

# Office of Professional Responsibility

## PREA Audit Compliance Report

## Karnes County Immigration Processing Center

January 6 - 8, 2026



U.S. Immigration  
and Customs  
Enforcement

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



**Homeland  
Security**

**AUDIT DATES**

<b>From:</b>	1/06/2026	<b>To:</b>	1/08/2026
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**AUDITOR INFORMATION**

<b>Name of auditor:</b>	Diana Lind	<b>Organization:</b>	Creative Corrections, LLC
<b>Email address:</b>	(b) (6), (b) (7)(C)	<b>Telephone #:</b>	(409) 866-(b) (6), (b) (7)(C)

**PROGRAM MANAGER INFORMATION**

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

**AGENCY INFORMATION**

<b>Name of agency:</b>	U.S. Immigration and Customs Enforcement (ICE)
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**FIELD OFFICE INFORMATION**

<b>Name of Field Office:</b>	San Antonio
<b>Field Office Director:</b>	Sylvester M. Ortega
<b>ERO PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Field Office HQ physical address:</b>	1777 NE Loop 410 San Antonio, TX 78217

**INFORMATION ABOUT THE FACILITY BEING AUDITED**

**Basic Information About the Facility**

<b>Name of facility:</b>	Karnes County Immigration Processing Center
<b>Physical address:</b>	409 Fm 1144 Karnes City, Texas 78118
<b>Telephone number:</b>	830-254-2500
<b>Facility type:</b>	Dedicated Inter-governmental Service Agreement
<b>PREA Incorporation Date:</b>	10/9/2014

**Facility Leadership**

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

## NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Karnes County Immigration Processing Center (KCIPC) was conducted from January 6, 2026, through January 8, 2026. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditors Diana Lind, and (b) (6), (b) (7)(C), both employed by Creative Corrections, LLC. The Lead Auditor was provided guidance and review during the audit report writing and review process by ICE PREA Program Manager (PM) (b) (6), (b) (7)(C) and Assistant Program Manager (APM) (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The PM's role is to provide oversight into 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 October 30, 2024, to October 30, 2026. This is the facility's fourth DHS PREA audit. KCIPC is operated under contract by The GEO Group.

Approximately three weeks prior to the onsite audit, the ERAU Team Lead (TL), (b) (6), (b) (7)(C), provided the Auditor with the Agency's policies, facility's policies, and other pertinent documents through the ICE Audit Management and Reporting System (AMRS) SharePoint. Supporting documentation was organized and placed within folders for ease of auditing. The facility staff placed posters throughout the facility, including all units in the housing compounds and all common areas. The Auditor verified the placement of the audit notification poster during the facility site review, and during the detainee and staff interviews. The Auditor reviewed the Agency website (<https://www.ice.gov/prea>) and the facility website (<https://www.geogroup.com/facilities/karnes-county-immigration-processing-center/>). The Auditor received no correspondence from detainees or any other interested party at the facility prior to the onsite audit.

KCIPC houses Level 1 and Level 2 custody male and female detainees. During three weeks in March of 2025 the facility housed family units. At the time of the audit, KCIPC housed adult male and female detainees with a design capacity of 1,328. The facility reported 10,785 detainees have been booked into the facility in the last 12 months with an average length of time in custody of 26 days. In the previous 12 months, the facility booked/processed 842 male detainees, 352 female detainees, and 108 juveniles. On the first day of the audit, the facility reported 862 males, and 380 female detainees were housed at the facility for a total of 1,242 detainees. According to the Pre-Audit Questionnaire (PAQ), the top nationalities processed are detainees from Venezuela, Mexico, and Cuba. There were no juvenile or family units at the facility at the time of the onsite audit. KCIPC employs 219 detention staff (111 male and 108 females) with the remaining staff consisting of administrative, management, food service, contractors, support staff, medical and mental health staff. The facility contracts three additional medical professional staff. The facility utilizes religious volunteers.

On January 6, 2026, at approximately 8:00 a.m., the Auditors arrived at the facility and established a working area in a secure office at the KCIPC. The entry briefing was held in the ICE conference room on January 6, 2026. The ICE/OPR/ERAU TL opened the briefing and turned it over to the Auditor. The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to assess PREA Compliance with those present. The Auditor explained that the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on review of policy and procedures, observations made during the facility inspection, review of provided documentation, and information obtained from staff and detainee interviews. The onsite review commenced after the entry briefing and included the intake area, medical unit, housing compounds, recreation area, visitation, segregation unit, food service, commissary, education, classrooms, laundry, maintenance, library and law library, attorney visiting area, and court/asylum area. In addition, the Auditors

observed the control center, ICE, and administrative offices. The Auditors made visual observations of bathrooms and shower areas, (b) (7)(E) , noted sight lines, potential blind spots, and the number of staff assigned in all areas of the facility.

After passing through the sallyport, the secure portion of the facility consists of three distinct housing areas called compounds, each designed virtually identical to the other. The living 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 at the rear. The toilet and shower area have a hard, non-locking door. Each phone area within the housing suites and dayrooms displays signs above the phones in English and Spanish, stating that legal calls are not monitored. Each of the 3 housing compounds contain 58 suites, which at capacity would house 464 detainees. (b) (7)(E)

The Auditors observed PREA information displayed in common areas of the facility and posted within the detainee housing dayrooms which included the audit notice, the DHS Sexual Assault Awareness Notice with facility contact name and number, Detainee Reporting Information Line (DRIL) poster, the DHS-prescribed Sexual Assault Awareness (SAA) Information pamphlet, DHS Office of Inspector General (OIG) poster, and the Thriving Hearts Crisis Center (THCS) advocacy posters. The posters were in English and Spanish.

The facility is comprised of five total buildings, which include administrative office for KCIPC and ICE staff. (b) (7)(E)

(b) (7)(E)

(b) (7)(E)

(b) (7)(E)

(b) (7)(E)

The Auditor viewed (b) (7)(E) for direct viewing while a detainee was using the bathroom, showering, or changing clothes, and did not see any areas of concern. Entry into the secure perimeter 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. The kitchen area is staffed by GEO kitchen personnel and detainee workers who jointly prepare meals. Detainee workers remain under continuous supervision by kitchen staff. All rooms within the kitchen area are secured with locking doors, and detainees are prohibited from entering these rooms. (b) (7)(E)

The laundry area is staffed by three GEO workers who supervise three detainee workers. (b) (7)(E). The medical area is connected to the intake unit to improve the efficiency of processing newly arriving detainees. It contains 12 short-stay medical rooms, 2 of which are designated as suicide observation rooms. (b) (7)(E)

There are toilets in each area. The Auditor confirmed that the toilet area is not visible (b) (7)(E) ensuring a degree of privacy for detainees. The facility does not have any segregation cells.

Supervision of the three housing areas is provided by two detention officers (DOs) who oversee the compounds, while a third officer is stationed at a desk to manage the logbook for the area. In addition, there are assigned Sergeants and Lieutenants to each compound on all shifts. Unannounced rounds are conducted by all administrative managers, including the major, as well as lieutenants, sergeants, and ICE staff, and these rounds are documented in the housing area logbook. The Auditor reviewed the logbooks in each housing area and confirmed that supervisory unannounced rounds occur at least once per shift and at irregular intervals. The DOs conduct hourly unannounced rounds. ICE staff routinely hold documented "Town Hall" meetings at each housing compound, where announcements are conveyed, procedural updates are explained, and individual detainees have the opportunity to engage in one-on-one question and answer sessions with detention staff. During onsite visits, Auditors observed this process and noted that detainees were assembled in the compound yard, awaiting their individual consultations with ICE staff regarding specific inquiries.

The Auditors observed an intake process in person for two detainees. The intake unit includes a large sallyport where detainees exit transportation vehicles, and processing begins with a cursory medical evaluation, securing each detainee's property, a pat search, and a walk-through metal detector before each individual is placed into a holding room. Each holding area displays Sexual Abuse and Assault Prevention and Intervention (SAAPI) signage and has a television playing orientation videos, including PREA videos in English and Spanish, with subtitles in both languages. Detainees are processed individually and interviewed by intake staff at separate cubicles to ensure privacy and confidentiality, provided a private shower and fresh clothing, and interviewed by medical staff in private offices within the intake area. All detainees undergo classification, medical and mental health evaluations, and screening before receiving a housing assignment. The Auditors observed detainees completing the risk assessment with privacy from others. During intake, detainees receive the KCIPC Supplement to the National Detainee Handbook, the ICE National Detainee Handbook, and a DHS-prescribed Sexual Abuse and Assault Awareness (SAA) pamphlet. The Auditors tested the detainee telephone and numbers provided for DRIL, DHS OIG, Rape, Abuse & Incest National Network (RAINN) National Sexual Assault Hotline, and the facility PREA Hotline. The Auditors were able to connect to all except the facility PREA hotline which is a direct line to the PSACM. This hotline was checked from a phone in the intake unit and on compounds unsuccessfully. Prior to the end of the site visit, the PREA hotline number was subsequently tested again on two separate occasions, and the facility had resolved the issue.

At the conclusion of the facility site review, the Auditors began interviews with staff, which took place during all three days of the onsite audit. All interviews were conducted in private settings between the Auditors and staff. The Auditors conducted 17 staff interviews which consisted of the Facility Administrator (FA), Chief of Security/Disciplinary Hearing Officer, PSACM/Retaliation Monitor/Investigator/Incident Review Team member/Grievance Officer, Human Resource Manager (HRM), Human Resource Assistant, Chief of Intake, Classification/Case Manager (2), mailroom staff, Media Information Systems (MIS) Specialist, Training Manager (TM), random DOs (3), Health Services Administrator (HSA), Registered Nurse (1), and Mental Health Director. The Auditor additionally interviewed the Assistant Field Office Director (AFOD), ERO PREA Field Coordinator, a deportation officer, a medical contractor (doctor), and an advocate from THCS.

The Auditors selected 35 random detainees to interview (19 male/16 female) of which 1 male, and 1 female detainee refused the interview, and of which included 9 detainees who reported victimization on the risk assessment, 2 detainees with a disability, and 4 that identified as either lesbian/gay/bisexual (LGB). Of the 33 detainees, all were interviewed with the limited English proficient (LEP) interview protocol utilizing a Spanish-speaking bilingual auditor and/or the Creative Corrections contract with Language Line Service Associates (LSA). The facility PAQ reported there are six facility investigators, five of which are no longer working at this site leaving one facility investigator who is the PSACM. The Lead Auditor conducted five investigation file reviews of closed allegations made during the audit period.

On January 8, 2026, an exit briefing was held in the ICE conference room. The ICE/OPR/ERAU TL opened the briefing and turned it over to the Auditor. During the exit briefing, the Auditors presented a summary of the audit findings. The Auditor noted that all staff interviewed demonstrated a thorough understanding of PREA standards and their specific application within the facility. Despite the wide range of languages spoken by detainees, it was observed that Detainees and staff understood the essential principles of sexual safety. Detainees at the facility represented many diverse countries and languages. The environment was found to be safe, clean, and well-organized. The Lead Auditor informed those present that there were no immediate areas of non-compliance that had been identified. She did, however, inform those present that final compliance determinations could not be made until a review of documentation, onsite review notes, and interviews were compiled. The Auditors thanked those in attendance for cooperation during the audit.

## SUMMARY OF AUDIT FINDINGS

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

### Number of Standards Exceeded: 3

- §115.17 - Hiring and promotion decisions.
- §115.31 - Staff training.
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.

### Number of Standards Met: 37

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.14 - Juvenile and family detainees.
- §115.15 - Limits to cross-gender viewing and searches.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.21 - Evidence protocols and forensic medical examinations.
- §115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.
- §115.32 - Other training.
- §115.33 - Detainee education.
- §115.34 - Specialized training: Investigations.
- §115.35 - Specialized training: Medical and mental health care.
- §115.41 - Assessment for risk of victimization and abusiveness.
- §115.42 - Use of assessment information.
- §115.43 - Protective custody.
- §115.51 - Detainee reporting.
- §115.52 - Grievances.
- §115.53 - Detainee access to outside confidential support services.
- §115.54 - Third-party reporting.
- §115.61 - Staff reporting duties.
- §115.62 - Protection duties.
- §115.63 - Reporting to other confinement facilities.
- §115.64 - Responder duties.
- §115.65 - Coordinated response.
- §115.66 - Protection of detainees from contact with alleged abusers.
- §115.67 - Agency protection against retaliation.
- §115.68 - Post-allegation protective custody.
- §115.71 - Criminal and administrative investigations.
- §115.72 - Evidentiary standard for administrative investigations.
- §115.73 - Reporting to detainees.
- §115.76 - Disciplinary sanctions for staff.
- §115.77 - Corrective action for contractors and volunteers.
- §115.78 - Disciplinary sanctions for detainees.
- §115.81 - Medical and mental health assessments; history of sexual abuse.
- §115.82 - Access to emergency medical and mental health services.
- §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: 1**

- §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

**Notes:**

(c): KCIPC Policy 2.2.2, 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 policy furthermore defines sexual abuse and sexual harassment. The entirety of this policy was reviewed and fully approved by the FA, AFOD, and the GEO PREA Coordinator on April 7, 2025. The following is posted on the GEO website (<https://www.geogroup.com/our-commitments/respecting-human-rights/commitment-to-respecting-human-rights>): "GEO's commitment to respecting human rights is reinforced by our Quality Control Program, which includes strict audit processes, reporting requirements, and adherence to accreditation and certification guidelines based on American Correctional Association (ACA) accreditation, Prison Rape Elimination Act (PREA) compliance and certification and, for the Immigration Processing Centers, the DHS Performance-Based National Detention Standards. Each GEO facility undergoes numerous audit reviews, including annual GEO corporate audits, government agency audits, and third-party inspections. Every GEO facility is subject to regular internal and external audits, and these cover many human rights topics, the details of which are available in our annual Human Rights & ESG Report."

(d): During the onsite audit, the Auditor observed the DHS ICE Zero Tolerance for Sexual Abuse poster in the common areas of the facility, intake area, all housing compounds, the medical unit, laundry, education, chaplain area, library, food service, dining, and visitation area. Interviews with 17 staff confirmed all were aware of the facility and agency zero-tolerance policy toward all forms of sexual abuse. KCIPC employs a PSACM who is in a supervisory level position and who serves as the primary contact for the Agency PSA Coordinator. The Auditor reviewed the organizational chart and observed the PSACM reports to the Assistant FA. Interview with the PSACM confirmed she is the point of contact for the Agency PSA Coordinator. In addition, the PSACM confirmed she has sufficient time and authority to oversee facility efforts to comply with facility sexual abuse prevention and intervention policies and procedures.

**Corrective Action:**

No corrective action needed.

### **§115.13 - Detainee supervision and monitoring.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): The KCIPC Policy 2.2.2 states, "KCIPC has developed comprehensive detainee supervision guidelines to meet the Facility's detainee supervision needs and shall review those guidelines at least annually." Policy also states, "KCIPC has implemented a 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 detainees. These inspections will be documented in the park [recreation area] logbook and must state that the inspection is unannounced. Such policy and practice shall be implemented no less than once per week for all shifts. Staff is prohibited from alerting others that the security inspections are

occurring unless such announcement is related to legitimate operational functions of the facility.” A review of KCIPC Policy 2.2.2 confirmed it requires the consideration of the findings and recommendations of sexual abuse review reports, and the length of time detainees spend in Agency custody. According to the PAQ, KCIPC employs a total of 219 detention staff, consisting of 111 males and 108 females, who may have recurring contact with detainees. The remaining staff consists of support personnel in administration, management, food service, medical, and contractors. Detention staff work three 8-hour shifts: 6:00 a.m. - 2:00 p.m. and 2:00 p.m. - 10:00 p.m. and 10:00 p.m. – 6:00 a.m. The Auditor observed appropriate staffing levels in the intake area, medical unit, and housing compound during the onsite audit. The DOs conduct unannounced rounds throughout their entire shift, and document them on an hourly basis in the logbook.

KCIPC provided an Annual SAAPI Staffing Plan Assessment which contained all elements required of provision (c) dated August 29, 2025. The interview with the FA, Chief of Security and PSACM confirmed that appropriate staffing levels are determined as part of this annual staffing plan review. In addition, it was revealed during interviews with the Chief of Security, FA, and Human Resources that they meet daily to review and discuss labor and staffing needs. A review of the staffing plan clearly states 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. (b) (7)(E)

[REDACTED]

[REDACTED] The facility has developed comprehensive detainee supervision guidelines through facility Post Orders and KCIPC policies. The Lead Auditor observed documentation that Post Orders were reviewed in 2025 and 2026.

(d): KCIPC Policy 2.2.2 states, "KCIPC has implemented a 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 detainees. These inspections will be documented in the park logbook and must state the inspection is unannounced. Such policy and practice shall be implemented no less than once per week for all shifts.” The policy goes on to say, “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 at a minimum of every sixty minutes by the DOs and a minimum of once per shift by the supervisors. During the onsite audit, the Auditor randomly selected housing logbooks for review and confirmed unannounced rounds are conducted frequently on day and night shifts on living units, control centers and programming areas and were clearly documented. Interviews with eight supervisory staff who conduct unannounced rounds confirmed they could articulate the rounds were different than the safety and sanitation inspections required daily. Interviews with three random DOs confirmed supervisors conduct rounds on every shift and they are not allowed to alert others the rounds are occurring. 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.

**Corrective Action:**

No corrective action needed.

**§115.14 - Juvenile and family detainees.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): KCIPC Family Residential Standards policy 2.2.2. Resident Child Supervision, “Staff will be assigned to individual children not to exceed more than the 1.16 ratio during waking hours and 1.40 ratio during sleeping hours. Will provide the level of supervision necessary to ensure each child safety and well-being including auditory and or visual awareness of each child's ongoing activity as appropriate will intervene when necessary to ensure each child's safety will be aware of and accountable for each child's ongoing activity and well orientate all children on the rules set forth by the KCIPC with the assistant assistance of the child's parent. In deciding how closely to supervise the child staff must take into account the child's age the child's individual differences and abilities and the child's physical, mental emotional and social needs. Staff members are responsible for knowing the number of children in their assigned area at all times (frequently circulating in the assigned area).” The following KCIPC Family Residential Standards policies were also reviewed by the Lead Auditor for determining compliance with this standard 7.3.4 Residential Housing, 4.2.1 Medical, Dental, Hearing and Vision Care, 4.1.3 Resident Medical Care, 3.1.2 Safe Crisis Management, 2.2.3 Incident Reporting, 2.2.1 Resident Movement and Wellness Checks, 1.1.1 Environmental Health and Safety, and 1.1.1 Emergency Plans. A review of these policies in effect during the period when the facility operated as a family residential center detailed how appropriate supervision of families was maintained, including sufficient rounds and inspections.

During the onsite visit, the facility was no longer classified as a family residential center, although staff clearly identified the housing area that had been utilized in March 2025 when families were residing on the premises. Staff described the procedures for conducting family counts and noted that two families were housed together within a single living unit. A review of five family files indicated that families stayed at KCIPC for a very brief period, with the facility housing families for only three weeks in total during March 2025. The KCIPC does not currently house juvenile detainees, which was articulated in a Statement of Fact signed by the FA. In her interview with the Auditor, the PSACM confirmed the information contained in the document.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(b)(c)(d): KCIPC Policy 2.2.2 state, “Cross-gender pat-down searches of male 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. KCIPC does not permit cross gender pat-down searches of female detainees, absent exigent circumstances. All cross-gender pat-down searches shall be documented in the Cross Gender Pat Search Log.” The Auditors interviewed three 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 FA stating that no cross-gender searches had been conducted at the facility during the audit period. The PSACM confirmed this during her interview. 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 Lead 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. Interviews with three male and one female DOs confirmed cross-gender pat searches are not allowed. They further indicated that they had not conducted, or were aware of, any cross-gender pat-down searches conducted during the audit period and were aware that any cross-gender pat-down searches must be documented. This was further supported by information provided on the PAQ and a memo to file confirming the facility had no detainee cross-gender pat-down searches pursuant to provision

(d). During the onsite audit, the Auditors observed pat-down searches of four detainees by DOs of the same gender. Interviews with 33 detainees confirmed they received a pat-down search by a DO of the same gender.

(e)(f): KCIPC Policy 2.2.2 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 and shall be in accordance with facility policy 2.1.9 entitled “Search of Detainees.” The Auditor reviewed policy 2.2.1 (updated from 2.1.9) Search of Detainees and verified all searches must be preapproved by authorized medical personnel and only after the FA has approved and reasonable suspicion exists. All information regarding the search, including the reasons, approvals and process of the search must be thoroughly documented. During the audit period, there were no incidents of a strip search or visual body cavity searches being conducted. The facility provided a Statement of Fact signed by the FA 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. Interviews with three random DOs and eight security supervisors explained that any strip search conducted by an officer of the opposite gender must be fully documented, identifying the reason for the cross-gender strip search. All the security staff interviewed also said a cross-gender strip search would never be performed by security staff. Each of the staff members interviewed stated that they have never conducted a body cavity search, and if approved, a body cavity search would need to be conducted by a member of the medical staff and need ICE FOD and FA approval. During interviews with 33 detainees, all confirmed they had not been strip searched while housed at KCIPC.

(g): KCIPC Policy 2.2.2 states, “Employees of the opposite gender shall announce their presence when entering the suite areas or any areas where detainees are likely to be showering, performing bodily functions, and changing clothes. 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.” The Auditors observed the shower and toilet areas in each housing compound and found that all had a non-locking door. The Auditors observed the opposite gender staff announcing their presence when entering a housing unit. Interviews with three random DOs confirmed they were aware of the requirement to announce their presence entering a housing unit. During interviews with 33 detainees, 20 confirmed opposite gender staff make announcements upon entry into housing unit and 3 detainees said they did not recall hearing it announced. Ten detainees stated opposite gender staff had not entered their housing area. The female detainees interviewed said male staff rarely work on the compound, but when they do, they always have a female staff with them, and they announce before entering a housing area.

(h): KCIPC policy 2.1.6 Search of Residents states, “If a pat search is required staff will document all residents’ searches including the reasoning and authorization in a search log and in the residence’s residential file. Staff will conduct all searches in accordance with the procedures outlined below. Residents may be pat searched only when reasonable and articulable suspicion can be documented and approval from the program director. A pat search does not require the resident to remove clothing with the exception of outerwear that may interfere with the pat down such as coats jackets and hoodies although the inspection includes a visual search of the residential's clothing and personal effects. Pat searches will always be conducted by the staff of the same gender as the residents.” During the onsite visit, the facility was no longer classified as a family residential center as families resided onsite for three weeks during March of 2025.

(i): KCIPC Policy 2.2.2 states, “All security staff shall be trained in proper procedures for cross-gender pat searches...” The policy also says that detainees shall not be physically examined to determine gender. Each of the eight randomly selected staff and 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. Interviews with three random DOs confirmed they were aware of the

facility's policy that detainees are not to be searched for the sole purpose of determining the detainee's genital characteristics.

(j): The facility provided, and the Auditor reviewed KCIPC's training PowerPoint slides for Pat Searches and the U.S. Immigration and Customs Enforcement Best Practices for Cross-Gender Searches handout and confirmed both includes instruction on pat down searches and cross-gender pat-down searches detainees. The facility additionally provided random staff sign-in rosters for the training. Interviews with three random DOs and four supervisory staff confirmed they received cross-gender pat-down search training upon hire and annually. The Auditor reviewed the training records of 10 staff members, and they all received specific training in conducting searches. Auditor did not make a compliance determination for provision (j) related to searches of transgender and intersex detainees, as a portion of the provision does not currently align with Executive Order (E.O.) #14168.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): KCIPC 2.2.2 states, "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. Such steps shall include when necessary to ensure effective communication with detainees who are deaf or hard of hearing providing access to in person telephonic or video interpretive services that enable effective accurate and impartial interpretation both receptively and expressively using any necessary specialized vocabulary, in addition KCIPC shall ensure that any written material related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities including detainees who have intellectual disabilities limited reading skills or who are blind or have low vision." The policy further states, "KCIPC shall takes steps to ensure meaningful access to all aspects of the facilities efforts to prevent detect and respond to sexual abuse for detainees who are limited English proficient including steps to provide in person or telephonic interpretive services that enable effective accurate and impartial interpretation both respectively and expressively Using any necessary specialized vocabulary. In matters relating to allegations of sexual abuse KCIPC shall provide in person or telephonic interpretation services that enable effective accurate and impartial interpretation by someone other than another detainee unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy any use of these interpreters under these type of circumstances shall be justified and fully documented in the written investigative report."

The Auditor observed the ICE National Detainee Handbook printed and available in the intake unit and available on detainee tablets in 19 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, K'iche', Mam, Portuguese, Pulaar, Punjabi, Q'eqchi', Romanian, Russian, Spanish, Turkish, Vietnamese, and Wolof. The ICE National Detainee Handbook contains information for reporting sexual abuse to the DHS OIG and ICE Joint Intake Center (JIC). Additionally, the Auditors observed the SAA Information pamphlet is available in 17 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, and Vietnamese) and were available for distribution. The facility provided a copy of the ICE Zero Tolerance for Sexual Abuse and Assault poster, which the Auditor found posted in locations throughout the facility. The poster provides contact numbers for reporting and provides the Report Sexual Abuse Now information, including the name and contact information for the PSACM. During interviews with three random DOs, the Chief of Intake and a Classification/Case Manager, all explained they will provide detainees with disabilities and detainees with Limited English Proficiency with in-

person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. Oral interpretation or assistance shall be provided to any detainee who speaks another language in which written material has not been translated or who is illiterate. During the interview with Chief of Intake, he confirmed that KCIPC utilizes bilingual staff, and cell phones available for any staff to check which have quick access to BIG Language Solutions, and Google translate for interpretation services. The facility also has a teletypewriter (TTY) machine for deaf or hard-of-hearing individuals to make telephone calls. The TTY was observed by the Lead Auditor in the intake unit. Should a detainee have a cognitive disability, staff stated they would speak slower or communicate with the detainee using words the detainee could understand. Staff also confirmed information could be given to detainees with visual disabilities by reading material to them, or in the case of hearing disabilities, by providing written material. Interviews with three random DOs confirmed they would not allow a detainee to interpret for another in allegations of sexual abuse. Requests for another detainee to interpret would be reported to a supervisor and only allowed with approval by the agency. All but one detention staff member interviewed stated they would use the handheld translation device, bilingual staff, or the BIG Language Solutions, one interviewee stated they would use Google Translation. There were five allegations of sexual abuse reported at KCIPC during the audit period and both BIG Language Solutions and bilingual staff (medical and investigative) were utilized and documented. In addition, during an investigation victims were again provided the sexual abuse information brochures and signed confirming they were given materials during the investigation in their preferred language.

Of the 33 detainees interviewed, which were all LEP, 30 specifically recalled receiving information in writing regarding PREA that they could understand. Three detainees said they did not recall receiving the facility handbook, one also stated that he had not received an ICE National Detainee Handbook. The detainees were then provided both the ICE National Detainee Handbook and the facility handbook in a language they could understand. In addition to other file reviews, the Auditor reviewed those three individuals (who stated they did not get the facility handbook), detainee's files, which showed what appeared to be an original signature acknowledging they had received the information during intake. There was one detainee interviewed during the onsite audit with cognitive disabilities who confirmed they were provided with written materials and verbal explanations regarding sexual abuse and reporting. Review of 16 detainee files confirmed detainees are signing for PREA education and are given the SAA Information pamphlet, the ICE National Detainee Handbook and facility handbook in their preferred language. All detainees also have access to the ICE National Detainee handbook in all 19 available languages on the tablets. The Auditors observed the intake of two LEP male detainees from start to finish and confirmed the detainee received the PREA information, including the ICE National Detainee Handbook, KCIPC handbook, and the DHS-prescribed SAA Information pamphlet in Spanish, their preferred language. During her interview, the FA emphasized that dependable interpretive services are crucial to daily operations, given that a significant majority of detainees have limited or no proficiency in English. She explained that staff routinely utilize various language resources to facilitate effective communication with Detainees, ensuring that essential information is accurately conveyed and understood. Additionally, she highlighted that more than half of the staff members possess bilingual capabilities in both English and Spanish, which greatly enhances their ability to serve the diverse population within the facility and further supports meaningful interactions between staff and detainees.

**Corrective Action:**

No corrective action needed.

**§115.17 - Hiring and promotion decisions.**

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c)(d)(e)(f): KCIPC policy 2.2.2 states, "The KCIPC will not hire or promote anyone who may have contact with detainees, and will not 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 (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.” “Before hiring new staff, who may have contact with Detainees, 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 and the facility’s conclusions. ICE will conduct an updated background investigation every five years for staff.” The policy further states, “KCIPC human resource staff will ask all applicants who may have contact with detainees directly about previous misconduct described in paragraph 2 of this section in a written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. KCIPC shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. KCIPC will make its best efforts to contact all prior institutional employers of an applicant for employment to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of alleged sexual abuse. KCIPC will also perform background investigations before enlisting the services of any contractor who may have contact with detainees. Material all missions regarding such misconduct or the provisions of materially false information shall be grounds for termination or withdrawal of an offer of employment as appropriate.” Additionally, “KCIPC prohibits from contracting with anyone who has engaged in been convicted of or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings or in the community. KCIPC conducts a background investigation including a criminal background check and makes its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an alleged allegation of sexual abuse prior to enlisting the services of any contractor. Background investigations including criminal background checks shall be repeated for all contractors at a minimum of every five years.”

In accordance with DHS Directive, Instruction Number 121-01-007, Revision #02, Personnel Security Vetting Program, issued August 10, 2024, and replacing ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, the following procedures are implemented under the Personnel Security Vetting Program. “All individuals with access to DHS IT systems or sensitive information and/or with unescorted access to DHS-owned/controlled facilities undergo a background investigation with a favorable determination. All covered individuals are investigated commensurate with their position risk/sensitivity level, which are set in accordance with the U.S. Office of Personnel Management (OPM) position risk/sensitivity designation guidance/tool or successor process. The Department of Defense (DOD) grants clearances to DHS contractor employees. DHS grants clearances to state, local, tribal, and private sector (SLTPS) and Classified Critical Infrastructure Protection Program (CCIPP) participants and consultants. DHS determines eligibility for access to SCI for contractor employees. Continuous Evaluation (CE) is a personnel security investigative process to review the background of individuals who have been determined eligible for access to classified information or to hold a sensitive position at any time during the period of eligibility. In accordance with SEAD 6, “Continuous Evaluation,” and subsequent Implementation Guidelines, DHS is participating in a federally authorized CE program. CE is intended to be a component of the forthcoming continuous vetting concept. Additional CE checks may be run if deemed necessary. The primary objective for the DHS CE program is to develop an automated solution for continuous data checks on the eligible DHS population that delivers only the relevant derogatory information not previously adjudicated by personnel security. The CE record checks supplement existing investigative processes by transforming personnel security investigations from periodic snapshots to ongoing reviews that bridge information gaps within the reinvestigation cycle.” The Unit Chief of OPR Personnel Security Operations (PSD) informed Auditors, who attended virtual training in September 2025, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of

engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity.” Additionally, in an interview with the Supervisory Detention and Deportation Officer (SDDO), the Lead Auditor was informed during federal staff promotions, Office of Human Capital (OHC) notifies the PSD the individual has selected the tentative job offer and PSD then collects the “PREA Questionnaire”, form DHS 6 CFR 115, as part of the vetting process. The Auditor reviewed the “PREA Questionnaire” and confirmed it includes asking the applicant about 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.

Interviews with three random DOs confirmed they were aware of the continuing affirmative duty to report any misconduct. Review of 11 personnel files including staff, and a contractor confirmed KCIPC is asking new hires or staff selected for promotion if they have engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution, if the applicant 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 if the applicant has been civilly or administratively adjudicated to have engaged in such activity. Review of 10 staff files confirmed initial background checks and background checks conducted as part of the promotion process were completed and review of one contractor file confirmed a background check was documented. The Auditor submitted a DHS Background Investigation for Federal Employees and Contractors Promotional Background for Federal Employees form to the OPR Personnel Security Division (PSD) Unit including five ICE staff and three KCIPC staff. PSD responded with ICE staff having completed current investigations and none existed for the medical contractors. The Lead Auditor verified that Contractor backgrounds are completed on an annual basis at the facility and upon request by the agency, 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 and the facility’s conclusions. The KCIPC staff are fingerprinted upon hire, and any arrests will be immediately reported to the facility on an ongoing basis.

In their interview with the Auditor, the HRM and Human Resource Assistant said the facility utilizes a private, contracted company to conduct background investigations on all applicants, employees, or contractors with the agency. The interview with the Human Resources personnel confirmed new hires must answer the PREA-related questions which are included in the employment documents along with the statement included in the employment documents along with the statement that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. The HRM further confirmed PREA questions, and an acknowledgement form are completed as part of annual training. 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 HRM interview, the Auditor confirmed if any current employee, or contractor is involved in misconduct of that nature would be terminated. The HRM stated if an applicant disclosed prior institutional experience the prior institution would be contacted and a form documenting the contact would be placed in the staff file. Review of 10 staff files confirmed this form was completed for all staff with prior institutional experience. The HRM confirmed that if an employer requests information about a former employee, details regarding sexual abuse allegations will be disclosed. The HRM also stated that omitting or falsifying misconduct information is grounds for termination. Upon reviewing staff records, contractor background checks, and interviews with Human Resources personnel, the Auditor concludes that the facility consistently exceeds expectations in hiring and promotion practices by conducting background investigations annually for all employees and contractors. The Auditor's examination of a randomly selected

sample of personnel files revealed each file was thoroughly organized, with documentation verifying compliance with relevant standards and provisions readily accessible. During interviews, both the HR Manager and HR Assistant demonstrated comprehensive expertise and a strong grasp of PREA standards and requirements related to recruitment and advancement processes.

**Corrective Action:**

No corrective action needed.

**§115.18 - Upgrades to facilities and technologies.**

**Outcome:** Not Applicable

**Notes:**

(a)(b): KCIPC provided a Statement of Fact, signed by the FA stating, “the facility has not designed, modified, acquired, or expanded upon new or existing space, (b) (7)(E) since May 6, 2014, the PREA incorporation date, or since the last DHS audit.” This was further confirmed during interviews with the FA and Media Information Systems (MIS) Specialist onsite.

**Corrective Action:**

No corrective action needed.

**§115.21 - Evidence protocols and forensic medical examinations.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): KCIPC Policy 2.2.2 states, “Facilities that are responsible for investigating allegations of Sexual Abuse are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. KCIPC shall offer all detainees who experience sexual abuse access to forensic medical examinations (whether on-site or at an outside facility) with the victim's consent and without cost to the detainee and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Age-appropriate forensic medical examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An offsite Qualified Medical Practitioner may perform the examination if a SAFE or SANE is not available. The outside or internal victim advocate shall provide emotional support, crisis intervention, information, and referrals. As requested by the victim, the presence of his or her outside or internal victim advocate, including any available victim advocacy services offered by a hospital conducting the forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. The victim advocate may not obstruct or interfere with the course of the investigation in any manner and will not serve as a translator. GEO facilities may not utilize facility employees as victim advocates unless the following documentation exists: documentation is on file that no other alternatives are available in the community; and documentation exists that validate designated employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general.”

The Auditor examined a Memorandum of Understanding (MOU) with Thriving Hearts Crisis Center (THCS), which offers 24-hour hotline access and crisis intervention services to any facility detainee, free of charge. The center also responds to written notices received and, in addition to crisis intervention and counseling, provides information and referrals, as necessary. The current MOU was executed on October 5, 2025, and is subject to automatic annual renewal. The Auditor interviewed a representative from THCS, who confirmed the longstanding relationship with KCIPC and reiterated the availability of the 24-hour hotline and related services for detainees. The representative specifically noted that THCS responds to hospitals whenever a SANE exam is required, at no cost to the detainee. During the facility site review, the Auditor observed contact information for THCS in all housing and other common areas of the facility. The Auditor additionally interviewed the HSA who indicated should a detainee be a victim of abuse; he or she would be transported to Methodist Specialty and

Transplant Hospital (MSTH) and would be afforded a SANE nurse and an advocate provided by THCS. KCIPC provided an MOU with the MSTH 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 MOU was executed on August 7, 2023, and is subject to automatic annual renewal. Interviews with three medical staff verified detainees would be sent to MSTH for medical treatment.

The facility provided a copy of its Mutual Assistance Agreement (MAA) with the Karnes County Sheriff's Department (KCSD), which states that the sheriff's office will follow all requirements of paragraphs (a) through (d) of this standard. The MAA was executed on January 10, 2024, and is subject to automatic annual renewal. Interviews with the Chief of Security and PSACM confirmed that the KCSD, as the external investigating entity, adheres to provisions (a) through (d) of this standard during criminal investigations and administrative investigations and would offer advocacy and support services prior to any interview. The facility does not currently house juveniles.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): KCIPC Policy 2.2.2 says, "Procedures for immediate reporting of SAA allegations: including procedures for immediate reporting of any knowledge suspicion or information regarding SA allegations through the facilities chain of command from the reporting official to the highest facility official as well as the Assistant Field Office Director (AFOD) and a method by which staff can remain outside the chain of command including referrals to law enforcement agencies. Procedures for investigation and discipline of assailants including; coordinating with ICE and other appropriate investigative agencies to ensure that an administrative or criminal investigation is completed for all allegations of SAA; following a uniform evidence protocol, including access to a forensic medical exam, which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions; coordinating internal administrative investigations with the assigned criminal investigative entity to ensure noninterference with criminal investigations, as well as coordination with the ICE/Office of Professional Responsibility (OPR)..." KCIPC Policy 2.2.2 continues," All allegations of Sexual Abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals. KCIPC shall attempt to secure a PREA MOU with local Law Enforcement outlining the responsibilities of each entity related to conducting PREA investigations that involve potentially criminal behavior and unsuccessful attempts to secure a Law Enforcement MOU shall also be documented and retained by the facility. The GEO Corporate policy on PREA is posted on the company website. When a detainee of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, KCIPC will ensure the incident is promptly reported to the ICE Contracting Officer Representative (COR) along with the ICE Assistant Field Office Director (AFOD), and, if it is potentially criminal, referred to an appropriate law enforcement agency having jurisdiction for investigation. When an Employee, Contractor or Volunteer is alleged to be the perpetrator of Detainee Sexual Abuse, KCIPC will ensure the incident is promptly reported to the ICE COR and the ICE AFOD. If the allegation is potentially criminal, also referred to an appropriate law enforcement agency having jurisdiction for investigation."

The Lead Auditor reviewed the Agency website (<https://www.geogroup.com/PREA>) and found the investigative protocols posted. KCIPC refers all allegations within KCIPC to the KCSD. An interview with the facility investigator indicated that an administrative investigation is conducted on all allegations of sexual abuse. The facility investigator explained that all sexual abuse allegations are reported to the KCIPC PSACM/investigator and the FA immediately and will be investigated administratively, but a criminal investigation will be conducted

if there appears to be a criminal component. She further explained that all sexual abuse allegations, including when the perpetrator is a staff member, contractor or volunteer, are reported to the ICE FOD and/or the ERO PREA Field Coordinator and they conduct the additional ICE communication via in person, telephone and email communication. An interview with the ERO PREA Field Coordinator confirmed notification would be made by KCIPC and they would notify the JIC, ICE OPR or DHS OIG, as required. In an interview with the PSACM, it was indicated that all reports and referrals of allegations of sexual abuse are retained for at least five years.

**Corrective Action:**

No corrective action needed.

**§115.31 - Staff training.**

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c): KCIPC Policy 2.2.2 states: “Training on the GEO's Sexual Abuse and Assault Prevention and Intervention Program shall be included in. initial and annual refresher training for employees, volunteers, and contract personnel, and address all training topics required by the Detention Standard. The facility maintains written documentation verifying employee, volunteer, and contractor training. Training shall include: Definitions and examples of prohibited and illegal sexual behavior; ICE and GEO's zero-tolerance policies for all forms of SSA; How to fulfill their responsibilities under agency Sexual Abuse and Assault prevention, detection, reporting and response policies and Procedures, to include procedures for reporting knowledge or suspicions of Sexual Abuse; The right of detainees and staff to be free from SAA, and from retaliation for reporting SAA; Instruction that SAA is never an acceptable consequence of detention; Recognition of situations where SAA may occur; Working with vulnerable populations and addressing their potential vulnerability in the general population; Recognition of the physical, behavioral, and emotional signs of SAA and methods to prevent and respond to such occurrences; How to detect and respond to signs of threatened and actual SAA; The requirement to limit reporting of SAA to personnel with a need-to-know in order to make decisions concerning the detainee-victim's welfare, and for law enforcement/investigative purposes; The investigation process and how to ensure that evidence is not destroyed; Prevention, recognition, and appropriate response to allegations or suspicions of SAA involving detainees with mental or physical disabilities; Understanding of how to report knowledge or suspicion of SAA and make intervention referrals’ to the facility's program; Understanding of documentation and referral procedures of all allegations or suspicion of SAA. How to avoid inappropriate relationships with detainees; and how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual...detainees. SA-API refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Assault policies. Employees shall document through signature on the PREA Basic Training Acknowledgement Form (See Attachment F) that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SA-API Training.”

The facility provided the PREA training curriculum used for onboarding and annual in-service training. Prior to the onsite visit, the Auditor reviewed the training curriculum which was provided by KCIPC and confirmed the curriculum contains all elements of subsection (a) of the standard. While onsite, the Auditor reviewed KCIPC signed PREA training completion sheets for initial training, and annual in-service training. Review of 10 staff files confirmed all staff had received initial PREA training at hire and received refresher training annually, rather than the bi-annual requirement which exceeds the standard. An interview with the Training Manager (TM) confirmed staff are provided with initial PREA training upon hire and again annually. An interview with the ERO PREA Field Coordinator and a deportation officer confirmed they had completed annual PREA training. Interviews with eight random staff confirmed they had received training upon initial hire and a PREA in-service annually. 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. The Auditor confirmed during their interview with the TM that all hard-copy training records are securely stored in locked filing cabinets within the

office. Additionally, KCIPC staff are required to receive and sign an acknowledgment confirming their understanding of Texas Criminal Law PC 39.04—Violations of the Civil Rights of Persons in Custody—and regulations pertaining to appropriate and inappropriate sexual activity with individuals in custody. All KCIPC staff must also acknowledge receipt and understanding of the “Officer’s Handbook,” which provides further guidance on maintaining professional boundaries and communicating effectively with detainees. The KCIPC TM performs quarterly reviews of each staff file, maintaining a comprehensive log that tracks mandatory training completion, overdue training, and any identified discrepancies, along with corresponding review dates. This process ensures that staff fulfill all required training obligations in a timely manner. The Auditor did not make a compliance determination for provision (a) related to communicating effectively and professionally with transgender, intersex, or gender nonconforming detainees, as the provision does not currently align with E.O. #14168.

**Corrective Action:**

No corrective action needed.

**§115.32 - Other training.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): KCIPC Policy 2.2.2 states, “All staff members, contractors and volunteers who have contact with detainees shall receive training on GEO's Sexually Abusive Behavior Prevention and Intervention Program. All volunteers who have contact with detainees are trained on their responsibilities under GEO's Sexual Abuse and Assault prevention, detection, and response policies and procedures. The level and type of training provided to volunteers shall be based on the services they provide and the level of contact they have with detainees, but all volunteers and contractors who have contact with detainees must be notified of GEO's and the facility's zero-tolerance policies regarding Sexual Abuse and informed how to report such incidents. Volunteers who have contact with detainees shall receive annual SA-API refresher training. Volunteers shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. This form shall be used to document Pre-Service and Annual In-Service SA-API Training.” The Auditor reviewed the contractor/volunteer training curriculum and confirmed that it requires contractors and volunteers to receive PREA training that includes the Agency’s and facility’s zero-tolerance policies regarding sexual abuse and are informed on how to report such incidents. The facility provided the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers training slides and a random sample of training acknowledgements for the Auditor to review. During the onsite audit, the Auditor interviewed a contractor medical health provider who confirmed they received the training and fully understood their responsibilities under the KCIPC policy 2.2.2. An interview with the TM confirmed KCIPC provides training for contractors and volunteers, and completion is documented in the training file. The Auditor reviewed one medical contractor file confirming training was received. At the time of the audit, there were 3 contractors and 7 volunteers.

**Corrective Action:**

No corrective action needed.

**§115.33 - Detainee education.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): KCIPC Policy 2.2.2 states, ”During the intake process, KCIPC shall ensure that the detainee orientation program and the detainee handbook notifies and informs detainees about GEO's zero tolerance policy regarding all forms of SAA and includes instruction on: The facility's zero-tolerance for all forms of SAA; Prevention and intervention strategies; Definitions and examples of detainee-on-detainee SAA, staff-on-detainee SAA, and coercive sexual activity; Explanation of methods for reporting SAA, including reporting to one or

more staff members other than an immediate point-of-contact line staff, the U.S. Department of Homeland Security (DHS)/Office of Inspector General (OIG) and the ICE/Office of Professional Responsibility (OPR) investigation processes; Information about self-protection and indicators of SAA; Prohibition against retaliation, including an explanation that reporting SAA will not impact the detainee's immigration proceedings negatively; and The right of a detainee who has been subjected to SAA to receive treatment and counseling.” The policy further states, “The FA shall ensure that detainees are provided notification, orientation, and instruction in formats accessible to all detainees, including those who are limited English proficient, deaf, visually impaired or other disabled, as well as to detainees who have limited reading skills which is required by the Detention Standard on Admission and Release, and the detainee handbook required by the policy on Staff-Detainee Communication, notify and inform detainees about the facility's Sexual Abuse and Assault Prevention and Intervention Program. The education/orientation is given orally and in writing, in a language clearly understood by the detainee, upon arrival at the facility and again within seven (7) days of arrival. KCIPC maintains documentation of detainee participation in the intake process orientation which shall be retained in their individual detention files. The following notices are posted in all common areas: The DHS-prescribed sexual assault awareness notice; The name of the PSACM; and the name of local organizations that can assist detainees who have been victims of SAA, including mailing addresses and telephone numbers (including toll-free hotline numbers where available). If no such local organizations exist, then the facility will make available the same information about national organizations. This information will be provided in English and Spanish, and to other segments of the detainee population with limited English proficiency, through translations or oral interpretation. The DHS-prescribed "Sexual Assault Awareness Information" pamphlets are available during initial intake and also in all common area dayrooms. Information about multiple private ways to report SAA, retaliation for reporting SAA, or staff misconduct or violations of responsibilities that may contribute to such incidents will be included in the Detainee Handbook made available to all detainees housed in the facility. KCIPC's SA-API program will provide detainees the option to report any incident or situation regarding SAA or intimidation to a designated staff member other than an immediate point-of-contact line staff (e.g., the PSACM or the Health Service Administrator).” And that, “The facility will provide detainees with the name of the PSACM or designated staff member and information on how to contact him/her. The facility will provide instructions on how detainees may contact their consular official, the DHS/OIG, the Joint Intake Center (JIC), or, as appropriate, another designated office to report these incidents confidentially and, if desired, anonymously. The facility will inform detainees of at least one way for detainees to report SAA to a public or private entity or office that is not part office, and that is able to receive and forward detainee reports of SAA immediately to ICE officials, allowing the detainee to remain anonymous upon request.”

Two intakes occurred during the onsite for the Auditors to observe. Both were male Spanish speaking detainees. The detainees were guided through the intake process by bilingual Spanish speaking staff and were provided the educational material in Spanish. This educational material included the facility's zero-tolerance policy, how to report an incident of sexual abuse at the facility and through THCS, and that THCS is available to provide counseling services if needed. The detainees received a copy of the form which provided information on the facility zero-tolerance policy, how to report an incident of sexual abuse, and the contact information for THCS. The detainees also received the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the KCIPC facility handbook in Spanish. The ICE National Detainee Handbook is available in 19 languages, all of which are kept printed and available in the intake area and were observed by the Auditors during the onsite review. The Lead Auditor reviewed the ICE National Detainee Handbook and confirmed it contained information about reporting sexual abuse. Detainees are informed how the center assists victims of sexual assault. The telephone number and mailing address are provided. This information is also posted on the wall in each detainee holding cell in Intake, as verified by the Auditors during the facility site review. The Auditors observed on the walls in the intake area, food services, medical, visiting, laundry, court, education, dayrooms and in the housing units the DHS-prescribed sexual assault awareness notice in English, and Spanish with facility contact name and number, contact information for DHS OIG, contact information for THCS and reporting numbers for the ICE DRIL. This information is included in the printed transcript which is also available and

provided to detainees who speak other languages through use of an interpreter. The facility also has a teletypewriter (TTY) machine for deaf or hard-of-hearing individuals to make telephone calls. The TTY was observed by the Lead Auditor in intake and in the medical unit. Should a detainee have a cognitive disability, staff stated they would speak slower or communicate with the detainee using words the detainee could understand. Staff also confirmed information could be given to detainees with visual disabilities by reading the material to them, or in the case of hearing disabilities by providing written material.

The Auditors reviewed 16 detainee files. File reviews confirmed detainees signed for PREA Education and the written materials were provided upon intake including the ICE Detainee National Handbook and a facility handbook. The facility handbook is available in English and Spanish. Interviews with 33 detainees who spoke a language other than English were educated adequately about the zero tolerance policy, prevention and intervention strategies, definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity, explanation of methods for reporting sexual abuse, information about self-protection and indicators of sexual abuse, prohibition against retaliation, including an explanation that reporting will not negatively impact the detainee's immigration proceedings, and the right of the detainee to receive treatment and counseling. Interviews with an intake staff and Classification/Case Manager confirmed if a detainee spoke a language other than English or Spanish, they were given the material in their preferred language and interpreter services would be utilized. As the orientation video is produced in English and Spanish, the Classification/Case Manager uses available translation services and/or reads the material to the Detainee who speaks other languages or has disability. The Auditors observed the SAA Information pamphlets available for distribution in the intake folders. The staff also had them on the intake computers, and they were available in all the published languages. During interviews with 33 LEP detainees, 31 confirmed they received either one or both the ICE National Detainee handbook and the KCIPC facility handbook on their arrival day during intake and 2 could not recall receiving either handbook; however, all detainees have access to the ICE National Detainee handbook in 19 languages by paper copy and on the tablets. Detainee intake records were checked for the two detainees who stated they did not receive any handbooks and records showed they had signed for receipt of both handbooks during intake.

**Corrective Action:**

No corrective action needed.

**§115.34 - Specialized training: Investigations.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): KCIPC Policy 2.2.2 states "All investigations into alleged Sexual Abuse must be conducted by qualified investigators. KCIPC will use investigators who have received specialized training in sexual abuse investigations. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection, the criteria and evidence required to substantiate a case for administrative action or prosecution referral, and information about effective cross-agency coordination in the investigation process Documentation verifying specialized training for investigators is maintained in the employees training file. Investigators shall receive this specialized training in addition to the general training mandated for Employees in Section E (1). KCIPC maintains documentation of this specialized training in the staff training files."

A review of KCIPC policy confirms it requires training in effective cross-agency coordination as required by subsection (a) of the standard. There were five allegations of sexual abuse reported at KCIPC during the audit period, and all were reviewed and confirmed they were conducted by a qualified investigator. An interview with the PSACM confirmed that sexual abuse allegation investigations are completed by herself, who is specially trained to conduct sexual abuse administrative investigations in a confinement setting. The facility submitted two investigators' training certificates (one who is no longer employed at KCIPC) documenting the completion of

Investigating Sexual Abuse in Confinement Settings. A sampling of the training acknowledgments and sign-in rosters for the KCIPC investigators confirmed completion of the required specialized training. The lesson plans provided are from the PREA Resource Center and consist of Specialized Training Investigating Sexual Abuse in Correctional Settings Module 1-9 and the full KCIPC SAAPI policy. The PSACM/investigator exhibited comprehensive knowledge of her duties and displayed a clear and thorough understanding of the notification process.

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; LGB, and disabled detainees; and an overall view of the investigative process. Rosters for trained Agency investigators are uploaded to the OPR SharePoint for Auditors' review. KCIPC Sergeants and Lieutenants are trained in the Fact Finders Training and were verified through review of two employee files.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): KCIPC Policy 2.2.2 requires, "KCIPC trains all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its facilities on certain topic areas, including detecting and assessing signs of SAA, preserving physical evidence of SAA, responding effectively and professionally to victims of SAA and proper reporting of allegations or suspicions of Sexual Abuse and Assault. Note: this training shall be completed as part of the newly hired employee pre-service orientation. Medical and Mental Health Care Practitioners shall receive this specialized training in addition to the general training mandated for Employees in Section E (1) or Contractors in Section G (1) depending upon their status at the Facility. Facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Forensic examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). KCIPC has a Memorandum of Understanding (MOU) with Methodist Safe and Sane who will perform a SAFE or SANE examination. Facilities shall maintain documentation of this specialized training 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 was provided with documentation demonstrating that the agency has reviewed and approved the KCIPC policy. A random selection of training records for two KCIPC medical personnel revealed that the records were complete, encompassing not only all topics required by general PREA training but also the specialized material designated for medical and mental health staff. Additionally, the facility submitted annual training rosters indicating all medical and mental health staff had completed the required training. The auditor further examined the training curriculum and verified that it incorporated every element mandated by the standard. An interview with the TM confirmed that medical and mental health staff are obligated to complete both initial and annual PREA training at the facility, with completion documented in their respective training files. Further interviews with medical and mental health staff confirmed that general PREA training is conducted annually, and all personnel are required to participate in specialized medical training. The interviews demonstrated that medical and mental health staff possess thorough knowledge of their duties and responsibilities

related to PREA, the specialized training curriculum, and facility policies. The FA reported daily meetings with the HSA to ensure the effective delivery of services to the detainee population.

**Corrective Action:**

No corrective action needed.

**§115.41 - Assessment for risk of victimization and abusiveness.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): KCIPC Policy 2.2.2 states, “Detainees are assessed during intake within twelve (12) hours of arrival to identify those likely to be sexual aggressors or SAA victims and will house detainees to prevent SAA, taking necessary steps to mitigate any such danger. The facility also will use the information to inform assignment of detainees to activities and voluntary work. Staff sensitivity toward detainees who are victims of SAA is critical. Each new arrival will be kept separate from the general population until he/she is classified and may be housed accordingly. The initial classification process and initial housing assignment should be completed within twelve hours of arrival at the facility by the intake staff. Intake staff shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment on detainees. In addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records (e.g., medical files or, 213/216 remand, etc.) that can assist them with risk assessment. Once the Initial Risk Assessment has been completed, intake staff will communicate to medical/mental health staff any housing concerns utilizing the Medical Housing Change form. The form requires the signature of acknowledgement from medical, intake and the Shift Supervisor prior to any housing changes made. The following are criteria to assess detainees for risk and sexual victimization: Whether the detainee has a mental, physical, or developmental disability; The age of the detainee; The physical build and appearance of the detainee; Whether the detainee has previously been detained or 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...; Whether the detainee has self-identified as having previously experienced sexual victimization; and the detainee own concerns about his or her physical safety.” Also, “Screening staff shall consider prior acts of SAA, prior convictions of violent offenses, and history of prior institutional violence or SAA, as known to the facility in assessing detainees for risk of sexual victimization. Detainees identified as at risk for sexual victimization are assessed by a mental health or other qualified professional. Detainees at risk for sexual victimization are identified, monitored, counseled (5-ALDF-4D-25). Detainees identified as 'high risk' with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional and treated as appropriate. Detainees with a history of sexually assaultive behavior are identified, monitored, and counseled (5-ALDF-4D-24). The medical/mental health staff will reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment under the guidance of the PSACM, and at any other time warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Staff will use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. At any point after the initial intake screening, a detainee shall be reassessed for risk of victimization or abusiveness when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Disciplining detainees for refusing to answer or not providing complete information in response to the following screening questions on the SA-API Risk Assessment is prohibited: (2) if the detainee has ever been the victim of sexual assault (3) the detainee's own concerns about his or her physical safety (6) If the detainee has a developmental/mental/physical disability, (7) whether the detainee identifies as gay, lesbian, bisexual... KCIPC shall implement appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by Employees or other detainees. Sensitive information shall be limited to need-to-know Employees only for the purpose of treatment, programming, housing and security and management decisions.”

Based on the Lead Auditor's observations, the facility conducts comprehensive screening of all detainees within

12 hours of arrival, utilizing the KCIPC PREA Risk Assessment tool to identify individuals at risk of being sexual aggressors or victims. Appropriate housing arrangements are made to prevent incidents of sexual abuse, with necessary measures implemented to mitigate potential risks. According to interviews with intake and medical staff, standard procedure involves initial screening by either intake or medical personnel upon a detainee's arrival. When large groups arrive simultaneously, detainees may be divided so that some are evaluated by medical staff and others by intake staff, expediting the process. If a detainee responds affirmatively to any PREA-specific questions during intake, medical and mental health staff are immediately notified via a dedicated email distribution group, and the detainee's file is placed in a designated box for further review. Should protective housing be deemed necessary based on the intake interview, the detainee is temporarily placed in a specialized medical room alone until further assessment can be completed by medical or mental health staff. Intake and medical staff confirmed during interviews that BIG Language Solutions and handheld cellphones with translation options are utilized for LEP detainees, ensuring completion of risk screening documentation. 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/Case Manager and review of the KCIPC PREA Risk Assessment tool. During interviews, the PSACM and Classification/Case Manager stated that detainees are reassessed at 60, 90, and 120 days, or sooner if additional information becomes available. The Classification/Case Manager maintains records of all detainees and provides classification personnel with the names of those due for reassessment. Reassessments are conducted by classification and intake staff, and any noted changes are reported to the Classification/Case Manager, who then reviews and adjusts housing assignments, as necessary. Both the Classification/Case Manager and intake confirmed that this information is restricted from general staff access and is available only to Medical, Mental Health, and case management teams. In instances of alleged sexual abuse, both the alleged victim and abuser are subject to reassessment. The facility also provided the PREA Reassessment Screening form, which is used for detainee reassessment between 60 and 120 days post initial assessment. A review of 16 detainee files indicated that 7 individuals remained at the facility for more than 60 days and received reassessment between 60 and 90 days after their initial evaluation. The Auditors observed two intake screening of detainees whose preferred language was Spanish. The intake staff was bilingual and able to communicate with both detainees without the use of an interpretation device or service. During the onsite review, the Auditor observed the phone number for BIG Language Solutions posted in various areas at the large multi person staff station. During the observation when the detainee was given risk assessment, intake staff sat them in a private cubicle at the intake station which offered privacy. Review of 16 detainee files confirmed the intake process was completed within 12 hours of admission to the facility, and the assessment considered all elements required under provision (c). Interviews with intake staff, Classification/Case Manager staff and the PSACM further confirmed assessments are completed at the required time frames and detainees are not disciplined for failure to answer any of the questions in the assessment. Interview with the PSACM confirmed assessments are completed by paper and filed in the detainee's file. The Auditor observed the records room and confirmed these records are securely stored. Interviews with 33 detainees confirmed risk assessment questions were asked within the intake area with privacy. The Auditor did not make a compliance determination for provision for provision (c) bullet (7) related to consideration of transgender and intersex detainees, as the provision does not currently align with E.O. #14168. The Auditor did not make a compliance determination for provision (f) item (c)(7) related to transgender and intersex detainees, as the provision does not currently align with E.O. #14168.

Since the facility was considered a Family Residential facility during the audit period, additional policy review was conducted related to 115.41. KCIPC Policy 2.1.1 Admission and Release Procedures states, "The facility will assess all residents on intake to identify those likely to be sexual aggressions aggressors or sexual abuse victims. To mitigate such dangers, KCIPC will house those identified residents appropriately. Each new arrival will be kept separate from the general population until he/she is classified and may be housed accordingly. For residents who are under 14 years of age or under the parents will be asked to risk assessment if the minor is 15 or over you can conduct the assessment by speaking with the minor. If there is any doubt the minor has the mental

competency to properly answer your questions please refer to the parents. Also, on any of the assessments that the parents answer the questions please note it on the risk assessment that the parents are the ones who are interviewed for the assessment.” The auditor examined five family residential files, all of which contained thorough documentation demonstrating completion of screening tools. In accordance with policy, parents assisted in answering questions on behalf of children who were too young to understand the inquiries. During the onsite visit, the facility was no longer classified as a family residential center, although staff clearly identified the housing area that had been utilized in March 2025 when families were residing on the premises.

**Corrective Action:**

No corrective action needed.

**§115.42 - Use of assessment information.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): KCIPC Policy 2.2.2 states “The facility shall use the information from the risk assessment to determine 115.42 assignment of a detainee to housing, recreation and other activities, and voluntary work in order to keep potential victims away from potential abusers. The PSACM, or designee will monitor the "at risk log" of potential victims and potential abusers determined from the Initial Risk Screening Assessment. The "at risk log" will be maintained in the mental health department and kept current with housing locations. The PSACM will also maintain a tracking log of individuals who self-identify as LGBTI with housing locations. Note: Following a reported allegation of sexual abuse, the PREA will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. The PSACMs will designate the Mental Health department with maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. The PSACM monitors the log on a regular basis. When making assessments and housing decisions... the facility shall consider the detainee's gender self-identification and an assessment of the effects of placement on the detainees' health and safety. A Medical or Mental Health Practitioner shall be consulted as soon as practicable on these assessment and placement decisions which shall not be based solely on the identity documents or physical anatomy of the detainee. Unless client written mandates differ, the following guidelines will be adhered to: If for security reasons general population housing is not assigned after intake processing, and involuntary observation is used, the guidelines in section U. (Protective Custody) of this policy must be followed. Serious consideration shall be given to the individual's own views with respect to his/her own safety.” In addition, KCIPC Policy 2.1.1 states, “The facility will use the information from the risk assessment under DHS PR EA6 CFR 115.41 to inform resident assignment about how to share this identification's health and safety people are mental health professionals the facility should not face placement decisions solely on the identity document physical and I of the resident; A resident self-identification of his or her gender and self-assessment of safety needs always will be taken into consideration as well. The ability by the intake staff GEO PREA risk assessment tool to conduct the initial risk screening assessment once the initial risk assessment have this communication to intake staff any housing concerns utilizing the medical housing change form. The form requires the signature and from medical, intake and the shift supervisor prior to any housing changes made.”

The Auditor found the information from the PREA Risk Assessment comprehensive and includes all provisions within the standard utilizing the data to determine the assignment of detainees to housing recreation, activities, and voluntary work. The PSACM and Classification/Case Manager stated in their interviews that these determinations are made on an individual basis. While onsite, the Auditors reviewed 16 completed screening tools and the reassessment documentation in the detainee files and found that the information was used to inform staff on placement decisions. The auditor reviewed five residential family files, each of which contained comprehensive documentation confirming that screening tools were completed and residents were appropriately placed. None of the files included Medical Housing Change Forms, indicating that no housing override was

required beyond the initial assessment. The Auditors met with intake staff, who provided a detailed explanation of the “Bed Report” worksheet and its application of current use for all detainees’ placement and for monitoring residential families present in March 2025. An interview with the PSACM confirmed that all housing options are thoroughly considered, and housing assignments are determined using the screening tool along with any relevant information. The interview also verified that the facility maintains a record of potential victims and employs a color-coded comprehensive housing report to guide housing assignments, as observed by the Auditor. In an interview with the HSA, it was stated that security, medical, and mental health departments collaboratively determine housing decisions. Further, interviews with the HSA and Mental Health Director indicated that input from both departments is incorporated into all housing determinations for detainees. Medical staff conduct assessments in consultation with mental health professionals, which was corroborated during interviews with those teams. Intake staff also perform initial assessments covering similar information. All detainees undergo medical screening prior to housing placement. Based on interviews with intake, medical, and mental health staff, there appears to be a strong interdisciplinary collaboration that ensures comprehensive assessment and appropriate housing of detainees. The Auditor did not make a compliance determination for provision (b) and (c), as these provisions do not currently align with E.O. #14168.

**Corrective Action:**

No corrective action needed.

**§115.43 - Protective custody.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e): KCIPC Policy 2.2.2 states, “KCIPC will assign 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.” Policy further 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.” Additionally, “If administrative observation is used to protect vulnerable detainees, the detainee shall have access to programs, visitation, counsel, and other services available to the general population...” The policy also establishes that an Administrative Observation assessment form is completed within 24 hours by a supervisor and emailed to the PSACM, and the status is reviewed within 72 hours by the Chief Detainee Advisor. The PSACM would conduct her review within 7 days, and every week after that for the first 30 days, and every 10 days after that. The policy also requires that the Sexual Assault/Abuse Available Alternatives Assessment form to be used to document the assessment of individuals who may require administrative observation. Each of the completed forms requires the signature of the FA 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 FA stating that the facility does not have an administrative segregation unit, and that no detainees have been placed into involuntary protective custody. The FA, Chief of Security, and PSACM were interviewed, and each had a thorough understanding of administrative observation as it pertains to this standard. The Chief of Security further confirmed that notification would be made to ICE by telephone and documented via email should a detainee be placed in administrative segregation based on vulnerability to sexual abuse or assault. The policy has signatures, confirming the policy was submitted to the Agency for review and approval.

**Corrective Action:**

No corrective action needed.

**§115.51 - Detainee reporting.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): KCIPC Policy 2.2.2 states, "During the intake process, KCIPC shall ensure that the detainee orientation program and the facility handbook notifies and informs detainees about GEO's zero tolerance policy regarding all forms of SAA and includes instruction on: explanation of methods for reporting SAA, including reporting to one or more staff members other than an immediate point-of-contact line staff, the U.S. Department of Homeland Security (DHS)/Office of Inspector General (OIG) and the ICE/Office of Professional Responsibility (OPR) investigation processes; Information about self-protection and indicators of SAA; Prohibition against retaliation, including an explanation that reporting SAA will not impact the detainee's immigration proceedings negatively; and the right of a detainee who has been subjected to SAA to receive treatment and counseling." The policy also states, "KCIPC provides multiple ways for detainees to privately report Sexual Abuse and Assault, retaliation for reporting Sexual Abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. KCIPC provides contact information to detainees for relevant consular officials, the DHS Office of Inspector General or, as appropriate, another designated office, to confidentially and, if desired, anonymously reports these incidents. These contact numbers are posted next to every detainee telephone. KCIPC provides detainees contact information on how to report Sexual Abuse or Assault to a public or private entity or office that is not part of GEO (i.e., contracting agency ICE) and that is able to receive and immediately forward detainee reports of Sexual Abuse to GEO officials, allowing the detainee to remain anonymous upon request. These contact numbers are posted in all suite areas. KCIPC provides detainees contact information on how to report Sexual Abuse or Assault to the PSACM. These contact numbers are posted in all suite areas. Employees shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports."

Interviews with Chief of Intake and the PSACM confirmed that upon admission, all detainees receive instructions through the intake and orientation process on how he/she may report sexual abuse to a public or a private entity or office that is not part of the agency, and that it is able to receive and immediately forward detainee reports of sexual abuse to the agency officials, allowing the detainees to remain anonymous upon request, this included third party reporting and how to contact their consular official or the DHS OIG, to confidentially and if desired, anonymously, report these incidents. The Auditors observed this information clearly identified in the facility detainee handbook. The Auditor observed the DHS-prescribed Sexual Assault Awareness Notice with facility contact name and number posted on the housing unit walls and multiple locations throughout the facility which included easy to follow instruction on how to call the ICE Detention Reporting and Information Line (DRIL), DHS OIG, and other services available to detainees. The information 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 19 languages. Additionally, the Auditors observed posters providing information about the THCS in Spanish and English. An interview with a Classification/Case Manager staff stated this information is also provided via a transcript read to detainees who do not speak these languages or have a disability. The Auditors tested telephone numbers for the DHS OIG, OPR, and DRIL. The Auditors also attempted to reach the facility hotline option and were unable to get through. The Auditor verified the PSACM worked with the phone provider to identify and fix the connection which was tested successfully before the conclusion of the site visit.

Interviews with 33 detainees confirmed they could report an allegation to a staff member or utilize the tablet or hotline number posted in the housing units. Review of five investigation files confirmed no allegations were made to a third party and verbal reports were promptly documented and responded to immediately. While onsite the auditor observed the employee training curriculum which also included instructions to staff on multiple reporting methods and anonymous reporting, which was verified through conversation with eight random staff. Interviews with three random DOs confirmed they would accept reports made verbally, in writing, anonymously and from third parties and they would promptly document verbal reports. 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. In their interview with the Auditor, the PSACM stated there were no third-party reports of sexual abuse received during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.52 - Grievances.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): KCIPC states, “KCIPC identifies and hands [processes] time-sensitive grievances that involve an immediate threat to detainee health, safety, or welfare related to Sexual Abuse. Staff shall take reasonable steps to expedite requests for assistance from these other parties. All medical emergencies will be given immediately attention from the Health Service Administrator (HSA) or designee for further assessment. To prepare a grievance, a detainee may obtain assistance from another detainee, their assigned officer or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties. All grievance decisions will be responded to within five days of receipt, and all appeals will be responded to within 30 days. KCIPC shall send all grievances related to sexual abuse along with the facility's decisions with respect to such grievances to the ICE AFOD who will then notify the appropriate ICE Field Office Director or designee upon completion of the grievance process. The PSACM shall receive copies of all grievances related to Sexual Abuse or Sexual Activity for monitoring purposes. Detainees may also file an Emergency Detainee Grievance at any time during, after, or in lieu lodging an informal grievance or complaint. If the detainee feels that the complaint is too sensitive to file with the Assistant Field Office Director, you can file your Grievance directly with the Field Office Director (FOD). There is no time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. To prepare for grievance, a detainee may obtain assistance from another detainee, facility staff member, family members, or legal representatives.” KCIPC 6.1.2 Grievance Procedure states, “Emergency grievances may be brought by a detainee to a designated grievance officer (GO) or directly to the facility administrator or their designee. If these personnel are not available, a shift supervisor may be informed of the complaint.” KCIPC 6.1.2 further states, “Medical emergencies shall be brought to the attention of proper medical personnel for further assessment.”

The KCIPC Facility Detainee Handbook also outlines the grievance procedure for reporting sexual abuse. The facility does not enforce a time restriction on submitting such grievances; rather, these are handled under the emergency grievance protocol, with informal grievance processes excluded and appeal process; and notify the detainee they may obtain assistance from another detainee, staff, family, or legal representatives. Detainees may file a grievance through tablets or written form. Upon receipt of such grievance, it is immediately referred to the PSACM who is the facility Grievance Officer (if she was not the initial recipient) for investigation. As observed by the Auditor during the onsite audit, each housing area contains a locked grievance box. The PSACM stated that grievances from these boxes are collected daily either by herself or by a designated representative in her absence. She ensures that all grievances submitted both electronically and in paper form are addressed promptly, providing at least an informal response to the detainee within 24 hours. While onsite, the Lead Auditor tested the grievance process and confirmed the facility received the grievance. Interview with the PSACM confirmed detainees are allowed to file a grievance at any time and there is no time limit imposed for such grievances. The interview further confirmed that in addition to other detainees or staff members, detainees may utilize family members or legal representatives for assistance in preparing a grievance. The PSACM was knowledgeable about issuing a decision within 5 days and a response to an appeal within 30 days. Interviews with three random DOs confirmed that time-sensitive grievances would be immediately processed, and should the grievance involve a medical issue, it would be forwarded to medical. The three random DOs interviewed were also knowledgeable about allowing family, other detainees, or legal representatives to assist the detainee in preparing the

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

**Corrective Action:**

No corrective action needed.

**§115.53 - Detainee access to outside confidential support services.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): KCIPC Policy 2.2.2 establishes, “KCIPC shall utilize available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation, and the prosecution of SAA perpetrators to most appropriately address victim's needs. Information about local organizations that can assist detainees who have been victims of sexual abuse, including mailing addresses and telephone numbers (including toll-free hotline numbers where available) is posted in all living areas. If local providers are not available, the facility shall make available the same information about national organizations. KCIPC shall enable reasonable communication between detainees and these organizations as well as inform detainees (prior to giving them access) of the extent to which GEO policy governs monitoring of their communications and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. KCIPC has maintained or attempted to enter into agreements with community service providers to provide detainees with confidential emotional support services related to the sexual abuse while in custody, if local providers are not available, with national organizations that provide legal advocacy and confidential emotional support services for immigrant victims of crime. Copies of agreements or documentation showing unsuccessful attempts to enter into such agreements is maintained in the Emergency Plan binder under the MOU tab.”

The Auditor reviewed the MOU with THCS and confirmed detainee victims will be provided with crisis intervention, counseling, legal advocacy referrals, and confidential emotional support services. During the onsite audit, the Auditors observed posters for THCS with a telephone number and address in English and Spanish. The facility has made information available to detainees about a local organization by posting THCS signage in the housing units, multiple areas throughout the facility in areas detainees have access, this information is also provided as part of the detainee intake education packet and is uploaded to the tablets. The facility has posted information about the extent communications will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws through signage around the phones and prerecorded messages when dialing a number. The Auditor also successfully tested the telephone number for the RAINN National Sexual Assault Hotline. In the 33 random detainee interviews, 8 said they were specifically aware of advocacy services available to them. The remaining detainees were unaware of the services THCS provided. The facility had five closed investigations during the audit period for the Auditor to review, and each contained specific information signed and dated the same date the investigation was reported both by the investigator and the detainee regarding these services. The Auditor spoke to staff at THCS via telephone and confirmed these procedures, including their mandatory reporting requirements.

**Corrective Action:**

No corrective action needed.

**§115.54 - Third-party reporting.**

**Outcome:** Meets Standard

**Notes:**

KCIPC Policy 2.2.2 states “GEO's third-party reporting procedures are posted throughout the facility. In addition, GEO shall post on its public website its methods of receiving third-party reports of SAA on behalf of detainees. In all facilities, third party reporting posters shall be posted in all public areas in English and Spanish

to include lobby, visitation, and staff break areas within the facility.” A review of the ICE website ([www.ice.gov/prea](http://www.ice.gov/prea)) and facility website (<https://www.geogroup.com/facilities/karnes-county-immigration-processing-center>) confirmed both provides instruction for the public to report incidents of sexual abuse on behalf of any detainee. There were no allegations reported by a third-party on behalf of a detainee. The Auditor tested KCIPC’s third party reporting through the website by sending an email. A response was received within an hour and ten minutes outlining the next steps and notifications. During her interview, the PSACM stated there had been no allegations reported by a third-party during the audit period.

**Corrective Action:**

No corrective action needed.

**§115.61 - Staff reporting duties.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): KCIPC Policy 2.2.2 states, "Employees are required to immediately report any of the following: Knowledge, suspicion, or information regarding an incident of SAA that occurred in a facility whether or not it is a GEO Facility; Retaliation against detainees or staff who reported such an incident; and any staff misconduct or violation of responsibilities that may have contributed to an incident or retaliation; and Staff members who become aware of alleged SAA immediately will follow the reporting requirements set forth in the facility's written policies and procedures; Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, 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; or to make medical treatment, investigation, law enforcement, or other security and management decisions. Employees reporting Sexual Abuse shall be afforded the opportunity to report such information to the Chief of Security or upper-level executive privately if requested and may also utilize the employee hotline or contact the Corporate PREA Coordinator directly to privately report these type incidents. Allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult under State or local vulnerable person's statute, the facility report the information to ICE and to the designated State or local services agencies under applicable mandatory reporting laws."

In interviews with three random DOs and four supervisors, it was confirmed that information obtained in a report of sexual abuse remains confidential, except when disclosing to a supervisor or during the investigation to an investigator. Interviews with detention staff and supervisors further confirmed they were knowledgeable regarding their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation, or staff failure to perform their duties he/she becomes aware of to their immediate supervisor. The Auditor conducted an onsite curriculum review and verified that all elements of the standard were incorporated into the training. Staff interviews further confirmed that personnel are fully informed of their right to report outside the chain of command, as well as their understanding of reporting responsibilities, available channels, and the obligation to maintain confidentiality as stipulated by policy. All staff interviewed affirmed they would promptly submit a report upon acquiring relevant knowledge or information and consistently emphasized the organization's commitment to seriousness and zero tolerance regarding any instance of sexual abuse. During interviews with the PSACM and the Chief of Security, a detainee considered to be a vulnerable adult under the State or local vulnerable persons statue who reported sexual abuse would be reported to ICE and the designated State or local services agency. The facility submitted the policy with signatures and dates from the ERO Field PSACM Coordinator which confirm it was reviewed and approved by the Agency. There were no sexual abuse allegations of minors during the three weeks of family housing in March of 2025. A random review of five family records, each with 1-3 minor children, was conducted and there were no findings of abuse being reported.

**Corrective Action:**

No corrective action needed.

**§115.62 - Protection duties.**

**Outcome:** Meets Standard

**Notes:**

KCIPC Policy 2.2.2 states, “When an employee or facility staff member has reasonable belief that a 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 state, “Employees shall report and respond to all allegations of Sexually Abusive Behavior. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e., 'third party') are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident, as it is important to respect the victim's security, identity, and privacy. All allegations of Sexual Abuse shall be handled in a confidential manner throughout the investigation. All conversations and contact with the victim should be sensitive, supportive, and non-judgmental.” Review of five investigation files confirmed that all victims received immediate protection. Interviews with the FA, PSACM, and three random DOs confirmed that should they become aware that a detainee is subject to a substantial risk of imminent sexual abuse, the detainee would be removed from the situation immediately.

**Corrective Action:**

No corrective action needed.

**§115.63 - Reporting to other confinement facilities.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): KCIPC Policy 2.2.2 states, “Upon receiving an allegation that a detainee was sexually abused or assaulted while confined at another facility, the facility whose staff received the allegation will notify ICE and the appropriate FA of the facility where the alleged SAA occurred. The notification provided in this section will be provided as soon as possible, but no later than 72 hours after receiving allegation. The facility where the alleged SAA occurred then will ensure the allegation is referred for investigation. The facility shall maintain documentation that it has provided such notification and all actions taken regarding the incident. Copies of this documentation shall be forwarded to the PSACM and Corporate PREA Coordinator. If the facility receives notification of alleged abuse is required to ensure that the allegation is investigated in accordance with PREA standards and reported to the appropriate ICE Field Office Director.” A Statement of Fact signed by the FA was provided to the auditor stating there were no reports to or from other confinement facilities. Review of five investigation files confirmed no detainee was transferred to KCIPC and made an allegation of an incident that occurred at a previous facility. In addition, no detainee was transferred from KCIPC to another facility and made an allegation of sexual abuse. Interviews with the FA and PSACM additionally confirmed should a detainee be transferred and KCIPC notified of an allegation that happened at their facility, the ICE FOD would be notified, and an investigation would be initiated.

**Corrective Action:**

No corrective action needed.

**§115.64 - Responder duties.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): KCIPC Policy 2.2.2 states, “Upon learning of an allegation that a detainee was Sexually Abused, or if the Employee sees abuse, the first Security Staff member to respond to the report 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 appropriate steps

can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, the responder shall request the alleged victim not to take any actions, and shall ensure that the alleged abuser does not take any actions, that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.; The alleged victim and abuser should be placed (separately) in an area, where they cannot perform the following: washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating; until the forensic examination can be performed. A Security Staff member of the same sex shall be placed outside the cell or area for direct observation to ensure these actions are not performed. Apart from reporting to designated supervisors, Employees shall not reveal any information related to the incident to anyone other than to staff involved with investigating the alleged incident. The results of the physical examination and all collected physical evidence are to be provided to the investigative entity. Part of the investigative process also may include an examination and collection of physical evidence from the suspected assailant(s). Upon completion of the investigation, a final report will be provided to the PSACM, and the ICE AFOD. Under no circumstances should facility staff conduct the forensic exams. In the event the investigation is being conducted by a non-Federal investigating agency, the facility will request that the investigating agency follow the applicable requirements of this standard. Following a reported allegation of sexual abuse, the PSACM or Mental Health Staff will ensure victims are placed on the "at risk" log as soon as possible and tracked as a potential victim and housed separate from potential abusers pending the outcome of the investigation. If the investigation is determined "unfounded", the victim may be removed from the "at risk" log. Detainees identified as being at risk for sexual victimization will be transported in accordance with the ICE PBNDS Standard on Transportation (by Land).”

Review of five investigation files confirmed all first responders initiated an appropriate response consistent with the requirements of this standard. Review of training curriculum for initial and annual PREA training confirmed instruction is given that the victim should be requested not to take actions to destroy evidence and for the PSACM to be notified immediately, who would coordinate with the Chief of Security or the FA to contact the ICE Field Office immediately and implement the PREA Coordinated Response Plan. All staff interviewed had a substantial understanding of their duties as first responders. Review of first responder cards confirmed staff have been given information on the requirements of the standard. The Auditor conducted an interview with a facility contractor, who was able to clearly articulate their responsibilities as the initial responder to a sexual abuse or assault incident. Throughout the audit, the Auditor also engaged in informal discussions with various security and non-security staff members, inquiring about their procedures for responding to an allegation of sexual assault. All staff members provided comprehensive responses related to safeguarding the detainee, preserving the integrity of the crime scene, and managing potentially challenging situations. These interviews confirmed that the FA and PSACM would be notified immediately of an allegation of sexual abuse. When asked, staff readily displayed their first responder cards affixed to their identification rings. The responses indicated that training efforts have effectively equipped staff to handle emergent situations. Based on these spontaneous interactions and formal interviews with randomly selected staff, the Auditors concluded that facility personnel possess a thorough understanding of their roles and responsibilities as first responders.

**Corrective Action:**

No corrective action needed.

**§115.65 - Coordinated response.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): KCIPC Policy 2.2.2 states, “KCIPC shall develop written Facility plans to coordinate the actions taken by staff first responders, Medical and Mental Health Practitioners, investigators, and facility leadership in response to incidents of Sexual Abuse. KCIPC will use a coordinated, multidisciplinary team approach to responding to SAA, such as a sexual assault response team, which in accordance with community practices, includes a medical practitioner, a mental health practitioner, a security staff member, and an investigator from the

assigned investigative entity, as well as representatives from outside entities that provide relevant services and expertise. The PSACM shall be the required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response. If the victim of Sexual Abuse is transferred between facilities covered by subpart A or B of the DHS PREA Standards, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services. If the victim of Sexual Abuse is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the DHS PREA standards (non-DHS), the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. If the victim of Sexual Abuse is transferred to a non-DHS Facility, the sending Facility shall, as permitted by law, inform the receiving Facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise.”

The facility utilizes a coordinated response plan in response to incidents of sexual abuse which is outlined thoroughly in policy. The Auditor observed this plan onsite and confirmed it coordinates actions by staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with the Chief of Security and PSACM confirmed the facility would use this policy as guidance and the checklist should an incident occur. The Chief of Security further confirmed that should a detainee be transferred to another DHS facility, KCIPC would inform the receiving facility of the detainee’s need for potential medical or social services, and should a detainee be transferred to a non-DHS facility, they would provide the same information unless the detainee requested otherwise. Based on a review of the facility’s policies, coupled with interviews with staff and outside entities, the facility has developed a thorough coordinated response plan. The facility submitted a completed Notification of PREA Incident form pertaining to one of the five reported sexual abuse incidents. The form documented the details of the necessary transfer of a sexual abuse victim. This process was also verified during the Auditor’s review of the investigative files.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

KCIPC Policy 2.2.2 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 PSACM stated that facility management must document any separation order requiring no contact within 24 hours of an allegation, using email or memorandum. Both the PSACM and FA verified during their interviews with the Auditor that designated non-contact posts are available for employees’ pending investigation. The HRM also affirmed this policy and its procedures during her interview. In a review of the five investigation files, one investigation alleged an unknown contractor. Efforts to identify the contractor were unsuccessful therefore none of the investigation files required reassignment to duties that did not require detainee contact until the investigation was completed.

**Corrective Action:**

No corrective action needed.

**§115.67 - Agency protection against retaliation.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): KCIPC Policy 2.2.2 states, “Staff, contractors, volunteers, and detainees will not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of SAA, or for participating in SAA as a result of force, coercion, threats, or fear of force. The facility shall employ

multiple protection measures, such as housing changes, removal of suspected staff or removal of alleged detainee abusers from contact with victims, and emotional support services for detainees and staff who fear retaliation for reporting SAA or for cooperating with investigations. The PSA Compliance Manager or Mental Health personnel shall be responsible for monitoring detainee retaliation. Facilities shall have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims who fear retaliation for reporting sexual abuse or for cooperating with investigations. A Mental Health staff member or the PSA Compliance Manager shall meet weekly (beginning the week following the incident) with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. Any issues discussed shall be noted on the "Protection from Retaliation Log", to include corrective actions taken to address the issue. For at least 90 days following a report of SAA, the facility will monitor to see if there are facts that may suggest possible retaliation by detainees or staff, and will act promptly to remedy any such retaliation. Items to be monitored for detainees include disciplinary reports, housing or program changes, or negative performance reviews. For at least 90 days following a report of staff sexual misconduct (abuse or harassment) by another employee, the facility human resources staff or facility investigator as designated by the Facility Administrator shall monitor the conduct and treatment of the employee who reported the staff sexual misconduct (abuse or harassment) or employee witnesses who cooperate with these investigations to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Designated staff shall meet every 30 days for 90 days with employees in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist. The Employee Assistance Program (EAP) may also be offered for emotional support services for employees who fear retaliation. Any issues discussed shall be noted on the "Employee Protection from Retaliation Log", to include corrective actions taken to address the issue. Items to be monitored for employees include negative performance reviews and employee reassignments. If any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. Completed monitoring logs shall be retained in the investigative file of the corresponding PREA incident.”

Based on an interview with the PSACM, she is responsible for all retaliation monitoring. The PSACM stated that facility management must document any separation order requiring no contact within 24 hours of an allegation, using email or memorandum. Both the PSACM and FA verified during their interviews with the Auditor that designated non-contact posts are available for employees’ pending investigation. The HRM also affirmed this policy and its procedures during her interview. The Auditor reviewed five investigation files and confirmed retaliation monitoring was conducted appropriately in each case and documented on a DHS PREA/SAAPI Retaliation Monitoring Form. The PSACM confirmed detainees would be monitored for disciplinary reports, programming changes, and housing moves which would be documented on the monitoring form. During the interview it was confirmed that monitoring would continue beyond 90 days if there is an indication of continuing need. Interview with the HRM confirmed notes would be placed in the staff members personnel file to document monitoring of staff in the areas of job performance, job assignments, or any other areas applicable to monitoring the incident.

**Corrective Action:**

No corrective action needed.

**§115.68 - Post-allegation protective custody.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): KCIPC Policy 2.2.2 states, “The facility shall take care to place detainee victims of sexual abuse in a supportive environment that represents the least restrictive housing option possible (e.g., protective custody), subject to the requirements of 115.43. (See Section on Facility Protection Duties 115.62). Detainee victims shall not be held for longer than five (5) days in any type of administrative observation, except in unusual circumstances or at the request of the detainee. A detainee victim who is in protective custody after having been

subjected to sexual abuse shall not be returned to the general population until completion of a proper re-assessment, taking into consideration any increased vulnerability of the detainee as a result of the sexual abuse. Facilities shall notify the ICE Contracting Officer Representative whenever a detainee victim has been held in administrative observation for 72 hours.”

KCIPC does not operate a dedicated segregation unit and instead utilizes holding or administrative observation cells within medical or intake, as necessary. A review of five investigation files verified that no detainee victims were placed in protective custody following an allegation. This finding was corroborated during the Auditor’s interview with the PSACM, who demonstrated familiarity with protocols for housing detainees under such circumstances. She also stated there had been no instances of post-allegation protective custody during the audit period, as confirmed by a Statement of Fact signed by the FA. Interviews with the PSACM and the Chief of Intake further established that detainee victims would not be held in protective custody for more than five days. Additionally, the PSACM indicated a reassessment would be conducted prior to any detainee’s return to the general population. The FA, PSACM and the Chief of Intake all confirmed that, in the event a detainee required protective custody due to a sexual abuse incident, notification would be promptly made to the ICE FOD.

**Corrective Action:**

No corrective action needed.

**§115.71 - Criminal and administrative investigations.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(e)(f): KCIPC Policy 2.2.2 states, “An administrative investigation shall be completed for all allegations of sexual abuse, regardless of whether a criminal investigation is completed (5-ALDF-4D-23. The FA and ICE will be notified prior to investigating all allegations of sexual abuse. ICE notifications shall be documented and maintained as part of the investigative file. When the facility conducts its own investigations into allegations of SAA, it shall do so promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Where an alleged victim of SAA that occurred elsewhere subsequently is transferred to the facility, the facility will cooperate with any administrative or criminal investigative efforts arising from the incident. Following receipt of a reported PREA allegation, the FA will assign the investigation to an investigator who has received specialized training in conducting sexual abuse investigations. An administrative investigation will begin within 24 hours of notifying ICE of a sexual abuse allegation except for allegations where the facility has been advised a criminal investigation is pending by either local law enforcement or DHS Office of Professional Responsibility (OPR) or DHS Office of Inspector General (OIG).” Policy continues, “Note: Should the ICE OPR or DHS OIG open a criminal investigation, they will notify the facility within 24 hours of the report to inform them of their interest. Allegations of sexual abuse that involve potentially criminal behavior or that include penetration or touching, of the genitalia, anus, groin, breast, inner thigh, or buttocks either directly or through the clothing, shall be referred to outside law enforcement agencies. KCIPC will document all referrals. In allegations where a criminal investigation is initiated by DHS OPR, DHS OIG or outside law enforcement, the facility will begin an administrative investigation as soon as the criminal investigation has concluded or at such time as the outside investigative entity indicates the facility may begin their administrative investigation. When outside agencies investigate sexual abuse, KCIPC will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. The facility will request copies of completed investigative reports. Upon receipt, the investigative report will be forwarded to the Corporate PREA Director for review and closure. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as detainee or staff; No agency shall require a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. If the victim of sexual abuse is transferred between DHS Immigration Detention Facilities, the

sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services. If the victim of sexual abuse is transferred to a non-DHS Facility, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services, unless the victim requests otherwise. Facilities shall utilize the "Notification of PREA Incident" form to inform receiving facilities of PREA incidents and the victim's potential need for medical or social services. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. Once the criminal investigation has concluded and outside law enforcement agencies determine that no criminal charges will be pursued then the administrative investigation will commence. Written procedures establish the coordination and sequencing of administrative and criminal investigations to ensure that the latter is not compromised by the former, including the process for conducting internal administrative investigations only after consultation with the assigned criminal investigative entity or after a criminal investigation has concluded." Policy further states, "KCIPC procedures for administrative investigations include: The investigator to have received specialized training in accordance with the ICE PBNDS Standard on Sexual Abuse and Assault Prevention and Intervention. Preservation of direct and circumstantial evidence, including any available physical and DNA evidence (b) (7)(E); Interviewing alleged victims, suspected perpetrators, and witnesses; Reviewing prior complaints and reports of SAA involving the suspected perpetrator; Assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges SAA to submit to a polygraph; Investigation to determine whether actions or failures to act at the facility contributed to SAA; Documentation of each investigation by, written report, which will include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and Retention of such reports for as long as the alleged abuser or assailant is detained or employed by ICE or the facility, plus five years. Such procedures will govern the coordination and sequencing of administrative and criminal investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation. The departure of the alleged abuser or victim from the employment or control of the facility will not provide a basis for terminating an investigation. When outside agencies investigate SAA, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation. Following an investigation conducted by the PSACM into a detainee's allegation of SAA, the facility will notify ICE of the results of the investigation and any responsive actions taken so that the information can be reported to ICE headquarters and to the detainee."

A review of five investigation files determined that each investigation was conducted promptly, thoroughly, and objectively, and by a qualified investigator. KCIPC refers all allegations to the KCSD. Four allegations resulted in criminal investigations. One additional investigation was discontinued following a briefing between PSACM and the investigator from the KCSD who declined. An interview with the PSACM, who serves as the trained investigator, confirmed that when an allegation leads to a criminal investigation, an administrative investigation is subsequently completed in consultation with the appropriate investigative office within DHS. Interviews with both the FA and PSACM verified that the facility adheres to Policy 2.17 for investigation procedures. Review of this policy confirmed it outlines the coordination and proper sequencing of administrative and criminal investigations. Furthermore, the interviews indicated that if either the alleged victim or abuser leaves the facility or its jurisdiction, the investigation continues until completion. The KCSD manages all criminal investigations, while KCIPC remains informed through telephone communications, emails, or in-person updates. The facility provided the policy, duly signed and dated by the ERO Field PSA Coordinator, thereby confirming its review and approval by the Agency.

**Corrective Action:**

No corrective action needed.

**§115.72 - Evidentiary standard for administrative investigations.**

**Outcome:** Meets Standard

**Notes:**

KCIPC Policy 2.2.2 SAAPI Programs states that “The facility shall impose no higher standard than a preponderance of the evidence in determining whether allegations are substantiated.” An interview with the PSACM, who serves as the trained investigator confirmed there is no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse are substantiated. Review of five investigation files confirmed this standard was upheld.

**Corrective Action:**

No corrective action needed.

**§115.73 - Reporting to detainees.**

**Outcome:** Meets Standard

**Notes:**

KCIPC Policy 2.2.2 states, “At the conclusion of all investigations conducted by facility investigators, the facility investigator or staff member designated by the FA shall notify the detainee if the investigation has been: Substantiated, Unsubstantiated or Unfounded and any responsive action taken. The detainee shall receive the original completed "Notification of Outcome of Allegation" form in a timely manner, and a copy of the form shall be retained as part of the investigative file. The detainee will be provided an updated notification at the conclusion of a criminal proceeding if the detainee is still in custody at the facility. The facility's obligation to report under this section shall terminate if the detainee is released from custody. If the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the detainee. At the conclusion of every investigation of sexual abuse, the written results shall be promptly forwarded to the Corporate PREA Coordinator for review.”

The Auditor reviewed five investigation files and submitted the Notification of PREA Investigation Result to Detainee form to the TL. Review of the form confirmed all detainees were notified of the results of the investigation. Review of the files additionally confirmed an KCIPC Notification of Outcome of Allegation form was included in the files. Interview with the PSACM confirmed results of an investigation would be provided to the detainee if still housed at KCIPC and if the detainee were transferred notification would be given to ICE/ERO and they would notify the detainee of the outcome of the investigation. If the detainee were released the notification would be sent by certified mail to the detainee address if known.

**Corrective Action:**

No corrective action needed.

**§115.76 - Disciplinary sanctions for staff.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d): KCIPC Policy 2.2.2 states, “Staff shall be subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of SAA or for violating ICE or facility SAA rules, policies, or standards. ICE shall review and approve facility policies and procedures regarding disciplinary or adverse actions for staff and shall ensure that the facility policy and procedures specify disciplinary or adverse actions for staff, up to and including removal from their position and from the Federal service for staff, when there is a substantiated allegation of sexual abuse, or when there has been a violation of agency sexual abuse rules, policies, or standards. Removal from their position and from the Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer. ICE and the facility will report all incidents of substantiated SAA by staff, and all removals of staff, or resignations in lieu of removal for violations office or facility SAA policies, to appropriate law enforcement agencies unless the activity clearly was not criminal. KCIPC will report all such incidents of substantiated SAA, removals, or

resignations in lieu of removal to ICE, regardless of whether the activity was criminal, and will make reasonable efforts to report such information to any relevant licensing bodies, to the extent known.”

There were no allegations of sexual abuse and allegations against specific staff reported at the KCIPC during the audit period. The KCIPC submitted a Statement of Fact from the FA stating, “KCIPC has not had any SAAPI allegations needing to terminate or employee resigning.” KCIPC submitted another Statement of Fact from the FA stating, “KCIPC has not had an allegation needing to notify law enforcement for staff misconduct of sexual abuse policy.” The facility provided documents to confirm the agency has reviewed and approved the policy. Interviews with the FA and HRM confirmed staff are subject to disciplinary action that includes termination for substantiated allegations of sexual abuse or for violating agency or facility sexual abuse policies. The FA further confirmed that removals or resignations are reported to law enforcement unless the incident was clearly not criminal.

**Corrective Action:**

No corrective action needed.

**§115.77 - Corrective action for contractors and volunteers.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): KCIPC Policy 2.2.2 states “Any contractor or volunteer who has engaged in SAA will be prohibited from contact with detainees. The facility shall take appropriate remedial measures and shall 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. Incidents of substantiated SAA by a contractor or volunteer shall be reported to law enforcement agencies unless the activity was clearly not criminal. The facility also will report such incidents to ICE regardless of whether the activity was criminal and will make reasonable efforts to report such incidents to any relevant licensing bodies, to the extent known. Contractors and volunteers suspected of perpetrating sexual abuse shall be removed from all duties requiring detainee contact pending the outcome of an investigation. The facility shall take appropriate remedial measures and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in SAA but have violated other provisions within these standards.”

The Auditor examined an investigation file concerning allegation of detainee abuse involving an unidentified contractor, which was ultimately unsubstantiated. The review indicated that a comprehensive investigation was conducted, with extensive efforts made by both local law enforcement and the KCIPC investigator to ascertain the contractor's identity. An interview with the PSACM confirmed any contractor or volunteer suspected of engaging in or suspected of perpetrating sexual abuse would be removed from detainee contact immediately pending the outcome of an investigation. The PSACM further confirmed that efforts would be made to notify any licensing body as required and law enforcement would be notified immediately unless there was clear evidence the incident was not criminal. The interview further confirmed that should a contractor or volunteer violate other PREA related provisions, KCIPC would review the incident to determine if further detainee contact should be prohibited.

**Corrective Action:**

No corrective action needed.

**§115.78 - Disciplinary sanctions for detainees.**

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c)(d)(e)(f): KCIPC Policy declares, “KCIPC shall subject a detainee to disciplinary sanctions pursuant to a formal 115.78(a) disciplinary process following an administrative or criminal finding that the detainee engaged in

SAA. At all steps in the disciplinary process any sanctions imposed shall be commensurate with the severity of the committed prohibited act and intended to encourage the detainee to conform with rules and regulations in the future. KCIPC has a detainee disciplinary system with progressive levels of reviews, appeals, procedures, and documentation procedure. The disciplinary process shall consider whether a detainee's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. KCIPC 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. For the purpose of disciplinary action, a report of SAA made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. The PSACM will receive copies of all disciplinary reports regarding sexual activity and sexual abuse for monitoring purposes.”

The Auditor reviewed five investigation files. One case was substantiated, and the perpetrator was transferred before the investigation concluded. The facility appropriately notified the receiving facility of both the incident and the outcome of the investigation. During a discussion with the PSACM regarding this investigation, it was noted that had the perpetrator remained at the facility, disciplinary action would have been taken in accordance with the investigation's findings. Consequently, as no detainee received discipline for sexual abuse during the audit period, the facility provided a Statement of Fact, signed by the FA, affirming that no discipline was imposed on any detainee for engaging in sexual abuse during this timeframe. A review of the facility handbook confirmed offenses are listed as Greatest, High Moderate, and Low Moderate. Sanctions imposed for the infraction are progressive and appear to be commensurate with the prohibited act. Interview with the Chief of Security confirmed the disciplinary process is progressive with increasing penalties and an appeal process through the grievance system. Additionally, reports made in good faith are not disciplined and a detainee’s mental health status is evaluated prior to determining sanctions imposed.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Meets Standard

**Notes:**

(a)(b)(c): KCIPC Policy 2.2.2. states, “During Intake a PREA Risk Assessment (pursuant to § 115.41) is completed on all detainees. If it is found that during this process a detainee is identified as having had prior sexual victimization or perpetrated sexual abuse, Intake staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and/or mental health follow-up as appropriate. When a referral for medical follow-up is initiated, the detainee shall receive a health evaluation no later than two working days from the date of assessment from a qualified medical/mental health staff member. If a detainee has a history of prior victimization or a positive PREA Assessment the medical staff member will refer the detainee to mental health staff. When a detainee is referred to mental health staff for a follow up evaluation, the detainee shall receive the evaluation from the Mental Health Case Worker within 72 hours of the referral being initiated. The Mental Health Case Worker will then determine if the detainee requires follow up therapy from a Licensed Mental Health Practitioner. Information related to sexual victimization or abusiveness in an institutional setting is limited only to Medical and Mental Health Practitioners and other Employees as necessary to inform treatment plans, security and management decisions or otherwise required by Federal, State, or local law. During the intake screening if a detainee is identified with a history of sexually assaultive behavior ICE will be notified immediately. ICE will then determine if the detainee is eligible to be housed in the center. If a detainee is referred to medical/mental health on the PREA Risk Assessment Form and the detainee refuses, a refusal form must be completed and signed by the PSACM. The completed form is maintained in the detainee's detention file.”

In an interview with the HSA, it was indicated that if a detainee reports a history of sexual abuse, an urgent behavioral referral is immediately generated to mental health, who will see the detainee within 24 hours. This was further confirmed in an interview with the Mental Health Director. In an interview with the HSA, it was indicated a detainee with a history of sexual abuse would be immediately referred to mental health by the intake staff. These interviews also confirmed that they would notify the PSACM whenever a detainee was seen due to issues identified through this standard. The Lead Auditor also interviewed two additional medical staff, who articulated a clear understanding of the policies. KCIPC submitted three examples of a health service medical and mental health encounter, all which were a result of a screening referral, and each were conducted within less than twenty-four hours, thus meeting the provision of two working days.

**Corrective Action:**

No corrective action needed.

**§115.82 - Access to emergency medical and mental health services.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): KCIPC Policy 2.2.2 states, “Victims of SAA in custody shall receive timely, unimpeded access to emergency medical treatment, mental health services, crisis intervention services, and ongoing care as directed by medical and mental health practitioners. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. No attempt will be made by medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition. Where evidentiary or medically appropriate, the FA will arrange for an alleged victim to undergo a forensic medical examination, in accordance with the requirements of this standard. Medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Victims/Abusers shall either be transported to (MSTH) a local community facility for examination by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) or one shall be brought into the facility to conduct the examination. All refusals of medical services shall be documented. Transportation of an alleged victim for emergency care or other services provided off-site will be arranged in a manner that takes into account the special needs of victimized detainees.”

Interviews with medical staff confirmed emergency medical treatment would be provided for detainees at MSTH. The emergency medical treatment would be provided at no cost to the detainee and provided whether or not the detainee cooperates with the investigation. Interviews with medical and mental health staff confirmed that any treatment plans would be continued at the facility and follow up care would be provided to include and sexually transmitted infections prophylaxis, emergency contraception, and crisis intervention in accordance with professionally accepted standards of care. The Auditor examined five investigation files and noted that all alleged victims declined SANE examinations, with this decision thoroughly documented in each file. No allegations led to any detainee being transported for emergency services.

**Corrective Action:**

No corrective action needed.

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

**Outcome:** Exceeds Standard

**Notes:**

(a)(b)(c)(d)(e)(f)(g): KCIPC Policy 2.2. states, “KCIPC offers medical and mental health evaluations (and treatment where appropriate) to all detainees who have been victimized by SAA while in GEO custody. The

evaluation and treatment should 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. These services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. Victims of sexually abusive vaginal penetration by a male abuser while incarcerated shall be offered pregnancy tests. If pregnancy results from an instance of sexual abuse, the victim shall receive timely and comprehensive information about lawful pregnancy-related medical services. Victims shall also be offered tests for sexually transmitted infections as medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. KCIPC shall attempt to conduct a mental health evaluation on all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment deemed appropriate by Mental Health Practitioners. Note: "known abusers" are those detainee abusers in which a PREA investigation determined either administratively substantiated or substantiated by outside law enforcement. All refusals for mental health services shall be documented."

The Auditors observed the options for ongoing medical and mental health care and advocacy services posted throughout the facility including the housing compounds, day rooms, kitchen, dining room, laundry, courtroom, library, and classrooms. Review of five investigation files confirmed all victims were offered advocacy services and received a referral to mental health following the allegation. During the onsite audit, it was noted that the facility investigator reads a standardized form outlining available options and explaining advocacy services to the alleged victim; the detainee then signs and dates this form after all explanations are provided exceeding standards. Interview with medical staff confirmed victim treatment plans would be continued at the facility should a detainee need to be transported for a SAFE/SANE examination. Staff additionally confirmed treatment would be provided without cost or if the victim cooperates with the investigation. Medical and mental health staff asserted the care detainees receive while in custody is equivalent or better than care received in the community.

**Corrective Action:**

No corrective action needed.

**§115.86 - Sexual abuse incident reviews.**

**Outcome:** Meets Standard

**Notes:**

(a)(b): KCIPC Policy 2.2.2 states, "KCIPC conducts an SAA incident review at the conclusion of every SAA investigation...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... or gender nonconforming status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility." The policy also confirms that the sexual abuse incident review will be conducted by an incident review team consisting of the following members: upper-level management officials; PSACM, investigator, security supervisor, medical or mental health professional, and Chief of Security. The incident review team will review the incident and prepare written report within 30 days of the conclusion of the investigation. Review of five investigation files confirmed a sexual abuse incident review was completed within 30 days after the conclusion of each investigation. Interview with the PSACM confirmed a review would be conducted on all allegations. Interview with the HSA, FA, SDDO/ERO PREA Field Coordinator confirmed they attend the facility's sexual abuse incident reviews as members of the team. The auditor reviewed documents to confirm that each of the sexual abuse incident review reports were forwarded to the agency Prevention of Sexual Assault Coordinator (PSAC). The Auditor did not make a compliance determination for provision (b) related to considering if the incident was motivated by transgender and intersex identification, status, or perceived status as the provision does not currently align with E.O. #14168.

(c): KCIPC Policy 2.2.2 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. During interviews with the FA and the PSACM, 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 provided the Lead Auditor with the 2025 Annual Review of Sexual Abuse Investigations and Corrective Actions report, which compares the facility data from 2023, 2024 and 2025. The Auditor reviewed documents onsite to confirm that an annual review was conducted for 2024 and forwarded to the Field Office Director and the agency PSAC.

**Corrective Action:**

No corrective action needed.

**§115.87 - Data collection.**

**Outcome:** Meets Standard

**Notes:**

(a): KCIPC Policy 2.2.2 SAAPI Programs states, “KCIPC will collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. KCIPC will maintain in a (PSACM 's office) secure area all case records associated with allegations of SAA, including incident reports, investigative reports, detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, if necessary, and/or counseling in accordance with the PREA standards and applicable agency policies and established schedules.” The PSACM, in her interview with the Auditor, stated that she is responsible for compiling data collected on sexual activity and sexual abuse incidents. During her interview, the PSACM stated all information is maintained in locked filing cabinets within the administration building with only the PSACM and FA having access. The Auditor observed a locked file cabinet in the PSACM’s locked office where all case records associated with allegations of sexual abuse are maintained. This office is additionally secure behind a secured entrance to the office area accessed by an electronic ID pass. The established facility retention schedule is 10 years for these files.

**Corrective Action:**

No corrective action needed.

**§115.201 - Scope of audits.**

**Outcome:** Meets Standard

**Notes:**

(d)(e)(i)(j): Throughout all stages of the audit—including the onsite review—the Auditor was provided access to memorandums and other relevant documentation required to assess KCIPC’s PREA compliance. All pertinent documentation was made available at every phase—before, during, and following the onsite audit—through the ICE ERAU SharePoint system and in hard copy onsite. Any additional materials requested by the Auditor were provided promptly. During the facility site review, the Auditors received unrestricted access to all areas, which facilitated a thorough verification of policies and procedures within daily operations. No correspondence from detainees, external entities, or staff was received prior to, during, or after the onsite audit. The Auditors also confirmed that audit notifications, displaying the Auditor’s contact information, were prominently posted throughout the facility in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor received no correspondence from staff, detainee, or any other party. Auditors were authorized to conduct confidential interviews with both detainees and staff, utilizing various offices within the facility to ensure privacy and confidentiality were maintained. The facility presented the auditors with all relevant documentation in a professional and organized manner, ensuring the audit process was both efficient and comprehensive. Additionally, staff were made available as needed, responding promptly and competently to requests, which contributed to a positive and productive audit environment.

**Corrective Action:**

No corrective action needed.

**AUDITOR CERTIFICATION:**

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

*Diana Lind*

2/6/2026

**Auditor's Signature & Date**

2/6/2026

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

**Program Manager's Signature & Date**

2/6/2026

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

**Assistant Program Manager's Signature & Date**





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