

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



**Homeland
Security**

| AUDITOR INFORMATION | | | | |
|---|---|------------------------------|--------------------------------|-------------------------------|
| Name of auditor: | David R. Andraska | Organization: | The Nakamoto Group, Inc. | |
| Email address: | (b) (6), (b) (7)(C) | Telephone number: | (715) 896- (b) (6), (b) (7)(C) | |
| AGENCY INFORMATION | | | | |
| Name of agency: | U.S. Immigration and Customs Enforcement (ICE) | | | |
| FIELD OFFICE INFORMATION | | | | |
| Name of Field Office: | Miami | | | |
| Field Office Director: | Marc J. Moore | | | |
| ERO PREA Field Coordinator: | Liana J. Castano | | | |
| Field Office HQ physical address: | 865 SW 78th Avenue, Suite 101, Plantation, FL 33324 | | | |
| Mailing address: (if different from above) | | | | |
| INFORMATION ABOUT THE FACILITY BEING AUDITED | | | | |
| Basic Information About the Facility | | | | |
| Name of facility: | Krome North Service Processing Center | | | |
| Physical address: | 18201 SW 12th Street, Miami, FL 33194 | | | |
| Mailing address: (if different from above) | | | | |
| Telephone number: | 830-254-2000 | | | |
| Facility type: | <input checked="" type="checkbox"/> SPC | <input type="checkbox"/> CDF | <input type="checkbox"/> DIGSA | <input type="checkbox"/> IGSA |
| | <input type="checkbox"/> Other, Describe: | | | |
| Facility Leadership | | | | |
| Name of Official/Officer in Charge: | (b) (6), (b) (7)(C) | Title: | AFOD | |
| Email address: | (b) (6), (b) (7)(C) | Telephone number: | 305-207- (b) (6), (b) (7)(C) | |
| Facility PSA Compliance Manager | | | | |
| Name of PSA Compliance Manager: | Liana J. Castano | Title: | SDDO | |
| Email address: | (b) (6), (b) (7)(C) | Telephone number: | 305-207- (b) (6), (b) (7)(C) | |

AUDIT FINDINGS

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 on-site Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Krome North Service Processing Center (KNSPC), in Miami, Florida was conducted on May 31 - June 2, 2017. The audit was completed by David R. Andraska, a certified PREA auditor with the Nakamoto Group Inc. This was the first PREA audit for this facility. Prior to the on-site audit, the facility provided responsive documents, the facility layout, and the completed pre-audit questionnaire, for review and use. The documentation consisted of US Immigration and Customs Enforcement (ICE), ICE Health Service Corps (IHSC) and KNSPC policies and procedures, as well as copies of posters, training documents, logs, and memos.

An entrance meeting was held the first day of the audit to discuss the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: External Review & Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C), Acting Assistant Field Office Director ((A) AFOD) (b) (6), (b) (7)(C), Prevention of Sexual Assault (PSA) Compliance Manager Liana Castano, Health Service Administrator (HSA) (b) (6), (b) (7)(C), Akima Global Services Assistant Project Manager (APM) (b) (6), (b) (7)(C), as well as other ICE and contract staff.

There were 494 adult male detainees on the first day of the audit. A comprehensive tour of the facility was completed. The tour included the intake processing area, general population housing units, special housing unit, transitional housing unit, medical department, laundry, recreation, food service, library, visiting room, chapel and the control center. During the tour the auditor reviewed: staffing logs, facility schematics sight lines, camera coverage, and institution operations. The auditor noted that there was sufficient staffing to ensure a safe environment for residents and staff. KNSPC is staffed with (b) (6), (b) (7)(C) security contract staff and has (b) (6), (b) (7)(C) cameras. Detainees are able to shower, dress, and use the toilet facilities without exposing themselves to staff of the opposite gender. Staff of the opposite gender are required to announce their presence in English and Spanish before entering housing units. Informal and formal conversations with employees and detainees regarding the PREA standards were conducted. PREA zero tolerance posters were prominently displayed in all housing units and common areas throughout the facility. Audit notifications were also located in the same areas. There were no letters received by the auditor, as a result of the audit notifications.

A total of thirty-one staff interviews were conducted during the audit. The interviews included randomly selected security staff on all shifts and random contract staff from all disciplines. Interviewed contract staff were aware of the agency's zero tolerance policy, their responsibilities to protect detainees from all forms of sexual abuse and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed which included the (A) AFOD, PSA Compliance Manager, Health Service Administrator, Case Worker, Human Resource Specialist, Intake staff, Classification staff, Training Officer, supervisory staff and Grievance Officer. All interviewed ICE and contract staff demonstrated an understanding of PREA and their responsibilities under this the program, relative to their position in the organization and employment status.

Twenty-nine detainees were interviewed and were randomly selected from the housing units. The interviewed detainees were of various ages, nationalities, and ethnic backgrounds. Three detainees interviewed previously reported sexual abuse. There were no detainees on site that were identified as being disabled or who self-identified as Lesbian, Gay, Bi-sexual, Transgender or Intersex (LGBTI). Eighteen of the twenty nine-detainees interviewed were limited English proficient (LEP) and were interviewed utilizing an interpretation service. All detainees interviewed demonstrated a good understanding of the PREA program, the prevention, protection, and reporting mechanisms, and stated they felt safe at the facility. No detainees refused to be interviewed. No detainees verbally requested to speak to the auditor while on-site.

KNSPC is approximately 25 miles west of downtown Miami, located at 18201 SW 12th Street, Miami, Florida, and is under the governing authority of DHS. KNSPC is situated on approximately 93 acres of land, 39 of which comprises the facility's inner perimeter. KNSPC was originally constructed in the 1960s for use as a U.S. Army Missile Base. During the Mariel Boatlift in 1980, federal, state, and local law enforcement agencies began joint occupancy of the site. In 1981, ICE assumed full operational responsibility of the facility. KNSPC is used to provide secure detention of aliens who are either subject to mandatory detention, considered to be a danger to the community, or likely to abscond if allowed to remain at large pending immigration proceedings.

Detainees classified as low, low medium, high medium or high security are housed at KNSPC.

The two story administration building is comprised of a lobby and reception area, central control room, three court rooms, administrative and attorney offices, classrooms, mail room, staff gym, locker room, and also serves as the pedestrian point of entry. The back portion of the administration building is located inside the secure perimeter of the facility and includes a medical area, visitation area, and the detainee processing area. As one exits the back of the administration building, it leads to an open campus style secure setting. There are four general population housing units, a special management unit, a transition housing unit, food service building, laundry, a multipurpose building used as a library and chapel area, and another building that contains administrative offices, including those of the Grievance Officer and Chaplain. In the center of the compound are recreation yards and a covered recreation area.

KNSPC is accredited by the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC). IHSC operates medical and mental health care at the facility. Akima Global Services (AGS) is contracted to provide security, transportation and food service. KCorp is contracted to provide janitorial and maintenance services. Jesuit Religious Services (JRS) is contracted to provide religious services.

During the last twelve months, 7,777 adult male detainees were booked into the facility. The average time in custody is 21 days. The facility does not house juveniles or females, although females are temporarily held at the facility before court appointments.

There were seven allegations of sexual abuse during the last twelve months.

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.

At the conclusion of the audit, a close-out meeting was held with the ERAU Team Lead, (A) AFOD, PSA Compliance Manager, HSA, AGS APM, and numerous other ICE and contract staff. The facility staff was courteous, cooperative, and professional. Staff morale appeared to be good and the observed staff/detainee interactions were seen as appropriate. There were no blind spots observed during the tour and adequate security video cameras and mirrors supplement staff monitoring of detainees. It is recommended that at least one staff at KNSPC receive specialized investigative training based on the size of the facility and prevalence of allegations of sexual abuse.

The standards used for this audit became effective in March 2014. There are 41 PREA standards for a Subpart A audit. One standard was found to be not-applicable and forty standards were found to "Meet" the standards. No standards were found as "Does Not Meet" and a corrective action plan is not required. The auditor had been provided with extensive and lengthy files prior to and during the audit for review, to support a conclusion of compliance. Observations made during the tour and all interviews also supported compliance. All areas of the facility were observed to be very clean and well maintained. The auditor thanked the (A) AFOD and facility staff for their preparation, hard work, and dedication to the PREA audit process.

| SUMMARY OF AUDIT FINDINGS | |
|--------------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 40 |
| Number of standards not met: | 0 |

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. If additional space for notes is needed, please utilize space provided on the last page.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

Sexual Abuse and Assault Prevention and Intervention Directive (ICE Directive 11062.2.) and KNSPC Policy #KRO/17.2.11 are written plans that address the requirements of this standard. Both policies outline the approach to preventing, detecting and responding to all forms of sexual abuse. The Miami Field Office Director appointed a Prevention of Sexual Abuse (PSA) Coordinator. The PSA Coordinator is also the PSA Compliance Manager for KNSPC. The PSA Compliance Manager, when interviewed, confirmed she has sufficient time and authority to oversee compliance with the facility's PREA program. Zero tolerance posters, in English and Spanish, are displayed throughout the facility. (continued on page 13)

§115.13 – Detainee supervision and monitoring.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

A review of the staffing plans, organizational chart, post orders, as well as interviews with the (A) AFOD, and the PSA Compliance Manager confirmed that the facility has a staffing plan which provides adequate staff to ensure a safe and secure environment for staff and detainees. A comprehensive analysis of the staffing plan is to be completed annually. The facility's security staff is composed of [REDACTED] contracted staff. Post orders are reviewed annually. Supervision and monitoring of detainees is supplemented by video cameras. Security rounds in the housing units are conducted (b) (7)(E) [REDACTED]. The audit included an examination of the video monitoring systems, review of unannounced rounds reports, and staff/detainee interviews.

§115.14 – Juvenile and family detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

Not Applicable. KNSPC does not house juvenile or family detainees.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.10, Searches of Detainees, addresses the requirements of this standard. KNSPC does not permit cross-gender pat-down searches, strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. The facility reported there was no cross-gender visual body cavity or strip search conducted during the last twelve months. When conducted, the search is required to be documented. Detainees have privacy to shower, change clothes and perform bodily functions without being seen by staff of the opposite gender. (continued on page 13)

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes

KNSPC Policy #KRO/17.2.11 addresses the requirement of this standard. KNSPC takes appropriate steps to ensure detainees with disabilities and detainees with Limited English Proficiency (LEP) have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to any form of sexual abuse. PREA pamphlets, PREA posters and detainee handbooks are in both English and Spanish. Staff has access to the ERO Language Services Resource Flyer when interpretation and/or translation services for detainees who are LEP is required. Staff have access to the I Speak Language Identification Guide. Detainee PREA education material is available in accessible formats. Interviews with LEP detainees confirm that they received PREA information in a language they understand.

§115.17 – Hiring and promotion decisions.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Federal Executive Orders 10450 and 12968; ICE Directives 6.7, ICE Personnel Security and Suitability Program Definitions and 6.8, ICE Suitability Screening Requirements for Contractor Personnel, address the requirements of this standard. KNSPC refrains from hiring, promoting or enlisting the services of anyone who has engaged or has been convicted of sexual abuse. The (A) AFOD was interviewed and stated that all components of this standard have been met. All employees, contractors and volunteers have had background checks completed. Staff have a continuing duty to report any misconduct. (continued on page 13)

§115.18 – Upgrades to facilities and technologies.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)
- Not Applicable (provide explanation in notes):

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirement of this standard. KNSPC considers the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Video monitoring was updated (b) (7)(E) to enhance the viewing of pat down searches. This was an area that generated allegations of sexual abuse. A new Special Management Unit (SMU) is currently under construction at KNSPC. During the design of this expansion, KNSPC administration did not initially consider the ability to protect detainees from sexual abuse. (continued on page 13)

§115.21 – Evidence protocols and forensic medical examinations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Directive 11062.2 and IHSC Local Operating Policy and Procedure (LOP) 8.6.2B address the requirements of this standard. ICE, IHSC, and contract staff, including Mental Health and Medical Service staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. All forensic medical examinations are conducted at Jackson Memorial Hospital by SAFE/SANE staff. The facility is working on a Memorandum of Understanding (MOU) with Roxcy Bolton Rape Treatment Center (RTC) for detainee reporting and victim advocate services. There were no forensic medical exams conducted during the last 12 months.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Directive 11062.2 and KNSPC Policy #KRO/17.2.11 addresses the requirement of this standard. Policies establish protocols and procedures to ensure that all allegations of sexual abuse are investigated by the agency or referred to an appropriate investigative authority. Administrative and/or criminal investigations are completed on all allegations of sexual abuse. All allegations of sexual abuse are reported immediately to a Supervisor or on-site ICE staff. The PSA Compliance Manager and AFOD are responsible for notifying OPR Joint Intake Center (JIC), and a significant incident report is completed. The agency's protocol is posted on its website.

§115.31 – Staff training.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. The review of training documents/curriculum, training logs, ICE PALM training reports, and staff interviews confirmed that all ICE employees, contract staff and volunteers received PREA training that includes each element of the standard. Medical and mental health staff receives specialized training that includes detecting and assessing signs of sexual assault and abuse, preservation of physical evidence, responding effectively and professionally to victims and how to report sexual assault/abuse. Facility staff receive initial training when hired and annual refresher training.

§115.32 – Other training.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. All contractors and volunteers providing services to the detainees at the facility have received PREA training. A review of the training records revealed that all have received PREA training, to include the facility's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. Interviews with contract staff and volunteers confirmed they receive PREA training annually.

§115.33 – Detainee education.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. During intake, each detainee receives a Sexual Abuse and Assault Awareness pamphlet, the ICE National Detainee Handbook, and the KNSPC Handbook. The pamphlet and handbooks are available in English and Spanish. Detainees sign a form acknowledging receipt of these documents. The pamphlet and handbooks identify the key elements of the program and inform detainees of the zero-tolerance policy regarding sexual abuse and assault and multiple ways to report any such incidents. (continued on page 13)

§115.34 – Specialized training: Investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Directive 11062.2 addresses the requirement of this standard. According to the Directive, the ICE OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse or assault, as well as ERO Administrative Inquiry Unit (AIU) staff. The training covers, interviewing sexual abuse/assault victims, and evidence collection in a confinement setting. The criteria and evidence required for administrative action or prosecutorial referral, and effective cross-agency coordination in the investigation process. During the last twelve months, neither KNSPC ICE or contract staff received specialized training, and they do not conduct investigations into allegations of sexual abuse. Investigations into allegations of sexual abuse and assault at KNSPC are conducted by specialized trained investigators assigned by the investigating entity.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

IHSC LOP 8.6.2B addresses the requirements of this standard. All mental health and medical staff at KNSPC have received the IHSC Prison Rape Elimination Act (PREA) training. The training includes how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, and how to report allegations of sexual abuse. The training plan was reviewed by the auditor. Forensic exams are conducted at an outside hospital. Compliance with this standard was confirmed by staff interviews and review of training documents.

§115.41 – Assessment for risk of victimization and abusiveness.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 and Policy# KRO/17.22 address the requirements of this standard. All detainees are assessed at intake immediately upon arrival at the facility for their risk of being sexually abused or being sexually abusive towards other detainees. The review of medical intake screening documents, Classification Work Sheets, and interviews with staff and detainees confirm compliance. All new arrivals are assessed within 12 hours. Detainees are interviewed and reassessed between 60 and 90 days from the date of the original assessment. Detainees identified as high risk for sexual victimization or at risk of sexually abusing other detainees are referred to mental health staff for additional assessment. Information received during the screening is only available to staff with a need-to-know and never to other detainees.

§115.42 – Use of assessment information.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 and Policy# KRO/17.8.1 address the requirements of this standard. The facility uses a screening instrument (reviewed by auditor) to determine proper housing and risk rating, with the goal of keeping detainees at high risk of being sexually abused separate from those detainees who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and detainees are not placed in housing units based solely on their sexual identification or status. There were no LGBTI detainees housed at the facility during the audit. The average length of stay for detainees is 21 days.

§115.43 – Protective custody.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Policy states detainees at high risk for sexual victimization shall not be placed in restricted housing, unless an assessment of all available alternatives has been made and there is no available means of separating the resident from the abuser. The detainee will be assessed within 72 hours and reassessed every seven days; thereafter, while in restricted housing. During the last twelve months, no detainees were placed in restrictive housing on the basis of their vulnerability to sexual abuse or assault. Interviews with the (A) AFOD and PSA Compliance Manager confirmed compliance with this standard.

§115.51 – Detainee reporting.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. A review of documentation, and staff and detainee interviews, indicated that there are multiple ways (verbally; in writing via a letter to ICE, the DHS OIG or consulate; or by telephone call to a hot line; anonymously, privately and from a third party) for detainees to report sexual abuse. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. Facility staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly document any form of reporting.

§115.52 – Grievances.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Detainees may file a grievance; however, all allegations of sexual abuse or sexual assault, when received by staff, immediately result in an administrative or criminal investigation as described in 115.71. Detainees are not required to use the informal or formal grievance process. Facility procedures allow a detainee to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Detainees are also able to request assistance from outside sources to complete their grievance. In the last 12 months the facility received three grievances alleging sexual abuse. The Grievance Officer was interviewed and confirmed compliance with this standard.

§115.53 – Detainee access to outside confidential support services.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Detainees are also provided access to a Sexual Assault and Abuse Awareness pamphlet and poster which provides contact information for support services outside of the facility. The facility's local resource for detainee reporting and victim advocate services is Roxcy Bolton Rape Treatment Center (RTC). Interviews with staff and detainees support the facility's compliance with this standard.

§115.54 – Third-party reporting

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Procedures for third-party reporting are listed in the Sexual Abuse and Assault Awareness Pamphlet, detainee handbook, and posters which include the ICE and OIG telephone number and mailing address. This information is also available on the Detention Reporting and Information Line web page and the OIG Web page. Staff and detainees interviewed were aware of the procedures for third-party reporting. The facility also has signs in the visiting room which allows for family and friends of detainees to note the procedures for reporting allegations.

§115.61 – Staff reporting duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Staff confirmed during interviews that they know they are responsible for immediately reporting any knowledge, suspicion, or information about any incident of sexual abuse or retaliation against detainees or staff who report or participate in an investigation about such actions. Staff may report misconduct outside of their chain of command by calling the OIG hot line. Policy requires the information concerning the identity of the alleged detainee victim and the specific facts of the case be limited to staff who need-to-know.

§115.62 – Protection duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Interviewed staff was well aware of their duties and responsibilities, as they relate to a detainee being at imminent risk for being sexually abused. All staff indicated they would act immediately to protect the detainee and then call their Supervisor. Interviews with staff and an examination of established policy confirm compliance with this standard.

§115.63 – Report to other confinement facilities.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Policy requires that upon receiving an allegation that a resident was sexually abused while confined at another facility, the facility must contact the administrator of the facility where the alleged abuse occurred. The notification must be completed as soon as possible, but no later than 72 hours after becoming aware of the allegation, and the notification must be documented. An interview with the (A) AFOD and PSA Compliance Manager confirmed their awareness of the requirement. During the last 12 months, no allegations of sexual abuse were received from a detainee while confined at another facility.

§115.64 – Responder duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. All staff interviewed were knowledgeable about their responsibilities as a first responder upon learning of an allegation of sexual abuse. Staff stated they would separate the potential victim/abuser, preserve and protect the scene, not allow detainees to destroy possible evidence and contact their supervisor. The supervisor would continue to protect the detainee by immediately notifying the PSA Compliance Manager or (A) AFOD. Interviews with staff and an examination of policies confirm compliance with this standard.

§115.65 – Coordinated response.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Policy establishes written procedures for a coordinated multidisciplinary team approach to responding to sexual abuse incidents. In addition to first responders, the team consists of the AFOD, medical and mental health providers, the PSA Compliance Manager, and when required, community resources from the local hospital and victim advocate center. The facility has established a PREA checklist to aid in their response to allegations of sexual abuse/assault. Staff interviews confirmed that they were knowledgeable regarding their responsibilities in the coordinated response. No victims of sexual abuse were transferred to other facilities.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Staff, contractors, and volunteers suspected of perpetrating sexual abuse shall be removed from their duties requiring detainee contact pending the outcome of an investigation. Interviews with the (A) AFOD and PSA Compliance Manager and the review of documentation confirm compliance with this standard.

§115.67 – Agency protection against retaliation.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. The policy prohibits any type of retaliation against any staff member or detainee who has reported sexual abuse or cooperated in any related investigation. The facility PSA Compliance Manager is the designated retaliation monitor. The PSA Compliance Manager stated she monitors all potential sexual abuse cases for a minimum of 90 days to ensure that the policy is being enforced. The PSA Compliance Monitor also meets with the alleged victim. There have been no suspected or actual incidents of retaliation in the last 12 months. Staff interviews confirmed they were aware of the prohibition regarding retaliation. Compliance with this standard was determined by a review of policies and staff interviews.

§115.68 – Post-allegation protective custody.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. A detainee who has been placed in protective custody shall not be returned to general population until completion of a proper reassessment. The (A) AFOD will be notified of all detainees placed in protective custody. Interviewed staff indicated that a detainee would be placed in the most supportive environment to ensure their well-being. There have been no detainees placed in post-allegation protective custody during the last 12 months.

§115.71 – Criminal and administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Directive 11062.2 and KNSPC Policy #KRO/17.2.11 address the requirements of this standard. Detainee- on-detainee criminal investigations are referred to OPR for investigation. Local law enforcement would collect crime scene evidence if required. Sexual abuse/assault allegations involving ICE employees or contractors are referred to the DHS- OIG for acceptance and assignment. DHS- OIG has first right of refusal and if declines, the allegation is returned to OPR for investigation. Administrative investigations would first be referred to OPR for acceptance .If declined the allegation is referred to ERO AIU. The departure of the alleged abuser or victim from the employment or control of the agency would not provide a basis for terminating an investigation. (continued on page 13)

§115.72 – Evidentiary standard for administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Policy #11062.2 and KNSPC Policy #KRO/17.2.11 address the requirements of this standard. Administrative investigations impose no standard higher than the preponderance of evidence to substantiate an allegation of sexual abuse or assault. Interviews with the (A) AFOD and the PSA Compliance Manager confirm compliance with this standard.

§115.73 – Reporting to detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

ICE Directive 11062.2 and KNSPC Policy #KRO/17.2.11 address the requirements of this standard. The policy indicates that a detainee shall be notified of the result of the investigation and any responsive action taken as a result of an allegation of sexual abuse. All such notifications are documented through "Proof of Service" forms and placed in both the detainee alien file and a file containing all case records associated with claims of sexual abuse and assault. Compliance with this standard was determined through an interview with the PSA Compliance Manager and a review of the facility casefiles, which includes copies of the initial reports and a summary of all related and notable investigative activities.

§115.76 – Disciplinary sanctions for staff.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. Staff are subject to disciplinary or adverse action up to and including removal from their position for substantiated allegations of sexual abuse or violating agency sexual abuse policies. Policy requires the facility to report all removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to appropriate law enforcement agencies, unless the activity was clearly not criminal. There were no substantiated staff-on-detainee sexual abuse investigations in the last 12 months. Compliance with this standard was determined by a review of policies and interviews with the PSA Compliance Manager and (A) AFOD.

§115.77 – Corrective action for contractors and volunteers.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 and #KRO/17.31 address the requirements of this standard. Any contractor or volunteer who engages in sexual abuse would be prohibited from contact with detainees and would be reported to law enforcement agencies and relevant professional licensing/certifying bodies, unless the activity was clearly not criminal in nature. During the last 12 months, there were no incidents where a contractor or volunteer was found guilty of sexual abuse at KNSPC. Compliance with this standard was determined by a review of policies and interviews with the PSA Compliance Manager and (A) AFOD.

§115.78 – Disciplinary sanctions for detainees.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KSPC Policy #KRO/17.3.1, Disciplinary System, addresses the requirements of this standard. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Detainees found guilty of sexual abuse shall be disciplined in accordance with the disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed. The detainee's disciplinary history, mental disabilities and mental illness should be considered when determining what type of sanction should be imposed. Interviews with PSA Compliance Manager and (A) AFOD support a finding that the facility is in compliance with this standard.

§115.81 – Medical and mental health assessment; history of sexual abuse.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

IHSC LOP 8.6.2C addresses the requirements of this standard. Interviews with medical and mental health staff confirm the facility has a thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. When detainees are referred for medical follow-up, procedures indicate that the health evaluation will take place within two working days. The procedures also allow for detainees who report being sexual abusive to be offered a follow-up meeting with mental health staff within 72 hours of referral. Treatment services are offered without financial cost to the detainee. There were no detainees identified during their intake screening to have experienced prior sexual victimization or perpetrated sexual abuse in the last 12 months.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

IHSC LOP 8.6.10A addresses the requirements of this standard. Detainee victims of sexual abuse receive timely, unimpeded access to emergency medical/mental health treatment and crisis intervention services within the facility, or are transported to a health care facility in the community. Victim advocacy is offered through RTC. There is no financial cost to the detainee for any sexual abuse related incident, related medical or mental health care or advocacy service, regardless of whether the victim names the abuser or cooperates with the incident investigation. There were no instances within the last twelve months that required the services of a SAFE/SANE nurse or the community advocacy agency.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

IHSC LOP 8.6.2B addresses the requirements of this standard. Medical and mental health evaluations and, as appropriate, treatment to all detainees who have been victimized by sexual abuse is offered immediately. Services are consistent with a community level of care, without financial cost to the victim, regardless of whether the victim names the abuser or cooperates with the investigation. Detainee victims of sexual abuse are offered tests for sexually transmitted infections, in accordance with professionally accepted standards of care, as medically appropriate. Mental health evaluations are conducted on all known resident-on-resident abusers within 60 days of learning of such abuse. (continued on page 13)

§115.86 – Sexual abuse incident reviews.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 identifies the minimum number of members on the review team and covers the process for sexual abuse incident reviews, to include a form the review team uses that addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. The review is required to be completed within 30 days of the conclusion of the investigation. There were seven allegations of sexual abuse during the last twelve months. (continued on page 13)

§115.87 – Data collection.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

KNSPC Policy #KRO/17.2.11 addresses the requirements of this standard. KNSPC collects accurate uniform data for every allegation of sexual abuse at facilities under its control using standardized instruments. All sexual abuse data collected pursuant to this policy is maintained for at least 5 years after the detainee is released from supervision and the data is properly stored and secured. Interviews with the PSA Compliance Manager support compliance with this standard.

§115.201 – Scope of audits.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

Notes:

The auditor was able to access and observe all areas of the facility. The auditor was provided all relevant documents and conducted private interviews with staff/detainees. Audit notices were posted in all common areas, giving the detainees an opportunity to confidentially correspond with the auditor. The auditor did not receive any correspondence from the detainees at KNSPC.

ADDITIONAL NOTES

Directions: Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

115.11 - Staff receive initial PREA training and annual refresher training, as well as training updates throughout the year. Interviews with staff, contractors and detainees confirmed that each was aware of the zero-tolerance policy towards all forms of sexual abuse. Review of documentation, observation of zero-tolerance posters during the tour and interviews with staff and detainees confirm KNSPC is compliant with this standard.

115.15 - Staff of the opposite gender are required to knock and announce their presence in English and Spanish before entering a detainee housing unit. There are signs posted on housing unit doors, reminding staff to announce their presence. KNSPC has identified male only posts, when the physical layout of a housing unit does not provide adequate barriers to prevent cross-gender viewing. The video monitoring system utilizes software to digitally block out views of toilets. The facility does not search detainees for the sole purpose of determining the detainee's gender. Review of policy and logs, interviews with staff and detainees and observation of the facility operation confirm KNSPC is compliant with this standard.

115.17 - A tracking system is in place to ensure that updated background checks are conducted every five years. Policy clearly states the submission of false information by any applicant is grounds for termination.

115.18 – Prior to the placement of security cameras and video monitoring systems (b) (7)(E), the facility will consider PREA standards and how such technology may enhance the facility's ability to protect detainees from sexual abuse.

115.33 - Staff are aware of their responsibility to assist detainees either individually or through contracted interpretation services to make a confidential report. Detainees indicated that, at the time of arrival, they received information about the PREA, their right to be free from sexual abuse/assault and retaliation for reporting these incidents and multiple ways to report abuse. Detainee PREA education material is available in accessible formats. The detainee handbooks contain detailed and comprehensive information addressing non-consensual sexual acts, abusive sexual contact, non-contact sexual abuse, staff sexual misconduct and staff sexual harassment. In addition, the handbooks provide instructions for reporting sexual assault and the toll-free number to the DHS Office of the Inspector General Hot-line. The tour of the facility confirmed that PREA education posters were prominently displayed in all housing units and common areas. Compliance with this standard was determined by interviews with staff and detainees, observation of the intake process and posters and review of the pamphlet and handbooks.

115.71 - Interviews with the PSA Compliance Manager confirmed that the facility would fully cooperate with outside investigators. There were seven allegations that were investigated during the last 12 months. Six of the allegations were unsubstantiated and one was unfounded.

115.78 - KSPC Policy #KRO/17.3.1, Disciplinary System, addresses the requirements of this standard. Policy does not permit the discipline of detainees who make allegations in good faith, even if the investigation does not establish evidence sufficient to substantiate the allegation. Detainees found guilty of sexual abuse shall be disciplined in accordance with the disciplinary procedures and sanctions shall be commensurate with the nature and circumstances of the abuse committed. The detainee's disciplinary history, mental disabilities and mental illness should be considered when determining what type of sanction should be imposed. Interviews with PSA Compliance Manager and (A) AFOD support a finding that the facility is in compliance with this standard.

115.81 - All information is handled confidentially, and interviews with staff support a finding that the facility is in compliance with this standard.

115.83 - A review of policies and interviews with medical and mental health staff support the finding that this facility is in compliance with this standard.

115.86 - Sexual abuse incident reviews were conducted for all allegations and a written report is prepared. The auditor reviewed the closed investigation files and confirmed the sexual abuse incidents reviews were completed.



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.

David R. Andraska

Auditor's Signature

August 29, 2017
Date