilizing the Creative Corrections, LLC contract with Language Line Services. The Auditor interviewed 100% of the detainees present during the audit.

On June 24, 2026, an exit briefing was held in the PSACM's office. The OPR TL opened the briefing and turned it over to the Auditor. During the exit briefing, the Auditor presented a summary of the audit findings. The Auditor noted that all staff interviewed demonstrated a thorough understanding of PREA standards and their specific application within the facility. It was observed that detainees and staff understood the essential principles of sexual safety. The environment was found to be safe, clean, and well-organized. The Auditor informed those present, there was one concern with Standard 115.117 which was pending documentation from Human Resources, which was ultimately resolved during the Post Audit Period and noted in this report in §115.117. The Auditor also informed those present that final compliance determinations could not be made until a review of documentation, onsite review notes, and interviews were compiled. The Auditor thanked those in attendance for cooperation during the audit.

SUMMARY OF AUDIT FINDINGS

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

Number of Standards Exceeded: 0

Number of Standards Met: 29

- §115.111 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.113 - Detainee supervision and monitoring.
- §115.115 - Limits to cross-gender viewing and searches.
- §115.116 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.117 - Hiring and promotion decisions.
- §115.121 - Evidence protocols and forensic medical examinations.
- §115.122 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.131 - Employee, contractor, and volunteer training.
- §115.132 - Notification to detainees of the agency's zero-tolerance policy.
- §115.134 - Specialized training: Investigations.
- §115.141 - Assessment for risk of victimization and abusiveness.
- §115.151 - Detainee reporting.
- §115.154 - Third-party reporting.
- §115.161 - Staff reporting duties.
- §115.162 - Agency protection duties.
- §115.163 - Reporting to other confinement facilities.
- §115.164 - Responder duties.
- §115.165 - Coordinated response.
- §115.166 - Protection of detainees from contact with alleged abusers.
- §115.167 - Agency protection against retaliation.
- §115.171 - Criminal and administrative investigations.
- §115.172 - Evidentiary standard for administrative investigations.
- §115.176 - Disciplinary sanctions for staff.
- §115.177 - Corrective action for contractors and volunteers.
- §115.182 - Access to emergency medical services.
- §115.186 - Sexual abuse incident reviews.
- §115.187 - Data collection.
- §115.193 - Audits of standards.
- §115.201 - Scope of audits.

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

- §115.114 - Juvenile and family detainees.
- §115.118 - Upgrades to facilities and technologies.

Facility Risk Rating

- §115.193 - Audits of standards.

PROVISIONS

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

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

Outcome: Meets Standard

Deficient Findings: ☐a

Not Applicable Findings: ☐a

Notes:

(a): The facility provided ICE Directive 11062.2 for compliance review which states, "ICE has a zero-tolerance policy for all forms of sexual abuse or assault. It is ICE policy to provide effective safeguards against sexual abuse and assault of all individuals in ICE custody, including with respect to screening, staff training, detainee education, response and intervention, medical and mental health care, reporting, investigation, and monitoring and oversight, as outlined in this Directive, in the requirements of PBNDS 2011 Standard 2.11, and in other related detention standards and ICE policies."

During the onsite audit the Auditor observed the DHS-prescribed Sexual Awareness Notice in English, Haitian Creole and Spanish posted in the main holding center area and in the female area holding area. All staff interviewed confirmed they were knowledgeable regarding the Agency's zero-tolerance policy.

Corrective Action:

No corrective action needed.

§115.113 - Detainee supervision and monitoring.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): The facility provided ICE Directive 11087.1 for compliance review which mandates, "ERO Officers are responsible for: Ensuring that each taking into consideration the physical layout of each holding facility; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse, harassment and assault; the findings and recommendations of sexual abuse, harassment and assault incident review reports; and any other relevant factors, including but not limited to, the length of time detainees spend in custody at the holding facility; 2) Ensuring that detainees are provided a meal at least every six hours; 3) Ensuring that hold rooms are safe, clean, equipped with restroom facilities, and clear of objects that could be used as weapons against ERO personnel, contractors, or detainees; 4) Ensuring that males and females are not detained in the same hold room, unless they are a family unit." ICE Directive 11087.2 states, "Holding Facility Supervision and Monitoring: Procedures for ERO Officers. 1) Account for and continuously monitor detainees and empty holding facilities upon the conclusion of daily operations in those field office locations operating on a daily schedule. Absent exceptional circumstances, no detainee should be housed in a holding facility for longer than 12 hours. 2) Monitor detainees for any apparent indications of a mental or physical health condition or signs

of hostility, self-harm, or harm to others that may require closer supervision or emergency medical care. 3) Subject detainees to direct supervision, which shall include regular visual monitoring via facility staff (b) (7)(E) inside the hold room where applicable. Physical hold room conduct checks shall also occur at least every 15 minutes. 4) Log all physical hold room checks, including the time of each check and any important observations." The annual review considerations include, "The composition of the detainee population; The prevalence of substantiated and unsubstantiated incidents of sexual abuse and assault; The findings and recommendations of sexual abuse and assault incident review reports; and any other relevant factors, including but not limited to, the length of time detainees spend in custody at the holding facility. The FOD shall ensure detainees placed in holding cells are subject to direct supervision, which shall include regular visual monitoring (b) (7)(E) inside the hold room, as well as physical hold room checks at least every 15 minutes." ICE Directive 11087.2 further states the requirement for, "Conducting an annual review of the application of this policy via the Holding Facilities Self-Assessment Tool at each holding facility within their area of responsibility to ensure ongoing compliance"

The Auditor was provided with the facility roster for ICE staff and roster for AIP contractors. The Auditor reviewed the annual Holding Facility Self-Assessment Tool (HFSAT) for MSF approved on October 6, 2025. This document, combined with the facility Post Orders and ICE Directive 11087.2, comprises the facility's comprehensive supervision guidelines. In addition, the Auditor interviewed both the PSACM and the SDDO regarding the annual review and confirmed that they work together to ensure all the proper criteria are addressed and clearly articulated in the review and that an annual review is conducted.

The facility layout is one room, approximately 400 square feet and an adjoining room of approximately 200 square feet, both areas have a closet for property storage, and a bathroom in each area. There are also staff storage and a supply closest in each area. There are several chairs, tables and staff desks in the larger room. The smaller room has a table and chairs. The ICE staff office is next door and is approximately 300 square feet. The wall adjoining the ICE office and the main holding area is one way mirror to increase observation of detainees by staff. The wall between the main room and the smaller room is a large plexiglass are so all areas can be viewed easily. (b) (7)(E) The Auditor reviewed a 15-minute Inspection Log Physical Check that confirmed detainees are monitored every 15 minutes while detained at the MSF. Interview with the PSACM further confirmed detainees are observed every 15 minutes while detained at MSF and the checks are documented on inspection logs that are kept at the staff desk. Due to the layout of the holding area, detainees are under constant observation. There are no holding cells.

Corrective Action:

No corrective action needed.

§115.114 - Juvenile and family detainees.

Outcome: Not Applicable

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☒a ☒b

Notes:

(a)(b): The facility provided ICE Directive 11087.2 for compliance review which mandates, "ERO Officers are responsible for: Ensuring that unaccompanied minors, elderly detainees, or family units are not placed in hold rooms, unless they have demonstrated or threatened violent behavior, have a history of criminal activity, or pose an escape risk; 6) Ensuring that minors are detained in the least restrictive setting appropriate to their age and special needs, provided that such setting is consistent with the need to protect the minor's well-being and that of

others, as well as with any other laws, regulations, or legal requirements; 7) Ensuring that minors are held apart from adults, minimizing sight, sound, and physical contact, unless the juvenile is in the presence of an adult member of the family unit or legal guardian, and provided there are no safety or security concerns with this arrangement..."

MSF reported in the PAQ they only hold adult male and female detainees. The facility further provided a memorandum dated October 30, 2025, from the SDDO which stated MSF has not held any juveniles or family units during the audit period.

Interviews with the SDDO, PSACM and three ICE staff confirmed that family units and juveniles are not held at the facility. The Auditor finds this standard is not applicable.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐b ☐c ☐d ☐e ☐f

Not Applicable Findings: ☐b ☐c ☐d ☐e ☐f

Notes:

(b)(c)(d)(e)(f): The facility provided ICE Directive 11087.2 for compliance review which mandates, "Procedures for ERO Officers. 1) Pat Down Searches. a) Where operationally feasible, an officer of the same gender (internal sense of being a man, woman, or another gender), gender identity, or declared gender as the detainee will perform the pat down search. All cross-gender pat searches must be documented; b) Every detainee shall undergo a pat down search for weapons and contraband before being placed in a hold room. A pat down search shall be performed even if another agency or other ERO personnel reported completing one prior to the detainee's arrival at the ERO facility or transfer of custody; c) Sharp objects, including pens, pencils, knives, nail files, and other objects that could be used as weapons or to deface property, as well as any smoking materials, matches, and lighters shall be removed from the detainee's possession. Strip and Visual Body Cavity Searches. a) All strip searches and visual body cavity searches must be documented in a detailed manner; b) Cross-gender strip searches or cross-gender visual body cavity searches are not conducted except in exceptional and unforeseen circumstances, including consideration of officer safety. Cross-gender strip searches may be performed by medical practitioners; and c) Visual body cavity searches of minors are conducted by a medical practitioner only and not by law enforcement personnel. Searches to Determine Gender- If the detainee's gender is unknown, it may be determined during conversations with the detainee or by reviewing medical records (if available)."

The Auditor observed the holding area which has clear sight lines and no potential blind spots. The toilet area is a solid door that prevents casual viewing by staff. The facility further provided a memorandum dated October 30, 2025, from the SDDO which stated MSF has not conducted any strip searches or visual body checks on any detainees during the audit period. The Auditor reviewed the Agency best practices guidance "Cross-Gender… Searches" and confirmed it was compliant with subsection (f) of the standard. The Auditor was provided and reviewed signed training certifications for Cross-Gender, Transgender, and Intersex Searches training for all ICE staff assigned to MSF. The Auditor was provided with and reviewed signed training certifications for Cross-Gender Searches training for seven AIP contractors. The Auditor was able to observe a mock detainee processing during the onsite with an AIP staff. The processing was performed by staff of the same gender and was accomplished in a professional, respectful manner, and the least intrusive as possible. Interview with the PSACM

confirmed that opposite gender strip searches or visual body cavity searches are not conducted at MSF. Interviews with three ICE staff and four AIP contractors additionally confirmed that strip searches or body cavity searches are not conducted at the facility, but should one occur, it would be documented on Form G-1025 Record of Search. Interviews further confirmed that searching or physically examining a detainee for the sole purpose of determining the detainee's gender is not allowed.

The Auditor did not make a compliance determination for provision (f) related to searches of transgender and intersex detainees, as the provision does not currently align with E.O. #14168.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): The facility provided ICE Directive 11087.2 for compliance review which mandates, "ERO Officers are responsible for: Ensuring that detainees with disabilities are provided an equal opportunity to access, participate in, and benefit from in-custody programs, services, and activities and those with communication disabilities are provided with auxiliary aids and services as necessary to allow for effective communication and those who are illiterate or with limited English proficiency are provided with meaningful access to services..." The facility also provided policy 11062.2 which states facility staff shall, "Take appropriate steps in accordance with applicable law 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 those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in, and benefit from all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse and sexual assault. Such steps shall include, when necessary, to ensure effective communication with detainees who are deaf or hard of hearing, 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. In addition, the FOD, SAC, or OPR SAC shall ensure that any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision."

Krome 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 effort to prevent detect and respond to sexual abuse. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf and or hard of hearing or detainees who have intellectual, psychological, psychiatric or speech difficulties, limited reading skills or who are blind or have low vision: 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; and Providing access to written materials related to sexual abuse information or through methods that ensure effective communication with detainees with disabilities including detainees who have intellectual disabilities limited reading skills or who are blind or have low vision. 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. The provisions of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have significant relationship with the alleged abuser are not appropriate in matters relating to allegations of sexual abuse. Where practicable, provisions for written translation of materials related to sexual abuse or assault shall be made for other significant segments of the population with limited English proficiency. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate."

During the onsite audit the Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number and the SAAPI pamphlet posted in English, Haitian Creole and Spanish. The facility had several copies of the SAAPI pamphlet, and the ICE National Detainee Handbook printed in English, Haitian Creole, Spanish, French, and Hindi. The facility had the capability to print the SAAPI pamphlets in 18 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, Vietnamese, and Wolof for distribution to detainees. The facility also had the capability to provide the 2023 ICE National Detainee Handbook in 19 languages: Arabic, Bengali, English, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Mam, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Spanish, Turkish, Wolof, and Vietnamese. DRIL posters were posted in English, Spanish, Haitian Creole and Punjabi. The Auditor observed the ERO Language line posters also in the MSF. The Auditor also observed a folder which automatically loads to the intake area staff computer desktops when staff sign on. The folder contains informational guides for the ERO Language Access Resource Center (Lionbridge language line), Disability Accommodation links that include instructions on how to access One-Line Voice Carry Over (VCO) for sign language and video remote interpretation. The VCO works with phones, laptops, computers and smart televisions. The AIP contract staff showed the auditor several visual cue charts available to assist with communication barriers and an additional communication board all of which were printed in English and Spanish. The AIP contract staff said they could print these items in another language if necessary but have found through practice that the visual cues are easily referenced without the need to print in other languages and have been successful in aiding communication. The folder additionally contains links to the ICE Detainee National Handbook and SAAPI pamphlets in all available languages. Interview with the SDDO and the PSACM confirmed prior to the detainee's arrival, staff would be notified of any that required special accommodation. Interviews with three ICE Detention Officers and four AIP contract staff confirmed that should a detainee have a vision disability, information would be read to them or if a detainee was hearing impaired information would be provided in a written format or through the VCOservice. Interviews further confirmed that should a detainee have an intellectual or psychiatric disability facility staff would speak slower or utilize language which is easily understood by the detainee. Staff interviews also confirmed they would not allow another detainee to interpret for another in matters relating to allegations of sexual abuse unless the detainee expresses a preference for another detainee to provide interpretation, and the agency determines that such interpretation is appropriate and consistent with DHS policy. The AIP Captain and Lieutenant were able to show the Auditor where the folder was located and could articulate how resource information within the folder would be used. Staff could additionally locate the ICE National Detainee Handbook and SAAPI information pamphlets in all available languages within the folder. The four ICE staff and four contract AIP staff interviewed stated they would utilize the language line as needed for interpretation services. The auditor observed signage in the MSF areas. The facility provided a copy of the *ICE Zero Tolerance for Sexual Abuse and Assault* poster, which the Auditor found posted in locations throughout the facility. The poster provides contact numbers for reporting and

provides the *Report Sexual Abuse Now* information, including the name and contact information for the PSACM. MSF also had the *I Speak* printed poster in common languages, and flyers of the Indigenous Languages and Pacific Region Languages. The Auditor reviewed the HFSAT dated October 6, 2025, which confirmed that the facility has not detained any detainees requiring special needs at the facility during the audit period. During interviews with four contract AIP the Auditor confirmed they will provide detainees with disabilities and detainees with Limited English Proficiency with in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. Interpretation services shall be provided by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate.

Of the 4 detainees interviewed, in which two were LEP, all recalled receiving information verbally and in writing regarding PREA that they could understand. One detainee said he did not recall receiving the facility handbook but stated that he had received an ICE National Detainee Handbook. The detainee was then provided with the facility handbook in a language he could understand. All the handouts and materials in multiple languages were available through postings and at the staff desk available to all detainees upon entering the hold area.

Corrective Action:

No corrective action needed.

§115.117 - Hiring and promotion decisions.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e ☐f

Not Applicable Findings: ☐a ☐b ☐c ☐d ☐e ☐f

Notes:

(a)(b)(c)(d)(e)(f): In accordance with DHS Directive, Instruction Number 121-01-007, Revision #02, Personnel Security Vetting Program, issued August 10, 2024, and replacing ICE Personnel Security and Suitability Program Directive 6-7. 0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8. 0, the following procedures are implemented under the Personnel Security Vetting Program. "All individuals with access to DHS IT systems or sensitive information and/or with unescorted access to DHS-owned/controlled facilities undergo a background investigation with a favorable determination. All covered individuals are investigated commensurate with their position risk/sensitivity level, which are set in accordance with the U. S. Office of Personnel Management (OPM) position risk/sensitivity designation guidance/tool or successor process. The Department of Defense (DOD) grants clearances to DHS contractor employees. DHS grants clearances to state, local, tribal, and private sector (SLTPS) and Classified Critical Infrastructure Protection Program (CCIPP) participants and consultants. DHS determines eligibility for access to Sensitive Compartmented Information (SCI) for contractor employees. Continuous Evaluation (CE) is a personnel security investigative process to review the background of individuals who have been determined eligible for access to classified information or to hold a sensitive position at any time during the period of eligibility. In accordance with Security Executive Agent Directive 6, "Continuous Evaluation," and subsequent Implementation Guidelines, DHS is participating in a federally authorized CE program. CE is intended to be a component of the forthcoming continuous vetting concept. Additional CE checks may be run if deemed necessary. The primary objective for the DHS ICE

program is to develop an automated solution for continuous data checks on the eligible DHS population that delivers only the relevant derogatory information not previously adjudicated by personnel security. CE record checks supplement existing investigative processes by transforming personnel security investigations from periodic snapshots to ongoing reviews that bridge information gaps within the reinvestigation cycle. Additionally, the Unit Chief of OPR Personnel Security Division (PSD) informed Auditors, who attended virtual training in September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U. S. C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity." Additionally, in an email provided by the Personnel Security Division (PSD) Unit Chief, dated September 30, 2024, Auditors were informed "during federal staff promotions, Office of Human Capital (OHC) notifies the PSD the individual has selected the tentative job offer and PSD then collects the "PREA Questionnaire", form DHS 6 CFR 115, as part of the vetting process." These documents collectively require anyone entering into or remaining in government service to undergo a thorough background examination for suitability and reinvestigations every 5 years. The background investigation, depending on the type of work, is thorough to include education checks, criminal records check, neighbor, and residence checks, financial checks, and prior employment checks. The policy documents outline misconduct and criminal misconduct being grounds for unsuitability, including material omissions or making false or misleading statements in the application.

The Unit Chief of OPR Personnel Security Division (PSD) informed Auditors, who attended virtual training in September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. Based on information provided in an email by the OPR PSD (A) Division Chief, information on substantiated allegations of sexual abuse involving a former employee would be provided to prospective employers upon request, unless prohibited by law. Based on the memorandum dated November 8, 2021, issued by the ICE Acting Deputy Director, Employee Obligation to Report Corruption and Misconduct, ICE employees are obligated to report criminal and other allegations of employee and contractor misconduct, specifically including "sexual assaults, sexual harassment, or non-sexual harassment of […] detainees."

The Auditor submitted four API contractor staff names and four ICE staff names to PSD to determine compliance with background investigations. All eight combined ICE staff and contracted API staff were current on background investigations. During the onsite review of contract staff files, the Auditor was not provided with hire dates and confirmation of initial background checks to assess compliance. This was discussed with facility AIP staff, including the PSACM. The Auditor requested clarification as AIP acquired a new contract in 2025 and all records previous to this point were unavailable thus making it difficult to decipher staff original hire dates and ongoing background checks. The auditor received a clarification memo from the Human Resource Manager on June 15, 2026, which states, "Historically personnel supporting the Department of Homeland Security (DHS) were subject to periodic background reinvestigations, generally conducted every five years. As of 2022, DHS has

transitioned to a continuous vetting (CV) program managed by the Personnel Security Division. Through Continuous Vetting, employees are subject to ongoing monitoring rather than a recurring five-year reinvestigation cycle. Human Resources personnel are only notified when employees are discontinued from the process or are removed from the contract. Moreover, Human Resources personnel also conduct a quarterly reconciliation with the Contract COR to confirm that all employees on the contract hold a current active clearance. All employees listed below transitioned to AGS on 7/1/2014. Then transitioned to AIP on 3/1/2025." The memo provided clarification of the provisions, and included copies of emails regarding continuous vetting, original hire dates and the acquisition of AIP dates thus meeting full provisions of the standard. Interviews with four ICE staff and four contract AIP staff confirmed their awareness of the agency's requirements to disclose any misconduct outlined in provision (a) of this standard. MSF had two promotions within the audit period, and their background process was verified by the Auditor.

Corrective Action:

No corrective action needed.

§115.118 - Upgrades to facilities and technologies.

Outcome: Not Applicable

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☒a ☒b

Notes:

(a)(b): This subsection of the standard is not applicable. MSF has not designed or acquired a new holding facility or planned a substantial expansion or modification of the existing holding facility. The facility provided ICE Directive 11087.2 for compliance review which mandates, "Considering the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse, harassment and assault when designing or developing any new ERO holding facility and in planning any substantial expansion or modification of existing holding facilities, in coordination with ERO Custody Management, Headquarters Field Operations Division, the Office of Acquisition Management, and the Office of Asset and Facilities Management; 6) Considering how such technology may enhance the agency's ability to protect detainees from sexual abuse, harassment and assault (b) (7)(E) in coordination with ERO Headquarters Field Operations Division, the Office of Acquisition Management, and the Office of Asset and Facilities Management; and Custody Management…"

The facility provided a memorandum dated December 4, 2025, from the SDDO which states, "The Miami Staging Facility is a hold room/ transit area that is provided to ICE ERO Miami by the Miami International Airport Authority. Any "designing", "modifying", or "remodeling "of the area is handled by the Miami International Airport Authority. This also applies to any (b) (7)(E) Additionally, there (b) (7)(E) in the Miami Staging Facility's facility. Detainees are monitored by constant supervision. (b) (7)(E) " (b) (7)(E) .

Corrective Action:

No corrective action needed.

§115.121 - Evidence protocols and forensic medical examinations.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e
Not Applicable Findings: ☐a ☐b ☐c ☐d ☐e

Notes:
(a)(e): The facility provided policy 11062.2 that require, "The FOD shall ensure that the detention facility complies with the response and intervention mandates established by PBNDS 2011 Standard 2.11, as well as other relevant detention standards and contractual requirements, including by: i) Offering the alleged victim immediate protection from the alleged abuser; ii) Using a coordinated, multidisciplinary team approach to respond to the allegation; iii) Avoiding punishment of the victim for reporting abuse or for participating in sexual activity as a result of force or coercion; iv) Placing the victim in a supportive environment that represents the least restrictive housing option possible; v) Not placing the victim in administrative segregation for longer than five days except in highly unusual circumstances or at the request of the detainee; vi) Attempting to make available to the victim a victim advocate from a rape crisis center, or if unavailable, another community victim service provider; and vii) Complying with the health care mandates of PBNDS 2011 Standard 2.11; b) Notify ICE, through ERO Field Operations, if the facility has been unable to make available to the victim a victim advocate from a rape crisis center or community victim service provider. OPR shall: a) Coordinate with the FOD or SAC and facility staff to ensure evidence is appropriately secured and preserved pending an investigation by federal, state, or local law enforcement, DHS OIG, and/or OPR; b) Coordinate with DHS OIG to effect timely acceptance of the case by DHS OIG or referral to OPR; Upon referral by DHS OIG to OPR, assess the allegation to determine investigative response and assignment, in accordance with ICE policies and procedures; d) Coordinate investigative efforts with federal, state, or local law enforcement or facility incident review personnel, in accordance with OPR policies and procedures." ICE Directive 11062.2, states the FOD shall, "When feasible, secure and preserve the crime scene and safeguard information and evidence, consistent with ICE uniform evidence protocols and local evidence protocols in order to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions."

ICE Directive 110087.2 states the First Responder, "preserves and protects, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; d) If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, ensures that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating."

The facility provided a memorandum dated December 4, 2025, from the SDDO which stated, "The Miami Staging Facility does not rely on local law enforcement to investigate allegations of sexual abuse at the facility. The facility has designated PREA investigators off site to investigate allegations/incidents. Each allegation is thoroughly documented and reported to the JIC (Joint Intake Center) and OPR Office of Professional Responsibility) duty agent. Any outside investigating entity shall be required to follow the requirements of CFR §115.121 (a-d). In the event that local law enforcement (Miami Dade County Police Department MDPD) is needed to further investigate a criminal sex abuse allegation, the Facility would contact 911 and request emergency assistance. MDPD will not enter into a memorandum of agreement (MOU) since the faclity [facility] falls within there [their] jurisdiction of service. Any outside investigating entity shall be required to follow the requirements of CFR §115.121 (a-d)." A review of agency policy confirmed the agency will follow a uniform

evidence protocol which is developmentally appropriate for juveniles as applicable. The Auditor was provided with Forensic Sexual Assault Violence Against Women Act Compliance Protocol for the County of Miami Dade, Florida, and the Florida Sexual Assault Statewide Guidelines for review. The Auditor reviewed emails between Miami Dade Police Department (MDPD) and MSF which confirmed MDPD would conduct the investigation. Review of the emails additionally confirmed MSF has requested MDPD follow the requirements of subsections (a) through (d) of the standard. Interview with the SDDO and the PSACM confirmed the MDPD would conduct investigations of sexual assault and sexual abuse allegations occurring at the MSF and the evidence protocol would be utilized in a coordinated effort ensuring all provisions are met. There were no allegations of sexual abuse reported at MSF during the audit period.

(b)(c)(d): ICE Directive 11087.1, states in part that; "The FOD shall coordinate with the ERO [Headquarters] HQ, and the Agency PSA Coordinator, in utilizing, to the extent available and appropriate, community resources and services that provide expertise and support in areas of crisis intervention and counseling to address victims' needs." The policy also states that "where evidentiarily or medically appropriate, at no cost to the detainee, and only with the detainee's consent, the FOD shall arrange or refer an alleged victim detainee to a medical facility to undergo a forensic medical examination, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified health care personnel. If in connection with an allegation of sexual abuse, the detainee is transported for a forensic examination to an outside hospital that offers victim advocacy services, the detainee shall be permitted to use such services to the extent available consistent with security needs."

The facility reported in the PAQ that victims of sexual assault would be transferred for treatment to JMH. Interview with the SDDO and the PSACM confirmed detainees would be sent to JMH for treatment. There were no allegations of sexual abuse reported at MSF during the audit period. The Auditor examined emails from December of 2025 between ICE and JMH and information on JMH's website: (https://jacksonhealth.org/locations/roxcy-bolton-rape-treatment-center) which stated, "Roxcy Bolton Rape Treatment Center (RTC) is a non-profit, hospital-based sexual assault crisis center located on the Jackson Memorial Medical Center campus. The center is staffed with sexual assault nurse examiners (SANE-trained), who provide comprehensive, quality medical treatment. The center's victim advocates are available to provide support and crisis intervention, and short-term counseling services are offered by licensed clinicians. RTC is certified by the Florida Council Against Sexual Violence (FCASV), a statewide nonprofit organization committed to victims and survivors of sexual violence and the sexual assault crisis programs who serve them. All staff is sensitively trained to work with victims of sexual assault. RTC services are at no cost to the survivor and are completely confidential regardless of police involvement or reporting status. RTC is open 24 hours a day, seven days a week to serve sexual assault victims and their non-offending family members. All services are free of charge and completely confidential." According to the website JMH provides medical treatment, 24/7 Crisis and Sexual Assault helpline, 305-585-7273 (RAPE) or 1-800-955-8771 TTY, information and referral, crisis interventions, advocacy, accompaniment, community awareness, system coordination, support groups, counseling, therapy, victim compensation/relocation application assistance and is a leader in LGBQT Healthcare equality.

The Auditor interviewed a representative from RTC, who confirmed the relationship with MSF and reiterated the availability of the 24-hour hotline and related services for detainees. The representative specifically noted that RTC responds to the MSF whenever a SANE exam is required, at no cost to the detainee. The staff confirmed crisis intervention and counseling would be provided also at no cost to the detainee. During the facility site

review, the Auditor observed contact information for RTC in all the common areas and the bathrooms of the facility.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e

Not Applicable Findings: ☐a ☐b ☐c ☐d ☐e

Notes:

(a)(b)(c)(d)(e): The facility provided ICE Directive 11062.2 for compliance review which states, "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." ICE Directive 11062.2 further dictates, that "The JIC shall notify the DHS Office of Inspector General (OIG)," and "the OPR shall coordinate with the FOD or SAC and facility staff to ensure evidence is appropriately secured and preserved pending an investigation by federal, state, or local law enforcement, DHS OIG, or referral to OPR."

ICE Directive 11062.2 states, "All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise." The Auditor reviewed the ICE website (www.ice.gov/detain/prea) which confirms the protocols are available to the public. The facility submitted a memorandum stating that there has not been an allegation of sexual abuse or assault at MSF in the last five years. The memorandum further outlines actions of leadership, management, and staff to include reporting instructions to the Joint Intake Center and MDPD. Interview with the PSACM confirmed that Agency protocols would be followed to ensure all allegations of sexual abuse are reported to the PSA Coordinator, the JIC, the DHS OIG, and MDPD and all allegations would be thoroughly investigated. There were no allegations of sexual abuse reported at MSF during the audit period. ICE Directive 11062.2, states in part that; "The OPR shall coordinate with appropriate ICE entities and federal, state, or local law enforcement to facilitate necessary immigration processes that ensure availability of victims, witnesses, and alleged abusers for investigative interviews and administrative or criminal procedures, and provide federal, state, or local law enforcement with information about U nonimmigrant visa certification."

The facility further provided a memorandum dated October 30, 2025, from the SDDO which stated, "During the audit there was no occurrence of a sexual assault abuse incident that the Miami staging facility encountered that rose to the level of being considered "criminal" and thus requiring referral to an external law enforcement agency for additional investigation. In the event that an incident is potentially criminal it would be documented and promptly reported to the JIC (Joint Intake Center) and OPR (Office of Professional Responsibility) for criminal investigation." The facility provided a memorandum dated December 4, 2025, from the SDDO which stated, "The Miami Staging Facility does not rely on local law enforcement to investigate allegations of sexual abuse at the

facility. The facility has designated PREA investigators off site to investigate all allegations/incidents. Each allegation is thoroughly documented and reported to the JIC (Joint Intake Center) and OPR (Office of Professional Responsibility) duty agent. Any outside investigating entity shall be required to follow the requirements of CFR §115.121 (a-d). In the event that local law enforcement (Miami Dade County Police Department MDPD) is needed to further investigate a criminal sex abuse allegation, the Facility would contact 911 and request emergency assistance. MDPD will not enter into a memorandum of agreement (MOU) since the faclity [facility] falls within there [their] jurisdiction of service. Any outside investigating entity shall be required to follow the requirements of CFR §115.121 (a-d)."

In the event of a PREA allegation submitted verbally, in writing, anonymously, via third parties (to include allegations occurring at other facilities), all detainee, victim, witness and officer statements are to be collected and turned over to PREA investigators/Coordinators at Krome SPC, to ensure proper PREA protocols are initiated. The auditor interviewed the SDDO, and he confirmed OPR Special Agents would provide the detainee victim of sexual abuse, with timely access to U nonimmigrant status information. They further stated that if an OPR investigation determined that a detainee was a victim of sexual abuse while in ICE custody, the assigned Special Agent would provide an affidavit documenting such in support of the detainees U nonimmigration visa application. The Auditor reviewed the Immigration Options for Victims of Crime brochure provided by the facility. The brochure is information for law enforcement, healthcare providers, and others. This brochure would be provided to detainee sexual abuse victims after a report of an incident and provides information on U nonimmigration status. There were no allegations of sexual abuse reported at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.131 - Employee, contractor, and volunteer training.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): The facility provided ICE Directive 11062.2 for compliance review which mandates, "All current employees required to take the training, [as outlined in the Directive], shall be trained as soon as practicable, but no later than May 1, 2015, and ICE shall provide each employee with biennial refresher training to ensure that all employees know ICE's current sexual abuse policies and procedures. All newly hired employees who may have contact with individuals in ICE custody shall also take the training within one year of their entrance on duty."

Policy 11062.2 further states, "All ICE personnel who may have contact with individuals in ICE custody, including all ERO officers and HSI special agents, shall receive training on, among other items: a) ICE's zero tolerance policy for all forms of sexual abuse and assault; b) The right of detainees and staff to be free from sexual abuse or assault; c) Definitions and examples of prohibited and illegal behavior; d) Dynamics of sexual abuse and assault in confinement; e) Prohibitions on retaliation against individuals who report sexual abuse or assault; f) Recognition of physical, behavioral, and emotional signs of sexual abuse or assault, situations in which sexual abuse or assault may occur, and ways of preventing and responding to such occurrences, including: i) Common reactions of sexual abuse and assault victims; ii) How to detect and respond to signs of threatened and actual sexual abuse or assault; iii) Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and iv) How to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault; g) How to avoid

inappropriate relationships with detainees; h) Accommodating limited English proficient individuals and individuals with mental or physical disabilities; i) communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender nonconforming individuals, and members of other vulnerable populations; j) Procedures for fulfilling notification and reporting requirements under this Directive; k) The investigation process; and l) The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes." Additionally, Directive 11062.2 requires the agency "document that all ICE personnel who may have contact with individuals in ICE custody have completed the training." The Auditor reviewed the ICE Sexual Abuse and Assault Prevention and Intervention (SAAPI) Awareness training slides, a roster of names and completion dates for ICE SAAPI training, and a SAAPI in person training roster for training completed at MSF during October/November 2025. The facility further provided PREA training certificates for all assigned ICE staff. The ICE SAAPI Awareness training slides included all the elements required of subsection (a) of this standard. Interviews with the SDDO and three ICE staff confirmed that PREA training is received annually. The AIP PSCM, who is also the Training Manager, stated all contractors participate in annual refresher training which is held in person on a rotating schedule. Additional supplemental classes such as Code of Conduct, which covers harassment and sexual abuse, are also offered online throughout the year. While onsite, the Auditor reviewed MSF signed PREA training completion sheets for initial training, and annual in-service training. Review of 11 staff files confirmed all AIP staff had received initial PREA training at hire and received refresher training annually. There are no other contractors or volunteers who enter the facility.

The Auditor did not make a compliance determination for provision (a) related to communicating effectively and professionally with transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E.O. #14168.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

The facility provided ICE Directive 11062.2 for compliance review which mandates, "The FOD shall ensure that key information regarding ICE's zero-tolerance policy for sexual abuse and assault is visible or continuously and readily available to detainees (e.g., through posters, detainee handbooks, or other written formats)." During the onsite audit the Auditor observed the DHS-prescribed Sexual Awareness Notice posted in English, Haitian Creole and Spanish posted on the MSF walls. The facility had the capability to print the SAAPI pamphlets in 18 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, Vietnamese, and Wolof for distribution to detainees. The facility also had the capability to provide the 2026 ICE National Detainee Handbook in 19 languages: Arabic, Bengali, English, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Mam, Portuguese, Pulaar, Punjabi, Romanian, Russian, Simplified Chinese, Spanish, Turkish, Wolof, and Vietnamese. DRIL posters were posted in English, Spanish, Haitian Creole and Punjabi.

Interview with the PSACM confirmed that the prevalent languages encountered at MSF are English, Haitian Creole and Spanish. The facility has bilingual staff available for communicating verbally with Spanish speaking

detainees. Interviews with the four ICE staff and four contract AIP staff confirmed that the ERO language line would be utilized if other languages are needed. Of the 4 detainees interviewed, all recalled receiving information verbally and in writing regarding the Zero Tolerance policy. They all indicated they also saw the variety of posters on the walls describing the Zero Tolerance.

Corrective Action:

No corrective action needed.

§115.134 - Specialized training: Investigations.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☐a ☐b

Notes:

(a)(b): The facility provided ICE Directive 11062.2 for compliance review which mandates, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process."

The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to investigate an allegation of sexual abuse in a confinement setting. The Agency also offers Fact Finders Training which includes topics on administrative investigations, interacting with victims, how to interact with LEP, Lesbian, Gay, Bi-Sexual, and disabled detainees. Both training curricula and documented evidence of training for ICE staff were available on the OPR SharePoint for review by the Auditor. Interviews with the SDDO and PSACM confirmed that administrative investigations would be conducted by the PREA Field Coordinator for ICE staff and by the AIP Investigators for contract staff. The Auditor confirmed the Field Coordinator's completion of specialized training for investigations through the OPR SharePoint folder. The SDDO and PSACM further stated that MDPD would conduct a criminal investigation for the facility. There were no allegations of sexual abuse reported during the audit period.

Corrective Action:

No corrective action needed.

§115.141 - Assessment for risk of victimization and abusiveness.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e

Not Applicable Findings: ☐a ☐b ☐c ☐d ☐e

Notes:

(a)(b)(c)(d)(e): The facility provided ICE Directive 11087.2 for compliance review which mandates procedures for FODs "Screening: a) Ensure that before placing detainees together in a hold room, there shall be consideration of whether a detainee may be at a high risk of being sexually abused or assaulted, and, when appropriate, shall take necessary steps to mitigate any such danger to the detainee. b) Ensure that the following criteria are considered in assessing detainees for risk of sexual victimization, to the extent that the information is available: 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; Whether the detainee has self-identified as Lesbian, Gay, Bisexual…; Whether the detainee has self-identified as previously experiencing sexual victimization; and The detainee's own concerns about his or her physical safety. c) Implement appropriate controls on the dissemination of any sensitive information regarding a detainee provided pursuant to screening procedures. d) When staff has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the detainee. e) For detainees identified as being at high risk for victimization, the FOD shall provide heightened protection, including continuous direct sight and sound supervision, single-housing, or placement in a hold room actively monitored (b) (7)(by a staff member sufficiently proximate to intervene."

The facility further provided a memorandum dated October 30, 2025, from the SDDO which stated, "Since the Miami Staging Facility only receives detainees (b) (7)(E)])."ICE policy 11062.2 states, "The FOD shall ensure that detainees who may be held overnight with other detainees are assessed to determine their risk of being either sexually abused or sexually abusive, to include being asked about their concerns for their physical safety." According to the PAQ, the MSF does not hold detainees overnight. This subsection of the standard is not applicable. This was confirmed during interviews with four ICE staff and four contract AIP staff.

As this is a holding facility there are no physical records for the Auditor to review. The Auditor was provided the daily roster which is called the "Miami Hub Running Sheet" which identifies who is assigned to which detainee and the estimated time of arrival and departure. Any detainee with special needs or vulnerabilities would be identified on the Running Sheet. The sheets are generated typically twice per day as the schedule is continually changing. The Auditor had an AIP staff walk her through the intake procedure. The SDDO provides the facility with a special alert or needs information on each detainee prior to the detainee arriving onsite though either electronic or written methods. Special needs or alerts can also be entered into the electronic system for staff to review such as disability, prior victimization or if the detainee identifies as gay, lesbian, or gender nonconforming. Any special alerts are also noted on the intake running sheets which are provided prior to the detainee's arrival. Prior to the detainee's arrival, MSF staff review the sending facilities assessment data which includes information on whether the detainee has a mental, physical, or developmental disability, the age of the detainee, whether the detainee has been previously incarcerated or detained, the nature of the detainee's criminal history, disciplinary information, whether the detainee has self-identified as LGB 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. Staff review the information and will manage detainees accordingly within the holding area. Detainee's arrival and departures are timed accordingly to mitigate risks as the stay in the holding area is limited in space and time. Appropriate controls are maintained for sensitive information and certain areas of the electronic system can only be accessed based on job duties.

Interview with the SDDO and the PSACM confirmed detainees with special needs or vulnerabilities would be monitored to ensure safety for each detainee. The SDDO and PSACM further confirmed consideration for transportation is based on alerts, information received by the sending facility and information obtained from the Detention Officer assigned to the case. Interviews with four ICE staff and four contract AIP staff confirmed no detainees have been held overnight with other detainees during the audit period and that paperwork, to include the

assessment, is completed prior to receiving the detainee. The Auditor did not make a compliance determination for provision (c) bullet (7) related to consideration of transgender and intersex detainees, as the provision does not currently align with E.O. #14168.

Corrective Action:

No corrective action needed.

§115.151 - Detainee reporting.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): The facility provided ICE Directive 11087.2 for compliance review procedures for FODs, "Ensure that detainees are provided instructions on multiple ways they can confidentially, and if desired, anonymously report incidents of sexual abuse or assault and retaliation for reporting sexual abuse or assault, or staff neglect or violations of responsibilities that may have contributed to such incidents to ERO personnel."

The Post Orders: Escort Officer, Miami International Airport Desk and Detention Hold Room Officer, dated November 20, 2025, state, "All detainees should have the means and access to report grievances, requests, special accommodations, and provide PREA allegations at all times. Ensure all forms, pamphlets and legal documentation are sufficiently stocked and readily available upon request, to include visible posted reporting channels. In the event of a PREA allegation submitted verbally, in writing, anonymously, via third parties (to include allegations occurring at other facilities), all detainee, victim, witness and officer statements are to be collected and turned over to PREA investigators/Coordinators at Krome SPC, to ensure proper PREA protocols are initiated." The post orders also includes the names, email and phone number for the PREA and Special Accommodations/Disabilities Coordinator, and the two AIP PREA Investigators.

Interviews with MSF staff confirmed that upon admission, all detainees receive instructions upon arrival and processing on how he/she may report sexual abuse to a public or a private entity or office that is not part of the agency, and that it is able to receive and immediately forward detainee reports of sexual abuse to the agency officials, allowing the detainees to remain anonymous upon request, this included third party reporting and how to contact their consular official or the DHS OIG, to confidentially and if desired, anonymously, report these incidents. The Auditor also observed this information clearly identified in the facility detainee handbook.

The Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number posted in the holding areas which included easy to follow instruction on how to call the ICE Detention Reporting and Information Line (DRIL), DHS OIG, and other services available to detainees. The information is provided in English and Spanish. For those detainees who speak other languages, the same contact information is available in the ICE National Detainee Handbook in 19 languages. Additionally, the Auditor observed posters providing information about the RTC in Spanish, Haitian Creole and English. In interviews with the MSF Captain and Lieutenant they stated this information is also provided via transcript read to detainees who do not speak these languages or have a disability or if a detainee wanted to make a private call, they would be taken to a separate room for privacy. The Auditor was able to test telephone numbers for the DHS OIG, OPR, DRIL, and the RAINN National Sexual Assault Hotline and was able to connect properly. Interviews with four ICE staff and four contract AIP staff interviewed confirmed that reports would be accepted verbally, in writing, anonymously, and from third parties and would be documented immediately.

Interviews with four detainees confirmed they could report an allegation to a staff member or utilize the hotline number posted. All detainees interviewed stated they had observed the various posters in multiple languages in the holding area. While onsite the auditor observed the employee training curriculum, which also included instructions to staff on multiple reporting methods and anonymous reporting, which was verified through interviews with four ICE and four AIP contract staff.

The facility also has internal reporting avenues where the detainees can report directly to a staff member, or through a grievance form. The grievance forms were readily available to the detainees on the wall, clearly identified and a secure lock box was nearby to receive requests. During his interview the MDF Captain said the grievance box is checked daily by himself, or the Lieutenant.

During an interview with the Auditor, the PSACM stated there were no third-party or any other method reports of sexual abuse received during the audit period.

Corrective Action:

No corrective action needed.

§115.154 - Third-party reporting.

Outcome: Meets Standard

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

The facility provided ICE Directive 11087.2 for compliance review which states, "Implement procedures for ERO personnel to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports." Post Orders: Escort Officer, Miami International Airport Desk and Detention Hold Room Officer, dated November 20, 2025, state, "All detainees should have the means and access to report grievances, requests, special accommodations, and provide PREA allegations at all times. Ensure all forms, pamphlets and legal documentation are sufficiently stocked and readily available upon request, to include visible posted reporting channels. In the event of a PREA allegation submitted verbally, in writing, anonymously, via third parties (to include allegations occurring at other facilities), all detainee, victim, witness and officer statements are to be collected and turned over to PREA investigators/Coordinators at Krome SPC, to ensure proper PREA protocols are initiated."

During the onsite audit, the Auditor observed the DRIL and DHS OIG posters in the holding areas. A review of the ICE website www.ice.gov/detain/prea confirmed there are methods for third-party reporting. The Auditor called the DRIL and DHS OIG numbers onsite and confirmed both would accept reports of sexual abuse. The Auditor tested MSF's third-party reporting through the website by sending an email. A prompt response was received outlining the next steps and notifications.

Corrective Action:

No corrective action needed.

§115.161 - Staff reporting duties.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:
(a)(b)(c)(d): The facility provided ICE Directive 11062.2 for review which mandates, "All staff are required to report immediately and according to agency policy. Any knowledge, suspicion, or information regarding a sexual abuse incident, retaliation against detainees or staff who reported or participated in a related investigation; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Implement appropriate controls on the dissemination of any sensitive information regarding a reported sex abuse allegation, retaliation, or staff neglect." ICE Directive 11087.2 also states, "If an alleged sex abuse victim is under the age of 18 or determined, after consultation with the relevant Office of the Principal Legal Advisor Office of the Chief Counsel, to be a vulnerable adult under state or local vulnerable persons statute, the FOD shall report the allegation to the designated state or local services or local service agency under applicable mandatory reporting laws." Post Orders: Escort Officer, Miami International Airport Desk and Detention Hold Room Officer, dated November 20, 2025, states, in the event of a PREA allegation submitted verbally, in writing, anonymously, via third parties (to include allegations occurring at other facilities), all detainee, victim, witness and officer statements are to be collected and turned over to PREA investigators/Coordinators at Krome SPC, to ensure proper PREA protocols are initiated. The post orders also includes the names, email and phone number for the PREA and Special Accommodations/Disabilities Coordinator, and the two AIP PREA Investigators. Generalized training for all ICE staff includes, "The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know in order to make decisions concerning the victim's welfare and for law enforcement or investigative purposes."

During the onsite audit, the Auditor observed DHS OIG posters in the holding areas. Interviews with the PSACM, four ICE staff and four contract AIP staff confirmed that any knowledge, suspicion or information of an allegation, retaliation against a detainee or staff or staff misconduct of responsibilities would be reported immediately to their supervisor. Interviews confirmed staff were comfortable reporting outside their chain of command and knowledgeable about how to utilize the DHS OIG as a reporting resource. Staff further stated that information related to a sexual abuse report would not be shared unless there was a valid need to know the information and would only be shared for safety, treatment, investigation, or security management purposes. MSF does not process juveniles through the facility, but an interview with the SDDO confirmed if a vulnerable adult alleged sexual abuse, the appropriate Florida Social Services Department would be notified.

Corrective Action:

No corrective action needed.

§115.162 - Agency protection duties.
Outcome: Meets Standard
Deficient Findings: ☐
Not Applicable Findings: ☐

Notes:
The facility provided ICE Directive 11087.2 for compliance review which mandates, "When staff has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the detainee." Interviews with the PSACM, four ICE staff and four contract AIP staff confirmed that should there be any indication a detainee may be at risk for sexual abuse, or any other danger, it would warrant immediate separation from the situation, and protection in a safe supervised environment. There were no allegations of sexual abuse reported at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.163 - Reporting to other confinement facilities.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:

(a)(b)(c)(d): Policy 11062.2 states, "If the alleged assault occurred at a different facility from the one where it was reported, ensure that the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation, and document such notification." The facility provided a memorandum dated October 31, 2025, from the SDDO which stated "During the audit the Miami Staging Facility has not had any incident of a reported sexual abuse that occurred at another facility, prior to arriving at the Miami Staging Facility. In the event that an alleged abuse occurs the Miami Staging Facility would document the incident and notify the PSA Coordinator at the Krome SPC which would in turn notify the facility administrator."

The Auditor was provided with a memorandum that the facility has not received any allegations that a detainee was sexually abused while confined at another facility during the audit period. The memorandum additionally stated that should a detainee currently detained at MSF report abuse which occurred at a different facility, the SDDO or AFOD would notify the appropriate agency, facility, or administrator of the facility as soon as possible, but no later than 72 hours. The AFOD or SDDO would follow up telephonic contact with email notification. The SDDO and the PSACM confirmed if information was received that a detainee was sexually abused while confined at another facility a notification would be made to the sending facility's administrator and appropriate agency office immediately. They further confirmed that should MSF receive notification a detainee was sexually abused while detained at their facility notifications would be made to the OPR, MDPD, and ICE JIC via the ICE Significant Event Notification (SEN) database. All notifications would be written via email with follow-up telephone calls made immediately. There were no allegations of sexual abuse reported at MSF that occurred at another facility or reports received from another facility that an incident of sexual abuse had occurred at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.164 - Responder duties.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☐a ☐b

Notes:

(a)(b): The facility provided ICE Directive 11087.2 for compliance review which mandates, "First Responder Duties (officers or agents) - Ensure that upon learning of an allegation that a detainee was sexually abused or assaulted, the responder, or their supervisor: a) Separates the alleged victim and abuser; b) Considers whether any staff, contractor or volunteer alleged to have perpetrated sexual abuse should be removed from duties requiring detainee contact pending the outcome of an investigation and shall do so if the seriousness and plausibility of the allegation make removal appropriate. c) Preserves and protects, to the greatest extent possible, any crime scene until appropriate steps can be taken to collect any evidence; d) If the sexual abuse or assault occurred within a

time period that still allows for the collection of physical evidence, requests the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and e) If the sexual abuse or assault occurred within a time period that still allows for the collection of physical evidence, ensures that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. First Responder Duties (non-officers or agents) - If the first responder is not an officer or agent, the responder shall request the alleged victim not to take any actions that could destroy physical evidence, and then notify an officer or agent."

The Auditor reviewed a memorandum which stated there has not been any sexual abuse allegations at the MSF during the last three years and as such, there was not a report where the first responder was not security staff. Review of the training curricula and interviews with the PSACM, four ICE staff and four contract AIP staff confirmed that should an allegation occur, the parties would be separated immediately, the area would be secured, and staff would request the victim not to take any actions that may destroy evidence. The PSACM further stated all notifications would be made immediately to the investigating authorities and appropriate ICE offices. There were no allegations of sexual abuse reported at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.165 - Coordinated response.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): The facility provided ICE Directive 11087.2 for compliance review which mandates, "Field Office Directors (FODs), or their supervisory designees (Deputy Field Office Directors and Assistant Field Office Directors), are responsible for ensuring that field office personnel follow the procedures in this Directive for operating holding facilities located within their respective field offices. More specifically, FODs are responsible for: Ensuring a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse, harassment and assault occurring in holding facilities, or in the course of transit by ERO or ERO contract personnel to or from holding facilities, as well as to allegations made by a detainee at a holding facility of sexual abuse, harassment or assault that occurred elsewhere in ICE custody." ICE Directive 11087.2 further states, "If a victim is transferred from a DHS holding facility to a facility not covered by section (c) above, the FOD shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise."

The facility provided a memorandum dated October 31, 2025, from the SDDO which stated, "During the audit period, the Miami Staging Facility di. [did] not have any victims of sexual abuse transferred to another facility requiring medical and/or mental health services *Notification would be made via the Krome SPC/IHSC staff to include behavioral health consultants and field medical coordinators. They would notify the receiving facilities by way of email and/or teleconference of a patient, and advise of any potential need for health care services." The Auditor was also provided with the ICE "Application of DHS PREA 115.165: Coordinated Response" broadcast which provides instruction to Hold Rooms pertaining victim transfers between subpart A and B facilities, noncovered facilities and the victim's potential need for services. Interview with the SDDO and the PSACM confirmed that should a detainee be transferred to a DHS facility the receiving facility would receive

information about the victim's potential need for medical or social services. Additionally, the SDDO confirmed that should a detainee be transferred to a non-DHS facility information would be given to the receiving facility unless the detainee did not consent.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

The facility provided ICE Directive 11078.2 for compliance review which states that in responding to sexual abuse and assault incidents, the FOD "Considers whether any staff, contractor or volunteer alleged to have perpetrated sexual abuse should be removed from duties requiring detainee contact pending the outcome of an investigation and shall do so if the seriousness and plausibility of the allegation make removal appropriate."

The SDDO confirmed the contracted AIP staff are the only contractors who have contact with detainees. There are no volunteers at the MSF. They also stated any person alleged to have committed sexual abuse would be removed from all detainee contact until the conclusion of the investigation. There were no allegations of sexual abuse reported at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.167 - Agency protection against retaliation.

Outcome: Meets Standard

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

The facility provided policy 11062.2 which states, "ICE employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse or assault, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. However, ICE prohibits deliberately making false sexual abuse or assault allegations, as well as deliberately providing false information during an investigation, and such misconduct will be addressed through appropriate processes." Interview with the PSACM confirmed that should an incident occur; the facility would monitor staff or detainees for retaliation. Additionally, interviews with four ICE staff and four contract AIP staff confirmed that that retaliation in any form is not permitted and such conduct would be grounds for disciplinary action. There were no allegations of sexual abuse reported at MSF during the audit period. The facility provided a memorandum dated October 31, 2025, from the SDDO which stated, "During the audit period, the Miami Staging Facility did not have any reports of retaliation against detainees for reporting sexual abuse or for cooperating with an investigation into an allegation of sexual abuse."

Corrective Action:

No corrective action needed.

§115.171 - Criminal and administrative investigations.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e
Not Applicable Findings: ☐a ☐b ☐c ☐d ☐e

Notes:
(a)(b)(c)(d)(e): The facility provided policy 11062.2 states, "…the FOD shall: Ensure that the facility complies with the investigation mandates established by PBNDS 2011, Standard 2.11, as well as other relevant detention standards and contractual requirements, including by: i) When feasible, securing and preserving the crime scene and safeguarding information and evidence consistent with established evidence protocols; ii) Conducting a prompt, thorough, and objective investigation by qualified investigators; iii) Arranging for the victim to undergo a forensic medical examination, where appropriate; iv) Ensuring that the presence of the victim's outside or internal victim advocate, as requested by the victim, is allowed for support during forensic exams and investigatory interviews; v) Pursuing internal administrative investigations and disciplinary sanctions in coordination with the assigned criminal investigative entity to ensure non-interference with criminal investigations; vi) Cooperating with outside investigators and endeavoring to remain informed about the progress of outside investigations; and vii) Ensuring that the facility's Sexual Abuse and Assault Prevention and Intervention Program Coordinator reviews the results of the investigation and that the facility implements any resultant recommendations for improvements to facility policies or practices…" In addition, policy 11062.2 states, "When outside agencies investigate sexual abuse or assault, cooperate with law enforcement agencies, OPR, and other outside investigators and endeavor to remain informed about the progress of the investigation, and ensure that detention facilities do the same; and (e) Coordinate with the OPLA OCC and OPR as appropriate to facilitate the availability of potential witnesses. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse or assault, and may not be terminated solely due to the departure of the alleged abuser or victim from the employment or control of ICE…"

MSF follows PBNDS 2011, Standard 2.11 which states, "Administrative investigations procedures include: a. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence (b) (7)(E) b. Interviewing alleged victims, suspected perpetrators, and witnesses; c. Reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; d. assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse to submit to a polygraph; e. An effort to determine whether actions or failures to act at the facility contributed to the abuse; f. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; g. Retention of such reports for as long as the alleged abuser is detained or employed by the agency or facility, plus five years, and; h. Coordination and sequencing of administrative and criminal investigations, to ensure that the criminal investigation is not compromised by an internal administrative investigation."

The Post Orders: Escort Officer, Miami International Airport Desk and Detention Hold Room Officer, dated November 20, 2025, state, "In the event of a PREA allegation submitted verbally, in writing, anonymously, via third parties (to include allegations occurring at other facilities), all detainee, victim, witness and officer statements are to be collected and turned over to PREA investigators/Coordinators at Krome SPC, to ensure proper PREA protocols are initiated." Interview with the SDDO and the PSACM confirmed should an investigation be required, it would be prompt, thorough, objective and conducted by either of the two PREA Investigators or, if criminal, the MDPD. The two AIP investigators have completed the specialized investigator training required under standard 115.134. The interviews further confirmed an investigation would only be

conducted after consultation with the appropriate DHS investigative office, with ICE OPR having first right of refusal. This investigation would continue until it was finished even if the alleged abuse or victim has left the facility or not employed by the agency. The Auditor reviewed agency policy which confirms procedures for administrative investigations include preservation of direct and circumstantial evidence, interviews with all parties involved, credibility assessments, descriptions of all evidence, investigative facts and findings and retention of reports. Interview with the SDDO and the PSACM further confirmed that should MDPD need to investigate an incident, the facility would remain informed by receiving a case number and following up via email or telephone about the progress of the case. There were no allegations of sexual abuse reported at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.172 - Evidentiary standard for administrative investigations.

Outcome: Meets Standard

Deficient Findings: ☐_

Not Applicable Findings: ☐_

Notes:

The facility provided policy 11062.2 states, "Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse or assault, and may not be terminated solely due to the departure of the alleged abuser or victim from the employment or control of ICE..."

Interviews with the SDDO and the PSACM confirmed that the evidentiary standard used to determine the outcome of an administrative investigation would be no standard higher than a preponderance of the evidence. There were no allegations of sexual abuse reported at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.176 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Deficient Findings: ☐a ☐c ☐d

Not Applicable Findings: ☐a ☐c ☐d

Notes:

(a)(c)(d): The facility provided policy 11062.2 states, "Upon receiving notification from a FOD or Special Agent in Charge (SAC) of the removal or resignation in lieu of removal of staff for violating agency or facility sexual abuse and assault policies; i) Report that information to appropriate law enforcement agencies, unless the activity was clearly not criminal; ii) Make reasonable efforts to report that information to any relevant licensing bodies, to the extent known." The facility further provided a memorandum dated October 31, 2025, from the SDDO which stated, "During the audit period, the Miami Staging Facility did not have any incidents where law enforcement agencies were notified of a staff member's violation of sexual abuse policies. Copies of "letters/notices of termination, resignations, or other sanctions and notices to licensing bodies" are HQ functions and not handled by the Miami Field Office." The MSF does not have any volunteers or contractors other than the AIP staff. The Auditor was provided with a memorandum that stated the MSF did not have any termination, resignations or other sanctions imposed due to an incident of sexual abuse during the audit period. The memorandum further stated there is not a template letter that would be utilized for such instances; however, documentation would be

forwarded to a licensing body and routed through the ICE Office of Principal Legal Advisor and ICE Office of Human/Capital/Employee & Labor Relations.

Interviews with the SDDO and the PSACM confirmed staff would be subject to disciplinary or adverse action up to and including removal for substantiated allegations of sexual abuse or for violating agency sexual abuse policies. The SDDO and the PSACM further confirmed that MSF would report all removals or resignations in lieu of removal for violations of sexual abuse policies unless the action was clearly not criminal. Additionally, licensing bodies would be notified of removal or resignations if required. There were no allegations of sexual abuse reported at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.177 - Corrective action for contractors and volunteers.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☐a ☐b

Notes:

(a)(b): The facility provided policy 11062.2 which states that when the incident occurs in ERO custody, the FOD shall "Ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring contact with detainees pending the outcome of an investigation." The facility further provided a memorandum dated October 31, 2025, from the SDDO which stated, "During the audit period, the Miami Staging Facility did not have any incidents of contractors and/or volunteers violating the facility's sexual abuse policies. Copies of "letters/notices of termination, resignations, or other sanctions and notices to licensing bodies" are HQ functions and not handled by the Miami Field Office." MSF does not have any volunteers or contractors other than the AIP staff. The Auditor was provided with a memorandum that stated, "MSF does not have any contractors or volunteers who violated policy therefore there was no licensing bodies notified for staff violations of sexual abuse policies during the audit period." An interview with the PSACM confirmed any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately pending the outcome of an investigation.

Corrective Action:

No corrective action needed.

§115.182 - Access to emergency medical services.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☐a ☐b

Notes:

(a)(b): The facility provided policy 11062.2 "Ensure that detainee victims of sexual abuse or assault have timely, unimpeded access to emergency medical and mental health treatment and crisis intervention services, (including emergency contraception and sexually transmitted infections prophylaxis) is provided, in accordance with professionally accepted standards of care. Such treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident… When the incident occurs in ERO custody, the ERO Executive Associate Director, in

coordination with the PSA Coordinator, shall ensure, as appropriate, that a qualified staff member from a community-based organization, or a qualified agency staff member, provides emotional support, crisis intervention, information, and referrals to the victim." Policy 11062.2 further states, "If a victim is transferred between detention facilities or holding facilities, or to any non-ICE facility, ensure that, as permitted by law, the receiving facility is informed of the incident and the victim's potential need for medical or mental health care or victim services (unless, in the case of transfer to a non-ICE facility, the victim requests otherwise). In addition to steps taken by the facility, ensure the safety and security of the victim and adequate medical and mental health care for the victim, including consideration of appropriate potential custodial options, such as placing the victim in a supportive environment that represents the least restrictive housing option at another facility (within the same jurisdiction if there is an ongoing investigation), transferring the victim to a hospital, or other appropriate custodial options."

There were no allegations of sexual abuse reported at MSF during the audit period. The facility provided a memorandum dated October 31, 2025, from the SDDO which stated, "During the audit period, the Miami Staging Facility did not have any incidents where emergency medical services were provided to a detainee victim in a timely manner without cost." Interview with the SDDO and the PSACM confirmed emergent medical care would be provided by JMH free of charge and regardless of whether the detainee names the abuser or cooperates with the investigation.

Corrective Action:

No corrective action needed.

§115.186 - Sexual abuse incident reviews.

Outcome: Meets Standard

Deficient Findings: ☐a

Not Applicable Findings: ☐a

Notes:

(a): The facility provided ICE Directive 11087.2 for compliance review requires the FOD to "conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault occurring at a holding facility and, unless the allegation was determined to be unfounded, prepare a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. Such review shall ordinarily occur within 30 days of ERO's receipt of the investigation results from the investigating authority. a) Implement the recommendations for improvement, or document its reasons for not doing so, in a written justification. The review, report and justification shall be forwarded to the ICE PSA Coordinator." The facility provided a memorandum dated October 30, 2025, from the SDDO which stated, "During the audit period, the Miami Staging Facility did not have any instances where a sexual abuse incident review was completed after an investigation an [and] did not have any instances where an allegation of sexual abuse was not determined to be unfounded."

MSF did not have any allegations of abuse for the Auditor to review but provided a blank Sexual Abuse Assault Incident Review Form for the Auditor to review. The form included sections for date, time, parties involved, team members, incident date, names of the parties involved, team members, investigation details, disciplinary sanctions imposed, and incident review findings which included: group dynamics, staffing, physical plant, incident response, and other general review areas. The last section of the form was for the facility to enter any recommended change in policies, procedures or practices, and the method of implementation. The Auditor reviewed two memorandums from MSF that stated the Sexual Abuse Incident Review form would be utilized;

however, there have not been any allegations therefore no reports to recommend changes in policy, practice, or procedures. Interview with the PSACM confirmed that for all investigations, regardless of the outcome, they would utilize the provided form, and the review would be completed within 30 days following the conclusion of an investigation.

Corrective Action:

No corrective action needed.

§115.187 - Data collection.

Outcome: Meets Standard

Deficient Findings: ☐a

Not Applicable Findings: ☐a

Notes:

(a): The facility provided policy 11062.2 which states "Data collected pursuant to this Directive shall be securely retained in accordance with agency record retention policies and the agency protocol regarding investigation of allegations. 2) All aggregated sexual abuse and assault data shall be made available to the public at least annually through the ICE website, consistent with existing agency information disclosure policies and processes, and omitting any personal identifiers. 3) All sexual abuse and assault data collected pursuant to this Directive shall be maintained for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise." During his interview, the PSACM confirmed records are digitally stored in the computer system and paper files are maintained in locked filing cabinets within their office which is in the administration building with only the PSACM and SDDO having access. Access to the electronic files is strictly restricted to job duties assignments. The Auditor observed a locked file cabinet in the PSACM's locked office where all case records associated with allegations of sexual abuse are maintained. This office is additionally secure behind a secured entrance to the office building accessed by an electronic ID pass. The established facility retention schedule is 10 years for these files. There were no allegations of sexual abuse reported at MSF during the audit period.

Corrective Action:

No corrective action needed.

§115.193 - Audits of standards.

Outcome:

Deficient Findings:

Not Applicable Findings:

Notes:

This PREA Audit at MSF was the first audit for this facility. After careful review, it was determined that the facility is in compliance with the DHS PREA standards. MSF does not hold detainees overnight and there has not been an allegation of sexual abuse reported during the audit period.

Corrective Action:

No corrective action needed.

§115.201 - Scope of audits.

Outcome: Meets Standard

Deficient Findings: ☐d ☐e ☐i ☐j

Not Applicable Findings: ☐d ☐e ☐i ☐j

Notes:

(d)(e)(i)(j): Throughout all phases of the audit process, including the onsite review, the Auditor was provided access to memoranda and other relevant documentation necessary to evaluate MSF's compliance with the DHS PREA standards. Pertinent documentation was made available before, during, and after the onsite audit through the OPR SharePoint system and in hard copy onsite. Any supplemental materials requested by the Auditor were provided in a timely manner. During the facility site review, the Auditor was granted unrestricted access to all areas of the facility, allowing for thorough verification of policies, procedures, and operational practices. No correspondence from detainees, external entities, or staff was received before, during, or after the onsite audit. The Auditor further confirmed that audit notices containing the Auditor's contact information were prominently posted in in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor was permitted to conduct confidential interviews with detainees and staff in designated spaces to ensure privacy and confidentiality. The facility presented relevant documentation in a professional and organized manner, supporting an efficient and comprehensive audit process. Staff were made available as requested and responded promptly and competently to Auditor inquiries, contributing to a cooperative and productive audit environment. Based on the documentation provided, access granted, and responsiveness of facility staff, the audit process supported a comprehensive assessment of compliance and reflected practices that met applicable standards.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

Diana Lind 07-06-2026

Auditor's Signature & Date

8/7/2026

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

Program Manager's Signature & Date

8/6/2026

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

Assistant Program Manager's Signature & Date

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility