

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



**Homeland
Security**

AUDIT DATES

From:	12/13/2022	To:	12/15/2022
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AUDITOR INFORMATION

Name of auditor:	Mark McCorkle	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	409-866-(b) (6), (b) (7)(C)

PROGRAM MANAGER INFORMATION

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

AGENCY INFORMATION

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

Name of Field Office:	San Antonio
Field Office Director:	(A) Sylvester Ortega
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	1777 NE Loop 410, Suite 1500, San Antonio, TX 78217
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility

Name of facility:	Karnes County Immigration Processing Center
Physical address:	409 FM 1144, Karnes City, TX 78118
Mailing address: (if different from above)	Click or tap here to enter text.
Telephone number:	(830) 254-2000
Facility type:	D-IGSA
PREA Incorporation Date:	10/9/2014

Facility Leadership

Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	Facility Administrator
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(830) 254-(b) (6), (b) (7)(C)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	Title:	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(830) 254-(b) (6), (b) (7)(C)

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Form Key:	29
Revision Date:	02/24/2020
Notes:	Click or tap here to enter text.

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 Karnes County Immigration Processing Center (KCIPC) was conducted from December 13, 2022, through December 15, 2022. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Mark McCorkle, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager (PM) [REDACTED] and Assistant Program Manager (APM) [REDACTED] both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The audit period is from February 28, 2020, to December 15, 2022. This is the facility's third DHS PREA audit. KCIPC is operated under contract by The GEO Group.

The ERAU Team Lead [REDACTED] forwarded the audit notification poster to the facility. The poster included the dates of the audit, the purpose of the audit, the Auditor's contact information through Creative Corrections, LLC, and a statement regarding the confidentiality of any communication received. The facility staff placed posters throughout the facility, including all housing units and all common areas. The Auditor verified the placement of the audit notification poster during the facility tour, and the detainee and staff interviews. The Auditor received no correspondence from detainees at the facility prior to the onsite audit.

The facility employs a total of 197 security staff members: 90 males and 107 females. There are 40 medical staff and 4 mental health staff members. At the time of the audit, KCIPC housed only adult male detainees with a design capacity of 1,328, but the facility has housed adult female detainees in the past. The average time in custody for KCIPC is 6.7 days. In the previous 12 months, the facility booked/processed 14,583 male detainees, 7 female detainees, and 4 juveniles. KCIPC houses low and low-medium detainees. At the time of the onsite audit, there were 718 male detainees being housed at the facility. There were no female, juvenile, or family units at the facility at the time of the audit.

On December 13, 2022, at approximately 8:00 a.m., the Auditor arrived at the facility and established a working area in a secure office at the KCIPC. At approximately 8:15 a.m., Team Lead [REDACTED] telephonically moderated an entry briefing conducted by the Auditor. In attendance at the briefing were the following:

- [REDACTED] Facility Administrator, KCIPC
- [REDACTED] Assistant Facility Administrator, KCIPC
- [REDACTED] Health Services Administrator (HSA), KCIPC
- [REDACTED] Chief of Intake, KCIPC
- [REDACTED] Assistant Field Office Director (AFOD), ICE/Enforcement and Removal Operations (ERO)
- [REDACTED] Acting (A) AFOD, Supervisory Detention and Deportation Officer (SDDO), ICE/ERO
- [REDACTED] Prevention of Sexual Assault (PSA) Compliance Manager, KCIPC
- [REDACTED] Assistant PSA Compliance Manager, KCIPC
- [REDACTED] SDDO, ICE/ERO
- [REDACTED] Program Manager, KCIPC
- [REDACTED] Section Chief, ICE/OPR/ERAU (Via Telephone)
- [REDACTED] Team Lead, Inspections and Compliance Specialist (ICS), ICE/OPR/ERAU (Via Telephone)
- [REDACTED] ICS, ICE/OPR/ERAU (Via Telephone)
- [REDACTED] ICS, ICE/OPR/ERAU (Via Telephone)
- Mark McCorkle, Auditor, Creative Corrections, LLC

The entry briefing provided an opportunity for all parties to establish a positive working relationship and outline the proposed schedule for the three onsite audit days. At the completion of the entry briefing, the Auditor was provided a complete tour of the KCIPC by the Facility Administrator, (A) AFOD, Chief of Security, Detainee Management Chief, and the PSA Compliance Manager.

The facility is comprised of five total buildings, which include administrative office for KCIPC and ICE staff. The facility utilizes 299 video surveillance cameras that are monitored at the facility's main control area. The cameras can also be viewed from the offices of the Facility Administrator, Chief of Security, and the PSA Compliance Manager.

Entry into the secure porting of the facility is made through a sallyport consisting of two hard doors. Detainees are not permitted to be in the administrative area of the building.

After passing through the sallyport, the secure portion of the facility consists of three distinct housing areas, each designed virtually identical to the other. The housing areas (called suites) are built on two tiers. Each individual suite contains four, two-person bunks, housing a total of eight detainees. The interior of the suite contains a telephone, television, with a toilet and shower located to the rear. The toilet and shower area have a hard, non-locking door. Each of the 3 housing areas contain 58 suites, which at capacity would house 464 detainees. There are no video surveillance cameras inside of the housing suites.

The kitchen area is staffed by GEO kitchen workers, who prepare the meals. Detainees are only used in this area for cleaning purposes and are supervised by the kitchen staff. All rooms inside the kitchen area have locking doors and the detainees are not permitted in these areas. (b) (7)(E)

The laundry area of the facility is staffed by three GEO workers, who will supervise four to five detainee workers. (b) (7)(E)

The medical area of the facility is connected to the intake area, which assists in the efficiency of processing newly arriving detainees. The medical area contains 12 short-stay medical rooms, 2 of which have been designated as suicide watch rooms. (b) (7)(E)

The intake area contains a bus sallyport, where detainees exit the transportation vehicle and are then staged in holding rooms inside the intake area. Detainees are individually processed and are interviewed by intake staff in private rooms, which allow for privacy during questioning. All detainees are interviewed, classified, and seen by medical and mental health before housing. During the time in the intake area, detainees watch orientation videos, including a PREA video, receive a KCIPC Supplement to the National Detainee Handbook, an ICE National Detainee Handbook, and DHS-prescribed Sexual Abuse and Assault Awareness (SAA) information pamphlet. There were no incoming detainees processed during the onsite audit.

The facility does not have segregation housing cells.

Each phone area within the housing suites contained signs above the phones, in English and Spanish, explaining that legal calls were not monitored. Supervision of each of the 3 housing areas is provided by 2 detention officers who supervise the 58 housing suites. A third officer is posted at a desk and manages the logbook for that area.

Unannounced rounds are conducted by the major, lieutenants and sergeants. The rounds are noted in the housing area logbook in red ink. The Auditor reviewed the logbooks in each housing area and confirmed that unannounced rounds are being conducted at least once per shift and at irregular intervals.

During the tour, the Auditor utilized detainee telephones in the housing areas to contact the DHS Office of Inspector General (OIG) and The Rape Crisis Center (RCC). On each call, the Auditor identified himself and that this was a test call. The Auditor spoke to the representatives from each entity and determined that all understood their requirements under the PREA standards, and that they accept telephone calls from detainees and will maintain confidentiality if requested.

The facility also has a feature on its telephones that allow detainees to dial 9#, which in essence acts like a 911 call. The call goes to the facility's main control, and an assigned officer can then dispatch necessary resources if needed. Any 9# call also results in an automated email to the Facility Administrator and PSA Compliance Manager.

The facility had no closed PREA investigations during this audit period. There was one allegation during the audit period; however, that investigative case is not yet closed, and is awaiting final approval from ICE.

At the conclusion of the facility tour, the Auditor began interviews of staff, which took place during all three days of the onsite audit. All interviews were conducted in private settings between the Auditor and staff member. The auditor interviewed a total of 26 individual staff members, 12 randomly selected security staff and 14 specialized staff, which included 2 line-level supervisory staff.

The Auditor conducted the interviews with all staff in the same manner with a prefacing statement to the interview relayed to the staff member explaining the purpose of the interview, how they were selected, and that they did not have to speak with the Auditor if they chose not to. No staff refused to speak with the Auditor. The Auditor asked all interviewed staff questions utilizing the various staff Interview Guides for Immigration Detention Facilities.

The Auditor also randomly selected 10 personnel records, 10 staff training records, and 10 detainee files for review to ensure compliance with ICE PREA hiring, promotion and training standards.

The Auditor randomly selected 12 security officers, chosen from a list of all staff members assigned to the facility; 2 supervisory staff; 2 medical/mental health staff members; 1 intake staff; a contractor; the HSA; Facility Investigator; the Training Manager; the Human Resources Manager (HRM); the Grievance Coordinator; an SDDO, and the Facility Administrator. The PSA Compliance Manager was interviewed, who also performs the duties of the Grievance Coordinator and the Investigator.

On the second day of the onsite audit, the Auditor interviewed a total of 30 detainees. All interviews conducted with detainees occurred in a private office between the detainee and the Auditor only. The Auditor conducted the interviews with all detainees in the same manner: a prefacing statement was made to each detainee with the Auditor explaining the purpose of the interview, how they were selected, and that they did not have to speak with the Auditor if they chose not to. Two detainees refused to speak with the Auditor and were replaced with two detainees randomly selected by the Auditor from the roster of all detainees housed at the facility. All detainees were asked questions utilizing the Detainee Interview Guides for Immigration Detention Facilities. During the interviews,

the Auditor utilized a copy of the initial PREA information provided to every detainee upon arrival at the facility, which includes the ICE National Detainee Handbook, KCIPC Supplement to the National Detainee Handbook, and the DHS prescribed SAA information pamphlet. The Auditor further utilized a blank copy of the acknowledgment form they would sign for the PREA information received at intake. These materials were used to visually stimulate the detainee's recollection of their initial intake process.

The following targeted detainee interviews were conducted: Two detainees who identified as bisexual and one detainee who had reported previous sexual abuse. All 30 detainees interviewed were limited English proficient (LEP).

The 30 detainee interviews were conducted using the language services telephone line contracted by Creative Corrections, LLC. Translation services were utilized for the following languages: Spanish (29) and Gujarati (1). The detainees interviewed represented the following countries: Cuba (10); Venezuela (6); Dominican Republic (4); Colombia (4); Peru (3); and one each from Bolivia, El Salvador, and India.

There were no detainees at the facility who identified as transgender, intersex, had a physical or cognitive disability, had reported sexual abuse at the time of the onsite audit.

After the onsite audit, the Auditor conducted an exit briefing, with Team Lead (b) (6), (b) (7)(C) moderating telephonically. In attendance at the briefing were:

- (b) (6), (b) (7)(C) Facility Administrator, KCIPC
- (b) (6), (b) (7)(C) Assistant Facility Administrator, KCIPC
- (b) (6), (b) (7)(C) Chief of Intake, KCIPC
- (b) (6), (b) (7)(C) PSA Compliance Manager, KCIPC
- (b) (6), (b) (7)(C) Assistant PSA Compliance Manager, KCIPC
- (b) (6), (b) (7)(C) Acting AFOD, ICE/ERO
- (b) (6), (b) (7)(C) SDDO, ICE/ERO
- (b) (6), (b) (7)(C) SDDO, ICE/ERO
- (b) (6), (b) (7)(C) SC, ICE/OPR/ERAU (Via Telephone)
- (b) (6), (b) (7)(C) Team Lead, ICS, ICE/OPR/ERAU (Via Telephone)
- (b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU (Via Telephone)
- (b) (6), (b) (7)(C) ICS, ICE/OPR/ERAU (Via Telephone)
- Mark McCorkle, Auditor, Creative Corrections, LLC

At the exit briefing, the Auditor provided an overview of the audit findings. The Auditor expressed that all staff members interviewed possessed an excellent grasp of not only the PREA standards, but specifically how they are applied at the facility. He also conveyed that nearly all detainees interviewed expressed at least basic knowledge of PREA and the resources available to them, if needed. Even with the multitude of languages spoken by detainees, the detainees understood the basic concepts of sexual safety at ICE detention facilities.

The Auditor expressed that an inspection of randomly selected detainee records indicated that 100% of the records reflected detainees had received the required educational material and orientation required by the standards. It was evident to the Auditor that the facility had conveyed to detainees the importance of sexual safety. It was evident in interviews with detainees that the PREA acronym is not easily understood by those who are non-English speaking. However, when specific questions were asked by the Auditor regarding sexual safety, and information extracted by officers at Intake, the detainees understood the subject matter.

At the time of the exit briefing, the Auditor informed those present that there were no immediate areas of non-compliance that had been identified. He did, however, inform those present that a determination on each standard would not be completed until all documentation was reviewed, including interview notes, facility tour notes, in combination with the Auditor's observations.

In the preparation of this audit report, the Auditor conducted a thorough review of KCIPC policies, related ICE policies, documentation provided by the facility, interviews with staff, detainees, and contractors, all coupled with his observations and inspections during the three days of the onsite audit, to make a determination of compliance with each of the 41 DHS PREA Standards for a Subpart A facility.

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: 3

- §115.31 Staff training
- §115.33 Detainee education
- §115.64 Responder duties

Number of Standards Met: 36

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

Number of Standards Not Met: 0

Number of Standards Not Applicable: 2

- §115.14 Juvenile and family detainees
- §115.18 Upgrades to facilities and technologies

PROVISIONS

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

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

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

Notes:

(c) KCIPC Policy 2.1.1, Security, Sexual Abuse and Assault Prevention and Intervention (SAAPI) Programs, mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, reporting, and responding to incidents of sexual abuse and sexual harassment. The policies furthermore define sexual abuse and sexual harassment. The entirety of this policy was reviewed and fully approved by the Facility Administrator, AFOD, and the GEO PREA Coordinator on August 22, 2022.

(d) The facility employs a PSA Compliance Manager who is responsible for overseeing policies and procedures related to the PREA standards and ensures facility compliance and serves as the facility point of contact for the agency PSA Coordinator. The PSA Compliance Manager reports directly to the Facility Administrator and therefore has sufficient authority to oversee the facility's efforts to comply with facility sexual abuse prevention and intervention policies and procedures. In her interview with the Auditor, the PSA Compliance Manager stated she has adequate time and authority to carry out her duties.

§115.13 - Detainee supervision and monitoring.

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

Notes:

(a) The Auditor reviewed the current staffing plan, the KCIPC Post Orders, current placement of video monitoring equipment, and current staff roster. Those documents, coupled with observations made during the onsite inspection of the facility and interviews with the Facility Administrator and PSA Compliance Manager, have enabled the Auditor to determine that the facility has incorporated sufficient levels of supervision for the detainee population.

During their interviews with the Auditor, the Facility Administrator and PSA Compliance Manager stated that the evaluation of supervision of the detainee population is an ongoing process. It was the Auditor's observation that staff and supervisors were highly attentive, and during informal conversations, staff acknowledged that sergeants and lieutenants are highly visible in the housing areas and available to speak with staff and detainees alike.

(b) The KCIPC provided its post orders, which constitute the facility's comprehensive detainee supervision guidelines; the post orders were inspected by the Auditor and found to be detailed and provide the requisite guidance necessary for staff to satisfactorily complete their duties, with the sexual safety of detainees being at the forefront. In her interview with the Auditor, the Facility Administrator stated that she reviews the post orders annually. A review of those orders by the Auditor revealed they were last reviewed and signed by the Facility Administrator on August 22, 2022.

(c) KCIPC provided its staffing plan, which was approved August 26, 2021, by the Facility Administrator and on July 14, 2022, by the GEO Regional Director of Operations and the GEO PREA Coordinator. The plan states that the following 11 factors were considered in its development: generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant, (including "blind spots" or areas where staff or offender/detainees may be isolated); the composition of the offender/detainee population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations or standards; the prevalence of substantiated or unsubstantiated incidents of sexual abuse; and, any other relevant factors.

The Facility Administrator, in her interview with the Auditor, said that all managers and supervisors have equal input and that the safety of staff and detainees is the top priority. She said that the facility would also rely on findings and recommendations of sexual abuse incident reports (when applicable). She also stated there have been no judicial findings against the facility.

(d) KCIPC Policy 2.1.1 says that "...policy and practice requiring department heads, facility management staff and supervisors to conduct and document frequent unannounced security inspections within their respective areas to identify and deter Sexual Abuse of residents [detainees]. These inspections will be documented in the logbook and stated the inspection is unannounced."

The policy goes on to say that the inspections must occur at least once per shift and that, "Staff is prohibited from alerting others that the security inspections are occurring." The facility provided log sheets from each shift demonstrating the unannounced rounds were being conducted. Additionally, during the facility tour, the Auditor inspected the logbooks in each housing area parks and found each to contain entries from supervisors conducting unannounced rounds during day and night hours. The "park" is a facility-used reference to identify the open compound space outside of the housing buildings.

In their interviews with the Auditor, supervisory staff expressed their responsibilities in conducting unannounced rounds and that the purpose was to ensure the sexual safety of the detainee population at the facility.

All 12 randomly selected security staff members interviewed also stated that they were forbidden from alerting other staff members to unannounced rounds when they were being made. Each also stated that it was routine for supervisory staff to be in the housing units, so their presence is never unusual or cause for alarm.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

The KCIPC does not house juvenile detainees, which was articulated in a Statement of Fact signed by the Facility Administrator. In her interview with the Auditor, the PSA Compliance Manager confirmed the information contained in the document.

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

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

Notes:

(b)(c) KCIPC Policy 2.1.1 says, "Cross-gender pat-down searches of male residents [detainees] shall not be conducted unless, after reasonable diligence, staff of the same gender is not available at the time the pat-down search is required, or in exigent circumstances."

The Auditor interviewed 12 randomly selected staff members related to this standard. Each stated they have never conducted, nor observed a cross-gender pat search of a detainee. Each also said that in their experience, no emergency has ever existed requiring a cross-gender pat-down search of a detainee. The facility provided a Statement of Fact signed by the Facility Administrator stating that no cross-gender searches had been conducted at the facility during the audit period. The PSA Compliance Manager confirmed this during her interview.

(d) In the event a cross-gender pat-down search is necessary due to exigent circumstances; the facility created a Cross Gender Pat Search Log to document such instances. The Auditor reviewed a copy of the blank form and found that it contained the necessary information to properly account for such a search, should one occur, including the signature of the approving supervisor. Staff interviewed were aware that any cross-gender pat-down searches must be documented.

(e)(f) KCIPC Policy 2.1.1 states, "Cross-gender strip searches or cross-gender visual body cavity searches shall not be conducted except in Exigent Circumstances, including consideration of staff safety, or when performed by Medical Practitioners."

During the audit period, there were no incidents of a strip search being conducted. The facility provided a Statement of Fact signed by the Facility Administrator stating that the facility does not conduct strip searches and visual body cavity searches, which was also confirmed during the interview.

In their interviews with the Auditor, medical staff stated that if a body cavity search needed to be performed, it would be conducted by a practitioner. Each of the 12 randomly selected staff members interviewed stated that they have never conducted a body cavity search, and that a body cavity search would need to be performed by a member of the medical staff. The 12 security staff members also said that a cross-gender strip search would never be performed by security staff.

(g) KCIPC Policy 2.1.1 says, "Employees of the opposite gender shall announce their presence when entering the suite areas or any areas where residents [detainees] are likely to be showering, performing bodily functions, and changing clothes. Residents [detainees] shall be allowed to shower, perform bodily functions, or change clothes without being viewed by staff, except in exigent circumstances or when such viewing is incidental to routine suite checks, or is otherwise appropriate in connection with a medical examination or monitored bowel movement."

During the onsite audit, the Auditor observed the shower and toilet areas in each housing unit and found that all had a non-locking door. All staff stated in their interviews that while conducting suite security checks that if the door is closed, they knock on the door to obtain an acknowledgement from the detainee. If they receive no response, the attempt to ascertain from other detainees if someone is in the restroom area. If the staff member believes a detainee is in the restroom and refuses to acknowledge or answer, they will seek permission from a supervisor to enter.

The Auditor interviewed 30 detainees, and all said they felt they are not in view of female staff when showering or using restroom facilities. Additionally, 28 of the 30 said some announcement is made by female staff when they enter a suite area. It was the Auditor's observation during his facility tour, that female staff members are indeed making announcement prior to entering suite areas.

During their interviews with the Auditor, all 12 randomly selected staff members said that announcements by females were required when entering all housing areas of the facility.

(h) KCIPC is no longer a family residential facility; therefore, this subpart is not applicable.

(i) KCIPC Policy 2.1.1 says, "All security staff shall be trained in proper procedures for cross-gender pat searches, and searches of transgender and intersex residents [detainees]." The policy also says that detainees shall not be physically examined to determine gender. Each of the 12 randomly selected staff and supervisory staff said that they had received training in these areas, acknowledged that a detainee would not be searched for the purpose of determining gender, and to all of their recollection, no search of this type had been conducted at the facility.

Additionally, all medical staff interviewed stated that gender determinations of detainees would be made during a general medical examination and/or a review of medical records.

The Auditor reviewed the training records of 10 staff members, and all had received specific training as it pertains to this section of the standard.

(j) All 12 randomly selected staff, and supervisory staff, stated they had been trained on conducting cross-gender, transgender, and intersex detainees. A review of 10 randomly selected training records by the Auditor contained documentation that all 10 personnel had received the training.

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

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

Notes:

(a) KCIPC Policy 2.1.1 says, "KCIPC shall take appropriate steps to ensure that residents [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 opportunity to participate in or benefit from all aspect[s] of the facility's efforts to prevent, detect, and respond to sexual abuse."

In their interviews with the Auditor, intake staff members stated that if a detainee with low vision were to be processed, the intake staff member would read PREA education material and the transcript of the PREA video to the detainee to ensure comprehension. They said the same would be done for detainees with a cognitive disability. In the case of a detainee with limited or no hearing, they would have the detainee read each section of the transcript and confirm they understood the contents. The Facility Administrator and PSA Compliance Manager confirmed the process in their interviews.

At the time of the audit, there were no detainees available to interview that had a cognitive or physical disability.

(b)(c) The facility provided the Auditor with a copy of the DHS-prescribed SAA information pamphlet, which is given to each detainee at Intake. The pamphlet provides detainees numerous mechanisms and avenues, both internal and external, to report sexual abuse and assault, and directions on how to seek an advocate. Internally, detainees can dial 9# on any telephone and be connected with the PSA Compliance Manager. The Auditor performed a test of the telephone number and found that it worked as prescribed.

Additionally, the facility provided a copy of the ICE Zero Tolerance for Sexual Abuse and Assault poster, which the Auditor found posted in conspicuous locations throughout the facility. The poster provides contact numbers for reporting and provides the Report Sexual Abuse Now information, including the name and contact number for the PREA Compliance Manager.

Additionally, KCIPC provided the ERO Language Services Resources Flyer. The flyer provides resources for use by staff to ensure effective communication with detainees. These resources include a 24-hour Language Line and translation or transcription services.

During the three-day onsite audit, no detainees were processed. However, during the interview of an intake staff member, the Auditor asked staff to walk through the intake process as if the Auditor were a new detainee. The staff member showed full knowledge of the process and was familiar with the steps to access translation services if they were necessary. Based on his presentation to the Auditor, the intake staff member understood all the materials presented, and specifically those dealing with initial PREA education. He stated that PREA related questions are asked to detainees in a private room. If the detainee answers yes to any of the questions an email is immediately sent to medical and mental health staff, and the detainee's file is placed in an outgoing box specifically for medical/mental health referrals.

In her interview, the Facility Administrator emphasized the need for reliable interpretive services because very few of the detainees speak English. She was confident that all the staff at the facility were familiar with accessing interpretive services since it is a routine aspect of their daily duties. In interviews with the 12 randomly selected staff, all had knowledge of not only the interpretive services available to staff and detainees, but each were able to acknowledge the presence of the PREA postings and ERO language service information in the housing units.

Of the 30 detainees interviewed, which were all LEP, 29 specifically recalled receiving information in writing regarding PREA that they could understand. The one detainee who said he had not received any information, also stated that he had not received an ICE National Detainee Handbook. In the Auditor's presence, the detainee was provided both the ICE National Detainee Handbook and PREA literature in a language he could understand. The Auditor reviewed this detainee's file, which showed what appeared to be an original signature acknowledging that he had received the information during intake.

There were no investigative files to review related to this standard.

§115.17 - Hiring and promotion decisions.

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

Notes:

(a)(b)(c)(d) KCIPC policy 2.1.1 states, "The KCIPC will not hire or promote anyone who may have contact with residents [detainees], and shall not enlist the services of any contractor or volunteer who may have contact with residents [detainees], who has 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), who has been convicted 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 who has been civilly or administratively adjudicated to have engaged in such activity."

KCIPC policy 2.1.1 also states, "Before hiring new staff, who may have contact with residents, KCIPC will conduct a background investigation to determine whether the candidate for hire is suitable for employment with the facility, including a criminal background record check and central registry check. Upon request by ICE, the facility shall submit for the agency's approval written documentation showing the detailed elements of the facility's background check for each staff member of the facility's conclusions."

In her interview with the Auditor, the HRM said that the facility utilizes a private, contracted company to conduct the background investigations on all applicants, employees, or contractors with the agency. The facility sends a request to the Val Verde County Sheriff's Office to conduct a criminal history background check for all prospective applicants which is the first level of clearance. This investigation ensures that the facility does not hire or promote anyone who may have contact with detainees, nor enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution or who has been convicted 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 who has been civilly or administratively adjudicated to have engaged in such activity.

According to the HRM, each new employee candidate is required to complete an application and an attestation to having not engaged in the sexual assault and abuse behaviors outlined in provision (a) of this standard. Additionally, the HRM stated that during the application process, if any prospective employee provides information which indicates they have engaged in any of those behaviors, they would not be submitted to ICE for hire. These factors are in compliance with the ICE Directives 6-7.0 and 6-8.0, ICE Personnel Security and Suitability Program Directive, and ICE Suitability Screening Requirements for Contractor Personnel Directive.

During the background process, the applicant, employee, or contractor is asked questions directly related to sexual abuse in confinement settings enumerated in the standard; these questions are asked both in a written form and in person by the assigned investigator who conducts the interviews. During the background process, the investigator makes best efforts to contact all prior institutional employers regarding any allegations, or resignations during the investigative process. The HR Manager stated that the background investigator will make three attempts (each separated by at least 48 hours) to obtain this information.

The Auditor reviewed one personnel file of an employee who was promoted during the audit period, and confirmed it contained documentation that they were asked the misconduct questions prior to their promotion in subpart (a).

KCIPC documentation signed by the employee at hiring requires that they have an affirmative duty to disclose any misconduct as it is described in their policy. The Auditor confirmed this through the inspection of 10 randomly selected employee files. The HRM confirmed that employees are advised of the policy when they complete the authorization form to have their background check completed. During staff interviews, the Auditor confirmed that employees are aware of their continuing affirmative duty to report any misconduct.

During the PSA Compliance Manager and HRM interviews, the Auditor confirmed if any prospective employee or contractor were involved in any misconduct of that nature, they would not be offered employment by the facility; and any current employee, or contractor involved in misconduct of that nature would be terminated.

The Auditor completed a PREA Audit: Background and Investigation for Employees and Contractors DHS Facilities form and submitted to the Personnel Security Operations (PSO) for verification that background investigations were conducted and were current; this request included eight KCIPC employees and four ICE employees who have access to detainees. 5 CFR 731 and ICE Directive 6-8.0 requires the agency to conduct a background investigation on everyone to determine access into government employment or into a facility. 5 CFR 731 requires investigations every five years. The Auditor confirmed the background investigations, however, since the facility was reopened in 2018 as an ICE facility, no employees have yet required the five-year reinvestigation.

During the hiring process, and subsequent background investigation, the investigator asks questions related to character, integrity, and overall suitability for employment. The Auditor confirmed during the staff interviews at the facility that all interviewed staff had been asked the same questions during the background investigation process.

(e)(f) The HRM stated that any material omissions regarding misconduct covered in subpart (a) of the standard, or the provision of materially false information, shall be grounds for termination. This was confirmed by the Facility Administrator in her interview. She stated that she personally reviews the background packets of all new hires and that any omissions would be grounds for disqualification from hire.

The Unit Chief of OPR PSO informed Auditors who attended virtual training in November 2021 that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.

Based on information provided in an email by the OPR PSO (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. The prevention of sexual abuse in any agency begins with the hiring process and initial background investigation. ICE utilizes a system where not only current misconduct is identified, which will make the applicant, employee, or contractor unsuitable for employment, but continually monitors their employees and contractors for any misconduct or behavior that will make them unsuitable in the future. Due to the nature of the work DHS performs, this process is necessary to create a safe environment for detainees who are held in their custody or detained at a contracted facility. The HRM confirmed this policy and practice in her interview with the Auditor.

The Auditor randomly selected 10 employee files and inspected each for appropriate documentation regarding this standard. The Auditor observed that all contained the pre-employment PREA screening acknowledgement. The documentation review also consisted of an inspection of annual evaluations performed by facility management, which contain a form signed by the staff member affirming they have not been involved in any misconduct.

The Auditor discussed the hiring and promotional processes with the Facility Administrator and the PSA Compliance Manager. Each demonstrated a thorough knowledge of the policy and confirmed that anyone who has any substantiated finding in a case regarding sexual abuse, sexual assault, or sexual harassment would automatically be disqualified from the hiring process.

In his visual inspection of randomly selected personnel files, the Auditor found that every file was neatly organized and all documentation to verify the standard was easily located. During the interview, the HRM was very knowledgeable and demonstrated an exceptional understanding of the requirements for hiring and promotion.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

KCIPC provided a Statement of Fact, signed by the Facility Administrator stating that the facility has not designed, modified, acquired, or expanded upon new or existing space, or installed or updated electronic monitoring systems since May 6, 2014, the PREA incorporation date, or since the last DHS audit. This was further confirmed during interviews with the Facility Administrator and PSA Compliance Manager onsite.

§115.21 - Evidence protocols and forensic medical examinations.

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

Notes:

(a)(b)(c)(d) KCIPC Policy 2.1.1, Evidence Protocol and Forensic Medical Examinations, establishes that KCIPC staff shall follow a uniform evidence protocol and details steps to be taken that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol was developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable. The facility does not currently house juveniles. The Facility Administrator and PSA Compliance Manager both confirmed in their interviews that the facility strictly follows protocols which have been developed and coordinated with DHS. The agency's Policy 11062.2 outlines the agency's evidence and investigation protocols. The Auditor training provided in November 2021 by ICE indicated that when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted or review the facility's administrative investigation. The Auditor reviewed the protocols related to this standard and determined that the facility was in compliance.

KCIPC has established a Memorandum of Understanding (MOU) with RCC, which provides 24-hour hotline service and crisis intervention services to any detainee of the facility, at no cost to the detainee. The center will also respond to any written notices received and provide support, coping strategies, information, and referrals, when appropriate.

During the facility tour, the Auditor observed telephonic contact information for RCC in all housing and other common areas of the facility.

The Auditor telephonically interviewed a representative from RCC, who stated that they would provide services to detainees from KCIPC at no cost to the detainee.

As it relates to access to forensic medical examinations, KCIPC Policy 2.1.1 says that any physical examination of an alleged victim of sexual assault will be conducted in accordance with a Sexual Assault Nurse Examiner (SANE) representative at the Methodist Specialty and Transplant Hospital.

KCIPC provided an MOU with the Methodist Specialty and Transplant Hospital to provide medical services to detainees from KCIPC. The MOU states that if a SANE is needed, the detainee would be referred to hospital for the exam. The Auditor confirmed the process through telephonic interviews with staff from the hospital.

During their interviews with the Auditor, the facility HSA stated that they would not perform sexual assault exams and that any detainee requiring a forensic exam would be transported to Methodist Specialty and Transplant Hospital for a SANE examination. Each medical staff member interviewed told the Auditor their only treatment would be for any other traumatic injury suffered by the detainee.

KCIPC Policy 2.1.1 requires that victims would be provided an outside or internal victim advocate (through RCC), including victim advocacy services offered by a hospital conducting forensic exams, and the advocate shall be allowed to be present for support during a forensic exam and investigatory interviews. This was confirmed by the Auditor in his interviews with the PSA Compliance Manager, HSA, a facility nurse, and the Facility Administrator.

(e) The facility provided a copy of its MOU with the Karnes County Sheriff's Department, which states that the sheriff's office will follow all requirements of paragraphs (a) through (d) of this standard. This was confirmed in interviews with the PSA Compliance Manager and an investigative supervisor at the sheriff's office.

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

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

Notes:

(a) KCIPC Policy 2.1.1 says, "Designated staff shall provide services to victims and shall conduct investigations of sexual abuse or assault incidents only after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded. Once the criminal investigation has concluded and outside law enforcement agencies determine that no criminal charges will be pursued, the administrative investigation will commence."

The Auditor interviewed the PSA Compliance Manager who stated that all allegations are referred to the Karnes County Sheriff's Department. The Facility Administrator confirmed this in her interview as well. Both stated that an administrative investigation will not begin until the criminal investigation has been concluded. This was also confirmed through the agency's written approval of KCIPC Policy 2.1.1.

(b) KCIPC Policy 2.1.1 says the agency shall, "retain all written reports referenced [in this policy] for as long as the alleged abuser is detained, or employed by the agency, plus five years." The Facility Administrator and PSA Compliance Manager confirmed this in their interviews with the Auditor.

(c) The Auditor confirmed that both the KCIPC (GEO) (<https://www.geogroup.com/PREA>) and ICE (<https://www.ice.gov/detain/prea>) websites contain their respective protocols as it relates to PREA, and commitment to comply with those standards.

(d) KCIPC provided a Statement of Fact signed by the Facility Administrator stating that there were no closed investigations for this audit period. The PSA Compliance Manager said that there had been one PREA allegation; however, the case was not yet closed.

(e)(f) In their interviews with the Auditor, the Facility Administrator and PSA Compliance Manager each said that allegations would be immediately reported to the Joint Intake Center (JIC), ICE OPR, and/or DHS OIG, as well as the appropriate ICE FOD. If the incident is potentially criminal and a staff member, contractor, volunteer, or detainee is alleged to be the perpetrator of sexual abuse, the incidents are now reported to the Karnes County Sheriff's Department for investigation.

The Facility Administrator told the Auditor in her interview that the lead PREA investigator (the PSA Compliance Manager) is knowledgeable about the investigative process and believed her to be familiar with notification protocols, as are the other trained investigators at the facility. She said that she and the PSA Compliance Manager would speak regularly about any open PREA investigations, and that the PSA Compliance Manager and other facility investigators do an excellent job of keeping her apprised of all investigations.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) The facility has provided PREA training to all employees and contractors who may have contact with detainees. There are currently no volunteers assigned to the facility. The Auditor reviewed the curriculum, and it provides the following content in regard to fulfilling their responsibilities under these standards, this training included: KCIPC's zero-tolerance policy for all forms of sexual abuse and assault; The right of detainees and staff to be free from sexual abuse or assault; Definitions and examples of prohibited and illegal behavior; Dynamics of sexual abuse and assault in confinement; Prohibitions on retaliation against individuals who report sexual abuse or assault; 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: Common reactions of sexual abuse and assault victims; How to detect and respond to signs of threatened and actual sexual abuse or assault.; Prevention, recognition, and appropriate response to allegations or suspicions of sexual abuse and assault involving detainees with mental or physical disabilities; and how to communicate effectively and professionally with victims and individuals reporting sexual abuse or assault; How to avoid inappropriate relationships with detainees; Accommodating LEP individuals and individuals with mental or physical disabilities; Communicating effectively and professionally with lesbian, gay, bisexual, transgender, intersex, or gender non-conforming individuals, and members of other vulnerable populations; Procedures for fulfilling notification and reporting requirements; The investigation process; and The requirement to limit reporting of sexual abuse or assault to personnel with a need-to-know to make decisions concerning the victim's welfare and for law enforcement or investigative purposes.

(b) PREA training is completed each year, rather than the bi-annual requirement which exceeds the standard. The training was verified by the Auditor through interviews with the Training Manager and staff members, and by reviewing signed training certification forms and training files. The PREA training requirements are outlined in KCIPC Policy 2.1.1.

(c) The facility documents the training on a roster; the training ensures staff members and contractors understand KCIPC's and ICE's current sexual abuse and assault policies and procedures. The Auditor reviewed the training retention schedule for the facility, which indicates the records are retained for five years. All the training files reviewed by the Auditor were in compliance with this subsection of the standard.

The Auditor confirmed in his interview with the Training Manager that all hard-copy training records are maintained in locked filing cabinets in the facility's secure Training Center.

During the staff interviews, the Auditor verified that all interviewees (randomly selected, supervisory staff, and ICE staff) had received the requisite PREA training. Each was able to verify that they had viewed the training, or received education in person, and were able to articulate their responsibilities under the standards.

It was clear to the Auditor after the review of documentation and interviews that the facility has done an extraordinary job of educating its staff and maintaining proper documentation.

§115.32 - Other training.

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

Notes:

(a)(b)(c) KCIPC Policy 2.1.1 requires all volunteers and contractors who have contact with detainees be treated the same as staff as it pertains to PREA training (there are currently no volunteers at the facility). It requires that all be trained on their responsibilities under the facility's sexual abuse prevention, detection, intervention and response policies and procedures. The facility has trained all contractors who may have contact with detainees on their responsibilities under the facility's zero-tolerance policy, and their obligation to immediately report such incidents.

The training is documented by the facility Training Manager, and the contractor acknowledges receipt of the training. During the interview with the Training Manager, he confirmed that the training took place and provided the Auditor with the signed acknowledgment forms from three randomly selected contractor files. During the onsite audit, the Auditor interviewed a contract mental health provider who confirmed they received the training and understood their responsibilities under the KCIPC Policy 2.1.1.

The Auditor reviewed KCIPC's Volunteer/Contractor Orientation and Training Manual (provided pre-audit and reviewed onsite) and found it to be comprehensive, containing all required training topics for this PREA standard, and is a great resource guide for contractors and volunteers.

At the time of the audit, there were no volunteers being utilized at the facility due to COVID protocols.

§115.33 - Detainee education.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c) KCIPC Policy 2.1.1 outlines the facility intake process that ensures all detainees are notified of the facility's zero-tolerance policies for all forms of sexual abuse. This process includes instruction on prevention and intervention strategies; self-protection and indicators; and definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse, and coercive sexual

activity. The facility also informs detainees of reporting methods which include reporting to staff, the DHS OIG, and the JIC. This includes the prohibition against retaliation, an explanation that reporting sexual abuse shall not negatively impact the detainee's immigration proceedings, and the right of a detainee who has been subjected to sexual abuse to receive treatment and counseling.

Each detainee is provided information about the RCC in the KCIPC Supplement to the National Detainee Handbook. Detainees are informed how the center assists victims of sexual assault. The telephone number and mailing address are provided. This information is also posted in each detainee living unit, as verified by the Auditor during the facility tour.

Intake staff ensures each detainee who is LEP or otherwise disabled benefits from the provided information. According to Intake staff, the vast majority of LEP detainees speak Spanish, and the orientation video is produced in English and Spanish. In their interview with the Auditor, an Intake staff member stated that in the event a detainee does not speak English or Spanish, or has a disability (cognitive, hearing, sight), a transcript of the video is provided in a manner the detainee can understand. In the event the detainee has a visual impairment, the transcript would be read to the detainee in a language they could understand, using telephonic interpretive services, if necessary.

The Auditor reviewed the files of 10 detainees, and each contained a signed acknowledgement that they had participated in the intake process orientation.

(d) The facility has posted notices in all housing units of the DHS-prescribed sexual assault awareness notice; the PSA Compliance Manager contact information; and name of the local organization (RCC) that can assist detainees who have been victims of sexual abuse. These postings are in limited languages and cannot be read by detainees that do not read Spanish and English. However, this information is included in the transcript and provided to detainees who speak other languages through use of an interpreter as noted in provision (b) above.

(e)(f) The facility provides the DHS-prescribed SAA information pamphlet in 15 languages, Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese. During the onsite audit, all languages were available in pamphlet form or electronic for print. According to intake staff, if they did not have an ample supply of all the printed pamphlets, they have access to electronic files, which can be printed on an individual basis and distributed to detainees as needed.

In the 30 interviews with detainees, 29 said they had received the materials required in this standard. One detainee said he did not receive any materials at intake. The Auditor confirmed after a review of this detainee's file, that it contained signed acknowledgments for each of the required documents.

The ICE National Detainee Handbook is available in 14 languages, many of which are kept on hand in the intake area. If a language is spoken by a detainee and the facility does not have a printed copy of the ICE National Detainee Handbook in a language the detainee can understand, the facility has access to electronic files which are available in the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese) and can print a copy for the detainee.

Of the 30 LEP detainees, 29 indicated they had received the ICE National Detainee Handbook and the KCIPC Supplement to the National Detainee Handbook, in a language they could read. The one detainee who said he could not read in any language, stated he had received an ICE National Detainee Handbook in English, a language he cannot read. In the presence of the Auditor, the detainee was provided a copy of the ICE National Detainee Handbook in Spanish, which the detainee said he can read and understand. The Auditor randomly selected 10 detainee files from the 30 detainees interviewed, along with the files of each targeted detainee interviewed for inspection and found all to contain signatures acknowledging receipt of the DHS-prescribed Sexual Assault Awareness information pamphlet and the ICE National Detainee Handbook, which also contains sexual awareness information and the availability of support services.

Based on a review of the detainee education process, the curriculum, and responses to interview questions posed to detainees, the Auditor has concluded the facility is doing an exceptional job of educating its detainees.

§115.34 - Specialized training: Investigations.

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

Notes:

(a)(b) KCIPC Policy 2.1.1 states that allegations at the facility must be investigated by qualified facility investigators. Each of the facility's three investigators participated in online training courses that provided them the information on how to investigate sexual assault and harassment, interacting with traumatized victims, and evidence collection, effective cross-agency coordination, and retention. The Training Manager provided the Auditor with the training files of each investigator, indicating that each had participated in the specialized training. Agency Policy 11062.2 states "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as, Office of Detention Oversight staff, and other OPR staff, as appropriate." The 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 conduct an investigation of sexual abuse in a confinement setting. The agency also offers Fact Finders Training, which provides information needed to conduct the initial

investigation at the facility to determine if a sexual abuse incident has taken place and whether to complete an administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; LGBTI, and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators and the specialized training curriculum on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements.

The PSA Compliance Manager, one of the trained investigators, was interviewed by the Auditor. She demonstrated exceptional knowledge of her responsibilities and a thorough understanding of the notification process.

§115.35 - Specialized training: Medical and mental health care.

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

Notes:

(a) Medical and mental health services are not provided by DHS or agency employees; therefore, this provision is not applicable.

(b)(c) KCIPC Policy 2.1.1 requires that specialized training for medical and mental health care staff be provided and cover, at a minimum, the following topics: how to detect and assess signs of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; how and to whom to report allegations or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse. The policy states that this training "shall be completed as part of the newly hired employee pre-service orientation."

The Auditor confirmed that the training slide deck provided for review contains all the requirements of provision (b) of the standard. The Auditor randomly selected the training records for three KCIPC medical personnel, and one contracted mental health staff member. The auditor found the training records to be complete and cover not only the topics required from general PREA training, but also the specialized material for medical and mental health staff.

Based on their interviews with the Auditor, the medical and mental health staff had thorough knowledge of their duties and responsibilities relevant to PREA, the specialized training curriculum, and the facility's policies.

The Facility Administrator stated that she meets regularly with the HSA to ensure delivery of services to the detainee population.

§115.41 - Assessment for risk of victimization and abusiveness.

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

Notes:

(a)(b) KCIPC Policy 2.1.1 outlines the process utilized to assess a detainee's risk of victimization or abusiveness. The facility screens all detainees within 12 hours of arrival, utilizing the KCIPC PREA Risk Assessment tool to identify those likely to be sexual aggressors or sexual victims, and houses detainees to prevent sexual abuse, taking necessary steps to mitigate any such danger.

Based on interviews and informal conversations with Intake and medical Staff, the normal process is to have the detainee first screened by either Intake or medical staff upon arrival at the facility. If a large number of detainees arrive at the facility at the same time, the group may be divided to expedite the process, with some seeing medical staff first, and others Intake staff first. If during the intake process a detainee answers "Yes" to any of the PREA specific questions, an email is immediately sent to medical/mental health staff via a specialized distribution group. The detainee's file is then placed in a specific file box for review by medical/mental health staff. If it is determined during the intake interview process that the detainee must be placed in protective housing, the detainee would be placed in a specialized medical room by themselves until they could be further assessed by medical/mental health staff.

During the detainee interview process, two detainees informed the Auditor that they were bisexual, and an additional detainee stated he had been previously sexually abused, but not in a correctional setting. None of the three stated they had informed intake officers or medical staff upon arrival at the facility that they were bisexual or had been previously sexually abused. One of the detainees who identified as being bisexual said that they subsequently disclosed their status to a facility psychologist. All three detainees stated to the Auditor that they feel safe at the facility.

Intake staff and medical personnel confirmed during interviews that they utilize the Language Line Services for LEP detainees and complete the risk screening documentation.

The Auditor reviewed screening documentation for 10 detainees through file review and verified that the initial screening and classification are taking place within 12 hours. The auditor interviewed a total of 30 detainees, and all stated they had been assessed at intake and were asked the PREA specific questions.

(c) The KCIPC PREA Risk Assessment tool takes into consideration the following:

- 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.
- The nature of the detainee's criminal history.

- Whether the detainee has any convictions for sex offenses against an adult or child.
- Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the detainee has self-identified as having previously experienced sexual victimization; and
- The detainee's concerns about her or her physical safety.

(d) The intake process also takes into consideration prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility. This was confirmed through interviews by the Auditor with the Classification Manager and review of the KCIPC PREA Risk Assessment tool.

(e)(g) The PSA Compliance Manager and Classification Manager at the facility confirmed during their interviews that detainees are reassessed at 60, 90, and 120 days or if warranted based upon receipt of additional information. The Classification Manager maintains a record of all detainees and provides classification personnel the names of detainees who are due for reassessment. Classification and intake personnel perform the reassessment and if any changes are noted, the Classification Manager is notified, and housing is reassessed based on the changes. The Classification Manager and intake/classification staff also confirmed that the information is not available to the general staff, and is limited to Medical, Mental Health, and case managers. Should there be an incident of sexual abuse, the alleged victim and abuser would be reassessed.

The facility's average length of stay was 6.7 days at the time of the audit, so the Auditor specifically selected 3 files for detainees who had been at the facility for a minimum of 60 days. The Auditor reviewed screening and reassessment documentation from 10 randomly selected detainee files (including those in excess of 60 days) during the onsite audit and verified that both are taking place within the specified time frame. Of the 30 detainees interviewed, 2 had been at the facility for more than 60 days. Both stated to the Auditor that a reassessment had been completed. Both files were also reviewed by the Auditor and contained the required documentation and reassessments.

(f) The PSA Compliance Manager and Intake staff all stated that no detainee is disciplined for refusing to answer, or for not disclosing complete information in the screening process.

§115.42 - Use of assessment information.

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

Notes:

(a) KCIPC Policy 2.1.1 states that the information from the PREA Risk Assessment shall be utilized to determine the assignment of detainees to housing, recreation, activities, and voluntary work. The PSA Compliance Manager and Classification Manager stated in their interviews that these determinations are made on an individual basis. While onsite, the Auditor reviewed 10 completed screening tools and reassessment documentation in the detainee files and found that the information was used to inform staff on placement decisions.

(b) The PSA Compliance Manager stated that when making an assessment and housing decision for a transgender or intersex detainee, the facility considers the detainee's gender self-identification and how any placement will affect the detainee's health and safety at the facility. If a transgender or intersex detainee is identified, the Transgender Care Committee (consisting of high-level administrative, medical and security staff) would meet within 48 hours to determine the best housing placement for the detainee. Detainees can be housed in the medical area until the Transgender Care Committee meeting to determine the best housing option. The placement of a transgender or intersex detainee is reassessed at least twice each year, or when new information becomes available, to review any threats to safety experienced by the detainee. There were no transgender or intersex detainees at the facility at the time of the audit, which the PSA Compliance Manager confirmed in her interview.

The PSA Compliance Manager also confirmed that the determined housing placement is not based solely on the identity documents or physical anatomy of the detainee, and their self-identification of her/her gender and self- assessment of safety is always taken into consideration, and all placements are consistent with the facility's safety and security.

The medical staff conducts initial assessments and consults with mental health; this was confirmed during interviews with medical and mental health staff. Intake also conducts assessments for the same information. All detainees will be screened by medical staff during the assessment process before being assigned housing. Based on interviews with intake staff and medical/mental health staff, there appears to be an excellent working relationship in place to properly assess and house detainees.

(c) Through policy review and random staff interviews, the Auditor confirmed that a transgender and intersex detainee is allowed to shower separately from other detainees. The physical layout of each housing suite enables all detainees to shower and use the restroom facilities privately and out of view of other detainees.

§115.43 - Protective custody.

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

Notes:

(a)(e) KCIPC Policy 2.1.1, directs the management of detainees who require protective custody. The facility does not have administrative segregation housing, but rather administrative observation. The area dedicated for this purpose is in the Medical Unit of

the facility, and not in the general housing area, as observed by the Auditor. The (A) AFOD stated to the Auditor in his interview that this policy, and its practice, were developed with consultation with ICE.

The policy also requires that the Sexual Assault/Abuse Available Alternatives Assessment form to be used to document the assessment of individual who may require administrative observation. Each of the completed forms requires the signature of the Facility Administrator and notification to the FOD no later than 72 hours after initial placement in segregation.

The facility provided a Statement of Fact signed by the Facility Administrator stating that the facility does not have an administrative segregation unit, and that no detainees have been placed into involuntary protective custody.

(b)(c) Policy 2.1.1 states, "KCIPC will assign residents [detainees] vulnerable to sexual abuse or assault to administrative observation for their protection until an alternative means of separation from likely abusers can be arranged, and such assignment shall be made for the least amount of time practicable, and when no other viable housing option exists, as a last resort. Such assignment shall not exceed a period of 30 days."

Facility policy 2.1.1 says that if a detainee is placed in administrative observation, they will have access, to programs, visitation, counsel, and other services available to the general population.

(d) Policy 2.1.1 also states, "The Chief of Resident (Detainee) Advisors shall conduct a review within 72 hours of the resident's (detainee's) placement in administrative observation to determine whether observation is still warranted. The Chief...shall conduct, at a minimum, an identical review after the resident (detainee) has spent (7) seven days in administrative observation, and every week thereafter for the first 30 days, [and] every 10 days thereafter." An Administrative Observation assessment form is completed within 24 hours by a supervisor and emailed to the PSA Compliance Manager, and the status is reviewed within 72 hours by the Chief Detainee Advisor. The PSA Compliance Manager would conduct her review within 7 days, and every week after that for the first 30 days, and every 10 days after that.

The Facility Administrator and PSA Compliance Manager were interviewed, and each had a thorough understanding of administrative observation as it pertains to this standard.

§115.51 - Detainee reporting.

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

Notes:

(a)(b) KCIPC Policy 2.1.1 establishes the facility's procedures for detainees to report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. The facility provides instructions on how detainees may contact their consular official, the DHS OIG, or confidentially and, if desired, anonymously, report these incidents. The facility has also established the 9# feature on its detainee telephones, which immediately rings to facility control, and operates very similarly to a 911 telephone line. Anytime the 9# feature is used, an email is generated to the Facility Administrator and the PSA Compliance Manager.

The facility has also developed internal reporting avenues where the detainees can report directly to a staff member, through a request slip, medical slip, and grievance form. The facility also employs electronic tablets for use by the detainees and all requests and grievances can be filed by use of the tablet.

During the onsite audit, the Auditor observed consular posters prominently displayed in each housing unit. The Auditor also observed signage near the phones in every housing unit that 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 in the housing areas is provided in English and Spanish. For those detainees who do not speak English or Spanish, the same contact information is available in the ICE National Detainee Handbook in French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese. Additionally, the Auditor observed posters providing information about the RCC. This information is also provided via transcript read to detainees who do not speak these languages or suffer from some type of disability.

The Auditor tested the telephones in multiple housing areas and found them all operational. The Auditor was able to contact the DHS OIG, ICE DRIL, Texas Sexual Abuse Hotline, and the 9# feature. In each case, the Auditor informed the representative on the purpose of the call. All representatives stated their understanding of accepting PREA allegations and/or complaints and each said that all calls are confidential, and the report can be made anonymously if requested by the detainee.

The KCIPC Supplement to the National Detainee Handbook, ICE National Detainee Handbook, and PREA posters all provide avenues for detainees to report incidents of sexual abuse or assault.

In interviews with 30 detainees, all 30 said they had seen the consular phone list or knew how to reach their consular office. Of the 30, 29 acknowledged there were telephone numbers available to them, which are posted in the housing areas above each bank of phones to report PREA incidents. The one detainee who stated he did not have knowledge of the numbers said that he had never used the telephones and was unaware of that information.

(c) KCIPC Policy 2.1.1 states that, "Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports."

The Auditor interviewed officers and supervisors and found they understood their obligation under this standard, and stated they would accept all reports made verbally, in writing, anonymously, and from third parties, and document any verbal reports made to them.

In their interviews with the Auditor, the Facility Administrator and PSA Compliance Manager stated there were no third-party reports of sexual abuse received during the audit period.

§115.52 - Grievances.

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

Notes:

(a)(b) KCIPC Policy 2.1.1 and the KCIPC Supplement to the National Detainee Handbook addresses the detainee grievance procedure regarding sexual abuse. The facility does not impose a time limit for the submission of the grievance; the grievance would be considered under the emergency grievance procedure, and no informal grievance procedures are applied.

The PSA Compliance Manager, who also acts as the Grievance Coordinator, was interviewed and stated that there are no time limits for sexual abuse grievances, and if the facility receives a grievance of this nature, it would immediately be reported to the PSA Compliance Manager (if she did not receive the grievance directly) for investigation. A locked grievance box is located in each housing area as observed by the Auditor during the onsite audit. The PSA Compliance Manager said that grievances from the locked boxes are picked up daily by her (or her designee when she is away) and that she addresses any grievance she receives (both electronic and paper) as soon as possible and responds at least informally within 24 hours to the detainee.

(c)(d) KCIPC Policy 2.1.1 outlines the written procedures for identifying and handling time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to sexual abuse. The PSA Compliance Manager confirmed that the Facility Administrator and PSA Compliance Manager would be immediately notified, and they would then take immediate corrective action to protect the detainee. She further stated that any medical emergencies would be brought to the immediate attention of proper medical personnel. The Facility Administrator confirmed this policy and practice in her interview.

(e) The KCIPC grievance form states that a decision shall be issued within 5 days of receipt and that any appeal would be responded to within 30 days. The final grievance decision would be forwarded to the ICE FOD. The facility PSA Compliance Manager confirmed this practice.

(f) Policy 2.1.1 and the KCIPC Supplement to the National Detainee Handbook state that a detainee may utilize another detainee, the housing officer or other facility staff, family members, or legal representatives when filing a grievance. The interviewed staff understood their obligations to expedite a grievance, and to assist if necessary.

All of the security staff interviewed had knowledge of the grievance process and that there was an appeals process for detainees if they were not satisfied with the grievance determination.

During the interview of 30 detainees, 29 stated they were aware they had the ability to file a grievance at the facility. The one who stated he did not know how to file a grievance, was the same detainee who said he had not received an ICE National Detainee Handbook at intake. He was advised that the information was in this handbook (which he received in the presence of the Auditor). Two detainees interviewed said they had filed grievances in the past and both said they received a response in a timely manner (the grievances were not PREA related).

Based on a Statement of Fact signed by the Facility Administrator, KCIPC has not had any grievances filed within the last 12 months for sexual abuse. The PSA Compliance Manager further confirmed this in her interview.

§115.53 - Detainee access to outside confidential support services.

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

Notes:

(a)(b)(c)(d) The facility has entered into an MOU with RCC to provide expertise and support in the areas of crisis intervention, counseling, investigation, and prosecution of sexual abuse perpetrators. RCC contact information, including mailing address and contact number, are posted in the housing units as observed by the Auditor during the onsite visit, and further provided to victims of sexual abuse.

KCIPC Policy 2.1.1 establishes the procedures which include the outside agencies in the facility's sexual abuse prevention and intervention protocols. During the interview with the PSA Compliance Manager, she stated that all victims of sexual abuse are given the contact information for RCC, and informed that they could contact them at any time. She further confirmed that at the same time, they would be informed of the KCIPC procedures, which govern monitoring of communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

In each of the facility housing areas and other common areas of the facility, the Auditor observed the ICE Zero Tolerance Posters, which are provided in eight languages. The poster informs detainees that all telephone calls are subject to monitoring and that, "the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."

In the 30 random detainee interviews, 26 said they were specifically aware of advocacy services available to them and had seen the postings in the housing area. One detainee denied any knowledge of the services and said the information may be available, but that he had not seen it and had no need to look for it. The other three said there likely were services, but they did not remember being specifically informed.

The facility had no closed investigations during the audit period for the Auditor to review, therefore no notifications to detainees regarding services could be confirmed. During the onsite audit, the Auditor spoke to staff at RCC via telephone and confirmed these procedures, including their mandatory reporting requirements.

§115.54 - Third-party reporting.

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

Notes:

The facility has established several methods for third-party reporting. The posters for the DHS OIG and ICE DRIL are posted in the visiting room and front entrance to the facility. KCIPC (GEO) and ICE have placed reporting steps on their respective websites. The GEO website (<https://www.geogroup.com/PREA>) provides clear direction on how to report sexual abuse at any of its facilities, along with PREA specific definitions and the company's zero tolerance policy. The website provides a mailing address, telephone number and email address should a report need to be made. The GEO website also contains information to the public on how to contact the ICE DRIL.

The ICE website contains similar reporting information and steps in which to make third party reports at (<https://www.ice.gov/detain/prea>). The Auditor accessed the KCIPC (GEO) and ICE websites and was easily able to access the information required in the standard. During interviews with the Facility Administrator, PSA Compliance Manager, and randomly selected staff members, all acknowledged third-party reporting mechanisms available to detainees. All 30 detainees interviewed acknowledged at least one method for third-party reports to be made. The PSA Compliance Manager stated there had been no allegations reported by a third-party during the audit period

§115.61 - Staff reporting duties.

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

Notes:

(a)(b) KCIPC Policy 2.1.1 outlines the requirement of all to report verbally and in writing immediately any knowledge, suspicion, or information regarding any of the incidents as outlined in provision (a) of this standard, including retaliation against anyone who reported or participated in an investigation of sexual abuse. The policy goes on to say that "Employees reporting Sexual Abuse shall be afforded the opportunity to report such information to the Chief of Resident (Detainee) Advisor or upper-level executives privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these types of incidents."

The entirety of KCIPC Policy 2.1.1 was reviewed and has been approved by the Facility Administrator and ICE. In her interview, the Facility Administrator acknowledged her role in reviewing and approving all policies. All security and non-security staff members interviewed acknowledged they had avenues available to them to make reports privately if needed, and each stated they would make any report immediately upon having knowledge or information.

(c) KCIPC Policy 2.1.1 further states that "Staff will not reveal any information related to an SAA report to anyone other than to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, make medical treatment, investigation, law enforcement, or other security and management decisions."

During the staff interviews, the Auditor confirmed that all understood their reporting requirements, reporting avenues available to them, and the requirement to not reveal any information except to the extent necessary as outlined in provision.

(d) The facility does not house juveniles or family units. The PSA Compliance Manager confirmed that they would notify the appropriate state agency if a detainee who is considered a vulnerable adult was the victim of a sexual abuse. This is further outlined in KCIPC Policy 2.1.1. The PSA Compliance Manager also confirmed that they have not made any notification of this type during the audit period.

§115.62 - Protection duties.

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

Notes:

KCIPC Policy 2.1.1 states, "When an employee or facility staff member has reasonable belief that a resident (detainee) is subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee." The policy goes on to say that at a minimum, staff shall, "Separate the alleged victim and abuser; Immediately inform his/her supervisor; Stay with the detainee until the supervisor arrives; and remain on the scene until relieved by responding personnel."

During interviews with 12 random security staff, all stated that they would make the safety of the detainee their priority, ensure they were separated from the other detainees and contact their supervisor immediately.

During the supervisor interviews, each stated that they could separate detainees through housing (suite) moves and or building moves. Any separation for these reasons would be immediately reported to the PSA Compliance Manager. In her interview, the PSA Compliance Manager stated that she would respond immediately or be available by phone to discuss the incident with the initial responders. The Facility Administrator was interviewed and acknowledged the importance of detainee safety. She confirmed that staff are trained to take immediate action to protect a detainee if that staff member has a reasonable belief the detainee is subject to a substantial risk of sexual abuse. There were no incidents of a detainee being at substantial risk of imminent sexual abuse during the audit period.

§115.63 - Reporting to other confinement facilities.

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

Notes:

(a)(b)(c)(d) KCIPC Policy 2.1.1 outlines the facility's obligations to report sexual abuse and assault allegations which occurred at another confinement facility. In her interview with the Auditor, the PSA Compliance Manager stated, and was confirmed in policy, that the facility would document the allegations, and the Facility Administrator would immediately contact the facility head where the allegation took place. This notification would be made immediately, and the ICE Field Office would be notified as soon as possible, but not more than 72 hours later. The Facility Administrator would immediately document the notification, and copies would be forwarded to the PSA Compliance Manager. The PSA Compliance Manager confirmed in her interview that if an allegation were received from another facility, she would immediately begin an investigation as outlined in Policy 2.1.1 and notify the ICE Field Office.

In their interviews, both the Facility Administrator and the PSA Compliance Manager acknowledged their duties. The Facility Administrator said that first notification would be made telephonically to ensure the facility had information as quickly as possible. She said the phone call would be immediately followed with an email (she stated that an email group had already been established for such notifications), which would document that conversation and the information shared. Both stated there were no instances of these types of reports received during the audit period.

§115.64 - Responder duties.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a) KCIPC Policy 2.1.1, along with training received by the staff, outlines their response to a detainee who has alleged to have been sexually abused. The staff is instructed through policy and training to hold the detainee in a place of safety with sight and sound separation from other detainees and make immediate notification to their supervisor. Upon the arrival of assistance, Policy 2.1.1 states, "The first Security Staff member to respond to a report [of Sexual Assault or Abuse] shall: separate the alleged victim and abuser; immediately notify the on-duty security supervisor and remain on the scene until relieved by responding personnel; preserve and protect, to the greatest extent possible, any crime scene until steps can be taken to collect any evidence; if the abuse occurred within a time period which still allows for the collection of physical evidence (typically within 96 hours), request the alleged victim not take any actions which could destroy physical evidence, including, as appropriate: Not to shower or clean themselves in any way; Not to brush their teeth; Not to change clothes; Not to use the restroom; Not to eat or drink anything; Not to do anything which may destroy evidence of the assault."

The training requires the Facility Administrator and PSA Compliance Manager be notified immediately; they would then contact the ICE Field Office and implement the PREA Coordinated Response Plan. All staff interviewed had a substantial understanding on their duties as first responders. These interviews confirmed that the Facility Administrator and PSA Compliance Manager would be notified immediately.

(b) KCIPC Policy 2.1.1 requires that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim and abuser not take any actions that could destroy physical evidence and then notify security staff. A Statement of Fact signed by the Facility Administrator stated that no allegations had been reported to a non-security staff member during the audit period.

The Auditor interviewed one facility contractor, who was able to satisfactorily express their responsibilities if they were first to the scene of a sexual abuse or assault.

During the audit, the Auditor had informal conversations with a number of security and non-security staff members and asked many how they would respond to an allegation of a sexual assault that had just occurred. Every staff member contacted was able to provide very detailed responses regarding safeguarding the detainee, protection of the crime scene and overall management of what could be a potentially chaotic scene. The staff members responded in such a manner that indicated to the Auditor that the training staff had done an exceptional job of preparing its staff for a potentially emergent situation. Based on those impromptu responses from staff, coupled with the formal interview questions posed to randomly selected staff, the Auditor has concluded that the facility personnel demonstrated an extraordinary knowledge of their responsibilities as first responders.

§115.65 - Coordinated response.

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

Notes:

(a)(b) KCIPC has developed a coordinated response plan outlined in Policy 2.1.1 with guidelines for the facility to respond to sexual abuse incidents. The plan utilizes a multi-disciplinary approach which includes the first responders, medical and mental health practitioners, investigators, the PSA Compliance Manager, Facility Administrator, and any other staff deemed necessary by the Facility Administrator.

Each person interviewed articulated their responsibilities in providing assistance and services to the facility. Based on a review of the facility's policies, coupled with interviews with staff and outside entities, the facility has developed an excellent coordinated response plan.

(c)(d) The PSA Compliance Manager confirmed that if a victim of sexual abuse is transferred between DHS immigration detention facilities covered by either Subpart A or B of the DHS PREA Standards, or to a non-DHS facility, they notify the facility of the potential need for medical or social services unless the victim requests otherwise, which would only be the case for facilities not covered by the DHS PREA Standards. The Facility Administrator was interviewed by the Auditor regarding this standard and was fluent regarding the facility's responsibilities in these specific cases, and the coordinated response required. The statements made by the PSA Compliance Manager and Facility Administrator were confirmed in the Auditor's review of KCIPC Policy 2.1.1.

The facility provided a Statement of Fact, signed by the Facility Administrator, stating that the facility did not have an instance where a response, from KCIPC to another facility, in reference to a transfer of a sexual abuse victim was needed, which was further confirmed by the PSA Compliance Manager during her interview.

In every telephone conversation the Auditor had with outside entities, such as the RCC and Methodist Specialty and Transplant Hospital, each articulated their responsibilities in providing assistance and services to the facility. Based on a review of the facility's policies, coupled with interviews with staff and outside entities, the facility has developed an excellent coordinated response plan.

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

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

Notes:

KCIPC Policy 2.1.1 states, "Employees, contractors, and volunteers suspected of perpetrating sexual abuse or assault shall be removed from all duties requiring detainee contact pending the outcome of an investigation." The Facility Administrator explained a separation order requiring no contact will be documented by facility management via email or memorandum within 24 hours of the allegation. The PSA Compliance Manager and Facility Administrator both confirmed in their interviews with the Auditor that they have non-contact posts where employees would be placed until an investigation was completed. The HRM also confirmed this policy and practice in her interview. These procedures were confirmed by the Auditor during interviews of random staff, who demonstrated a clear understanding of this standard. There were no allegations against staff, contractors, or volunteers during the audit period.

§115.67 - Agency protection against retaliation.

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

Notes:

(a)(b)(c) KCIPC Policy 2.1.1 outlines the facility's protection against retaliation. The policy states that, "Staff, contractors, volunteers, and residents [detainees] will not retaliate against any person, including a resident (detainee), who reports, complains about, or participates in an investigation into an allegation of SAA, or participating in SAA as a result of force, coercion, threats, or fear of force." The PSA Compliance Manager confirmed in her interview with the Auditor that the facility would utilize multiple protection measures, including housing changes, removal of staff, and emotional support services. The PSA Compliance Manager stated that for at least 90 days following a report of sexual abuse, the facility will monitor to see if there are facts that may suggest possible retaliation by detainees or staff. If this is indicated, the facility will act promptly to remedy any such retaliation.

The PSA Compliance Manager confirmed they would follow KCIPC Policy 2.1.1, which outlines the monitoring process and indicates that detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff would all be monitored. If a need is indicated, the monitoring will continue beyond the 90 days.

The Facility Administrator was interviewed by the Auditor and said that protection from retaliation was of critical importance and that the facility would take significant measures to ensure detainee safety. Staff interviewed acknowledged that retaliation against any person who makes an allegation or participates in an investigation of sexual abuse is prohibited.

The facility provided a Statement of Fact signed by the Facility Administrator stating that no allegations of sexual assault or abuse had been reported during the audit period, therefore, no retaliation monitoring was necessary.

§115.68 - Post-allegation protective custody.

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

Notes:

(a)(b)(c) KCIPC Policy 2.1.1 outlines the facility post-allegation protective custody process. The detainee would be placed in the least restrictive, and supportive environment subject to the requirements of DHS PREA Standard 115.43. They would not be held for more

than five days in any type of administrative restriction, unless under unusual circumstances or at the request of the detainee. If a detainee were held in this manner, they would be reassessed before being returned to the general population. This information was confirmed by the PSA Compliance Manager in her interview with the Auditor. The PSA Compliance Manager, in her interview with the Auditor, understood the requirements for housing detainees under these circumstances. She further confirmed they had not had a detainee in post allegation protective custody during the audit period, which was also confirmed through a Statement of Fact signed by the Facility Administrator.

The Facility does not have an administrative housing, but rather has administrative observation rooms in the medical clinic of the facility. If an administrative observation cell was used for the purposes of post-allegation protective purposes, the medical security staff member would be responsible for conducting security rounds of the area. The Auditor interviewed the medical security officer and found her to be well-versed in her responsibilities in this area.

(d) The policy further states that the "ICE Field Office Director will be notified no later than 72 hours after initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault..." This notification requirement was also confirmed through interviews with the PSA Compliance Manager and Facility Administrator.

§115.71 - Criminal and administrative investigations.

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

Notes:

(a)(b) KCIPC Policy 2.1.1 outlines the facility investigator's responsibility to conduct prompt, thorough and objective administrative investigations into alleged sexual assault. The facility has three trained investigators to conduct administrative investigations. The PSA Compliance Manager, who is also a trained investigator, stated in her interview with the Auditor that all allegations are responded to immediately, and ICE is notified. If the allegation is criminal, they will stop the administrative investigation and let DHS OIG, or the Karnes County Sheriff's Department conduct the criminal investigation. The Auditor confirmed through his interview with the PSA Compliance Manager that if a criminal investigation were either unsubstantiated or substantiated, they would still conduct an administrative investigation after consultation with the DHS OIG, ICE OPR, and/or the sheriff's office. The facility did not have any investigations during this audit period.

(c) KCIPC Policy 2.1.1 details the investigative procedure for administrative investigations and states, "KCIPC procedures for administrative investigations include: the investigator to have received specialized training; Preservation of direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; Interview alleged victims, suspected perpetrators, and witnesses; Review prior complaints and reports of sexual abuse involving the suspected perpetrator; Assess 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; Make an effort to determine whether actions or failures to act at the facility contributed to the abuse; and document each investigation by a written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and retain such reports for as long as the alleged abuser is detained or employed by the facility, plus five years."

The procedures in the policy govern the coordination of the administrative and criminal investigations, and procedures to ensure that the criminal investigation is not compromised by an internal administrative investigation. During her interview with the Auditor, the PSA Compliance Manager (also a trained facility investigator) confirmed the investigative procedures for administrative investigations and reiterated that any administrative investigation would be coordinated with the criminal investigation as to not cause any interference that may jeopardize a potential criminal filing or prosecution.

(e)(f) KCIPC Policy 2.1.1 states that "the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation." The PSA Compliance Manager confirmed that the investigation would be conducted even if the alleged abuser or victim was no longer at the facility. She further stated that if an outside entity conducted a criminal investigation, she would stay in contact with them to ascertain the progress of the investigation. The Facility Administrator was interviewed by the Auditor and demonstrated an excellent command of the investigative and notification process for PREA allegations. There were no completed investigations during the current audit period for the Auditor to review.

§115.72 - Evidentiary standard for administrative investigations.

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

Notes:

KCIPC Policy 2.1.1 states that "The facility shall impose no higher standard than a preponderance of the evidence in determining whether allegations are substantiated." The PSA Compliance Manager, who is one of the facility investigators and was interviewed by the Auditor, stated that they do not impose any higher standard than a preponderance of the evidence. The Facility Administrator confirmed this standard in her interview with the Auditor. Agency Policy 11062.2 states, "The OPR shall conduct either an OPR review or investigation, in accordance with OPR policies and procedures. Administrative investigations impose no standard higher than a preponderance of the evidence to substantiate an allegation of sexual abuse." There were no completed investigations during the audit period for the Auditor to review.

§115.73 - Reporting to detainees.

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

Notes:

KCIPC Policy 2.1.1 outlines the procedure for reporting the results of an investigation to a detainee. The policy directs the facility investigator or designated staff to inform the detainee in writing whether the allegation has been substantiated, unsubstantiated, or unfounded. This process is completed utilizing the Notification of Outcome of Allegation form. The detainee will receive the notification in person by the PSA Compliance Manager, or her designee, and sign the form indicating it has been received. If a criminal investigation takes place and the determination is different, an updated form would be provided to the detainee. The detainee would keep the original, and a copy is placed in the investigative file. There were no closed investigations to review relevant notifications during the audit period. The PSA Compliance Manager and Facility Administrator confirmed this procedure in their interviews with the Auditor. In their interviews with the Auditor, both the Facility Administrator and the PSA Compliance Manager said that if the detainee were no longer housed at KCIPC, but still in ICE custody, they would ensure notice would be made to the detainee at the new facility and ensure documentation was received of the detainee's receipt of notification and include it in the investigative file. They each said that if the detainee were no longer in ICE custody, they would attempt to identify an address where the notification could be mailed.

§115.76 - Disciplinary sanctions for staff.

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

Notes:

(a)(b)(c)(d) KCIPC Policy 2.1.1 outlines the facility response to staff discipline of a substantiated allegation for violating facility sexual abuse policies. The staff member would be subject to disciplinary or adverse action up to and including removal from their position and the Federal service. The PSA Compliance Manager and HRM confirmed in their interviews with the Auditor that removal from their position is the presumptive discipline for a violation of the policy. The PSA Compliance Manager confirmed that the facility would report all removals or resignations by staff prior to removal for violations of facility sexual abuse policies to the DHS OIG and the Karnes County Sheriff's Department, unless clearly not criminal, and confirmed if the staff member were licensed, the licensing body would be notified. In her interview with the Auditor, the HRM conveyed the same information as it relates to staff members. The facility provided the Auditor with a Statement of Fact signed by the Facility Administrator stating that no staff members have been disciplined within the audit period, which was confirmed by the PSA Compliance Manager in her interview. They also provided a sample letter in the event an employee was discharged based on a violation of PREA standards. The Auditor interviewed the Facility Administrator, and she confirmed the process and her involvement on any decision regarding staff. She confirmed that a substantiated investigation against a staff member regarding a PREA incident would be grounds for discharge. There were no investigations of staff during the audit period. All SAAPI policies have been approved by the agency.

§115.77 - Corrective action for contractors and volunteers.

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

Notes:

(a) KCIPC Policy 2.1.1 addresses any contractors or volunteers who have engaged in sexual abuse. The policy directs the facility to prohibit the contractor or volunteer from having any contact with detainees, and that the "Facility shall report to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies." In her interview with the Auditor, the PSA Compliance Manager stated that the facility would make reasonable efforts to report to any relevant licensing body, to the extent known, incidents of substantiated sexual abuse by a contractor or volunteer. These incidents, if criminal, will also be reported to law enforcement agencies.

(b)(c) The PSA Compliance Manager and HRM confirmed that contractors and volunteers suspected of perpetrating sexual abuse would be removed from all duties requiring detainee contact pending the outcome of an investigation. They further stated that as per KCIPC Policy 2.1.1, the facility would take appropriate remedial measures; and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within these standards. The PSA Compliance Manager, Facility Administrator, and HRM confirmed in their interviews with the Auditor that if a contractor or volunteer violated any provisions of the standards, their security clearance and access to the facility would be immediately revoked. The facility did not have any incidents of contractor or volunteer corrective action for the audit period, as confirmed in a Statement of Fact signed by the Facility Administrator and the PSA Compliance Manager's interview with the Auditor.

§115.78 - Disciplinary sanctions for detainees.

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

Notes:

(a)(b)(c)(d) KCIPC Policy 2.1.1 addresses the facility disciplinary sanctions following an administrative or criminal investigation that finds a detainee engaged in sexual abuse. The disciplinary process ensures that the discipline is commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. The policy further outlines the progressive levels of reviews, appeals, procedures, and documentation procedure. During the Auditor's interview with the PSA Compliance Manager, it was confirmed that this discipline process would be utilized for disciplining any detainee found to have violated sexual abuse or harassment policies or facility rules. During the Auditor's interviews with medical and mental health staff, they stated that any detainee involved in an incident, whether victim or offender, would be evaluated. The PSA Compliance Manager reiterated in her interview, as per policy, they would consider any mental disabilities or mental illness that may have

contributed to the detainee's behavior when determining what type of sanction, if any should be imposed. The facility provided a Statement of Fact signed by the Facility Administrator stating that no discipline had been imposed on a detainee who engaged in sexual abuse during the audit period. There were no closed investigations to review for the audit period.

(e)(f) The PSA Compliance Manager stated that the facility would follow policy 2.1.1 for detainee discipline, which state that, "The facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact." She also confirmed that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred would not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The Facility Administrator was interviewed by the Auditor, and she confirmed the facility's policies and practices as it relates to detainee discipline.

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

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

Notes:

(a)(b)(c) KCIPC Policy 2.1.1 detail the medical and mental health screenings for a history of sexual abuse. If the detainee has experienced prior sexual victimization or perpetrated sexual abuse, they will be referred to a qualified medical or mental health practitioner for follow-up. The medical evaluation will occur immediately, but not more than 48 hours later, and the mental health evaluation will occur within 72 hours. The detainees at the facility are screened under DHS PREA 115.41 by medical personnel. If they experienced prior sexual victimization or perpetrated sexual abuse, they would receive any immediate medical attention as deemed necessary. If mental health were available, they would see them immediately. If mental health staff are not immediately available, the detainee would be seen within 72 hours. The Auditor confirmed this process through interviews with medical and mental health staff. These interviews also confirmed that they would notify the PSA Compliance Manager whenever a detainee was seen due to issues identified through this standard. The Auditor reviewed one sample of a mental health referral based on the responses from the initial risk screening and the detainee was seen by a provider within 48 hours of the referral. The Auditor formally interviewed a mental health staff member, who demonstrated thorough knowledge of the referral policies related to this standard. The HSA was interviewed by the Auditor and demonstrated the same level of knowledge regarding this standard. The Auditor also spoke informally with other medical staff members, who articulated a clear understanding of the policies.

§115.82 – Access to emergency medical and mental health services.

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

Notes:

(a)(b) KCIPC Policy 2.1.1 outline this standard and says, "Victims of SAA shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature, and scope of which are determined by medical and mental health practitioners according to their professional judgement." The policy goes on to say, "victims shall be provided emergency medical and mental health services and ongoing care as appropriate, including testing for sexually transmitted diseases and infections, prophylactic treatment, emergency contraception, follow-up examinations for sexually transmitted diseases, and referrals for counselling (including crisis intervention counseling)." In their interviews with the Auditor, medical staff confirmed that the above procedures would be followed. KCIPC Policy 2.1.1 also establishes that emergency medical treatment services would be provided at no cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility has an MOU with RCC for victim advocacy, which was reviewed by the Auditor and confirmed with a phone call to the organization. There were no alleged victims of sexual abuse during this audit period, therefore, there were no records to review for timely referrals.

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

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

Notes:

(a)(b)(c)(e)(f)(g) KCIPC Policy 2.1.1 outline ongoing medical and mental health care following a sexual abuse allegation. The medical and mental health departments are part of the coordinated response to an incident and would be immediately involved with the detainee and make any treatment determinations. These determinations will include follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The medical and mental health services offered are consistent with the community level of care. The detainee is offered tests for sexually transmitted infections; all the treatment services are offered at no cost to the detainee. The facility also attempts to provide a mental health evaluation and offer treatment to all known detainee-on-detainee abusers within 60 days of learning of the abuse. During their interviews with the Auditor, this process was confirmed with the PSA Compliance Manager and medical and mental health staff.

A Statement of Fact signed by the Facility Administrator was provided to the Auditor indicating no substantiated cases occurred during the audit period, therefore, no ongoing services were provided to abusers, which was also confirmed through interview with the PSA Compliance Manager. During the medical and mental health staff interviews, the Auditor confirmed that mental health services would be offered to both the victim and abuser in a sexual abuse incident. There were no closed investigative files for the Auditor to review during the audit period to verify compliance with this standard.

(d) This provision is addressed in KCIPC Policy 2.1.1, which states that, "Victims of sexually abusive vaginal penetration by a male abuser while detained shall be offered a pregnancy test. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services and timely access to all lawful pregnancy-related medical services." Although the facility did not house female detainees at the time of the onsite audit, medical staff and the PSA Compliance Manager confirmed in their interviews that these services would be provided to female detainees.

§115.86 - Sexual abuse incident reviews.

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

Notes:

(a)(b) KCIPC Policy 2.1.1 states, "KCIPC conducts a SAA incident review at the conclusion of every SAA investigation...within 30 days of the conclusion of the investigation." The policy states that the sexual abuse incident review will be conducted by an incident review team consisting of the following members: upper-level management officials; PSA Compliance Manager, Investigator, Security Supervisor, Medical or Mental Health Professional, Security Chief. The incident review team will review the incident and prepare written report within 30 days of the conclusion of the investigation. "The Review Team will consider and document whether the incident or allegation was motivated by race, ethnicity, gender identity; lesbian, gay, bisexual, transgender, intersex, or gender non-conforming status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility."

The policy states all investigations and reviews are forwarded to ICE OPR, which is directed by Agency Policy 11062.2 to forward a copy to the ICE PSA Coordinator for review. This report indicates if any changes need to be made in policy or practice that could better prevent, detect, or respond to sexual abuse, they shall be made. In his interviews with the Facility Administrator and the PSA Compliance Manager, the Auditor confirmed the recommendations for improvement would be made if there were any. The Auditor interviewed the facility HSA, who is a member of the Incident Review Team. She stated that the team assesses each case on its own merits and ensures that decisions made are in the best interest of staff and detainee safety. The facility had no closed investigations during the audit period, which would have generated an incident review.

(c) The facility provided the Auditor with the 2021 Annual Review of Sexual Abuse Investigations and Corrective Actions report, which compares the facility data from 2019 and 2020.

The Facility Administrator and PSA Compliance Manager confirmed to the Auditor that the incident and annual reports were submitted to the local PSA Compliance Manager, the ICE FOD, and the ICE PSA Coordinator, which is outlined in Policy 2.1.1.

§115.87 - Data collection.

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

Notes:

(a) KCIPC Policy 2.1.1 outlines the procedures for the facility data collection. The facility collects and retains data related to sexual abuse as directed by policy. The PSA Compliance Manager collects and retains all data including case records associated with claims of sexual abuse including investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary. The PSA Compliance Manager, in her interview with the Auditor, stated that she is responsible for compiling data collected on sexual activity and sexual abuse incidents. She forwards the DHS Monthly PREA Incident Tracking Log to the Facility Administrator each month. She also creates and submits a PREA Survey, which is submitted to the Facility Administrator for every allegation of sexual abuse and sexual activity. During her interview, the PSA Compliance Manager stated that all information is maintained in locked filing cabinets within the administration building with only the PSA Compliance Manager, and Facility Administrator having access. The Auditor observed the storage locations during the facility tour. The established facility retention schedule is 10 years for these files.

§115.201 - Scope of audits.

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

Notes:

(d) During the audit tour, the facility provided the Auditor full access to all areas of the facility, and the ability to ensure policies and procedures were in daily practice.

(e) Before the audit, during the onsite audit, and during the post-audit phase, all relevant documentation was made available through the ICE ERAU SharePoint. Additional documentation was requested by the Auditor which was provided promptly.

(i) The Auditor was permitted to conduct private interviews with the detainees and staff. These interviews were conducted in various offices throughout the facility, with ample privacy.

(j) PREA Audit Notifications were posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian, Creole, Bengali, Arabic, Russian, and Vietnamese, providing the Auditor's contact information. The Auditor confirmed the prior presence of the audit posting notifications during his interviews with facility staff, contractors, and detainees. Knowledge by interviewees regarding when the postings had been placed ranged from a few days to more than a month. Based on the totality of interviews, ample notice was provided for detainees or staff to correspond concerns to the Auditor.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button:

Update Outcome Summary

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	3
Number of standards met:	36
Number of standards not met:	0
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	Click or tap here to enter text.

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.

Mark A. McCorkle

2/4/2023

Auditor's Signature & Date

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

2/4/2023

Assistant Program Manager's Signature & Date

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

2/6/2023

Program Manager's Signature & Date