Office of Professional Responsibility

PREA Audit Compliance Report

Calhoun County Correctional Center

August 18 - 20, 2026

U.S. Immigration and Customs Enforcement

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	8/18/2026	**To:**	8/20/2026
AUDITOR INFORMATION			
Name of auditor:	Diana Lind	**Organization:**	Creative Corrections, LLC
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PROGRAM MANAGER INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Detroit		
Field Office Director:	Kevin Raycraft		
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)		
Field Office HQ physical address:	333 Mt. Elliott Street Detroit, MI 48207		
INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Calhoun County Correctional Center		
Physical address:	185 East Michigan Avenue Battle Creek, Michigan 49014		
Telephone number:	269-969-6303		
Facility type:	Intergovernmental Service Agreement		
PREA Incorporation Date:	6/25/2020		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Officer In Charge (OIC)
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	269-969-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	PSA Compliance Manager
Email address:	(b) (6), (b) (7)(C)	**Telephone #:**	269-969-(b) (6), (b)

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

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

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Calhoun County Correctional Center (CCCC) was conducted from August 18, 2026, through August 20, 2026. The audit was performed by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor Diana Lind, employed by Creative Corrections, LLC. The Auditor was provided guidance and review during the audit report writing and review process by 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, during the audit report review process. The purpose of the audit is to determine the facility's compliance with DHS PREA standards. CCCC is a county agency and is under contract with DHS ICE Office of Enforcement and Removal Operations (ERO). CCCC is part of the Calhoun County Sheriff's Office (CCSO), and both are in Battle Creek, Michigan. This is the second DHS PREA audit for CCCC, and included a review period of August 20, 2025, through August 20, 2026.

Approximately three weeks prior to the onsite phase of the audit, the OPR Inspections and Compliance Specialist Team Lead (TL), provided the Auditor with facility policies and other pertinent documents through the ICE Audit Management and Review System (AMRS). The Pre-Audit Questionnaire (PAQ), policies, and supporting documentation had been organized utilizing the PREA Pre-Audit: Policy and Document Request DHS Immigration Detention Facilities form and placed into various exhibit folders within AMRS for ease of Auditor. Prior to the onsite phase of the audit, the Auditor reviewed all documentation provided, the Agency website (https://www.ice.gov/prea) and the facility website (https://www.calhouncountymi.gov/departments/sheriffs_office/jail).

CCCC's primary policy governing sexual abuse prevention, intervention, and response efforts is Policy J100.33, Sexual Abuse and Assault Prevention and Intervention (SAAPI). The Auditor received no correspondence from detainees or any other interested party prior to, during, or after the onsite audit related to sexual abuse.

The CCCC houses high, medium and low custody level male and female detainees. The facility reported 2,439 detainees have been booked into the facility in the last 12 months with an average length of time in custody of 71 days. According to the PAQ, the top nationalities processed through CCCC are detainees from Mexico, Venezuela and Guatemala. On the first day of the audit, the facility reported (b) (7)(E) males, and (b) (7) female detainees were housed at the facility for a total of (b) (7)(E) detainees. There were no juvenile or family units at the facility at the time of the onsite audit. According to the PAQ, CCCC employs a total of (b) (7) security staff members: (b) (7) males and (b) (7) females, with the remaining staff consisting of administrative, management, food service, contractors, support staff, medical and mental health clinicians. Medical and mental health services are provided through a contract with VitalCore; food services operations are provided through a contract with Tiggs Canteen; maintenance services are provided by the Calhoun County Maintenance Department; commissary is provided through a contract with Keefe. Volunteers from the Haven of Rest Ministries provide religious services.

On August 18, 2026, at approximately 8:00 a.m., the Auditor arrived at the facility and established a working area in a secure office at the CCCC. The entry briefing was held in the administrative conference room. The OPR 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 units, 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 Auditor observed the control center, ICE, and administrative offices. The Auditor made visual observations of bathrooms and shower areas, (b) (7)(E) (b) (7)(E) noted sight lines, potential blind spots, and the number of staff assigned in all areas of the facility. The double cell occupancy units have a toilet in the cell; dormitory style housing units have a toilet and shower area. Both unit types contain single and multi-occupancy shower areas, a common seating area, and telephone area.

The Auditor 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 Sexual Assault Services (SAS) support and advocacy posters. The posters were predominately in English and Spanish. During the onsite audit, the Auditor tested the DRIL, DHS OIG, SAS, and the facility PREA Hotline number. Each call connected successfully, the instructions were clear, and staff assistance was not needed. The Auditor (b) (7)(E) direct viewing while a detainee was using the bathroom, showering, or changing clothes, and did not see any areas of concern.

At the conclusion of the facility site review, the Auditor began interviews with staff, which took place during all three days of the onsite audit. All interviews were conducted in private settings between the Auditor and staff. The Auditor conducted 14 staff interviews, which consisted of the Captain, Disciplinary Hearing Officer, PREA Coordinator/Prevention of Sexual Assault Compliance Manager (PSACM)/Retaliation Monitor/Investigator/Incident Review Team member/Grievance Officer, Intake staff (2), Administrative Investigator, Classification Manager, staff member who supervises segregation, Training Manager (TM), random Deportation Officers (DOs) (2), Health Services Administrator (HSA), registered nurse, mental health clinician. CCCC is in transition of training a new PSACM who is currently a sergeant and they were present and participated during all PSACM interviews. The Auditor additionally interviewed the Supervisory Detention and Deportation Officer (SDDO), a Deportation Officer, a Religious Services Volunteer, a hospital representative and an advocate from the SAS.

The Auditor selected 23 detainees to interview (12 male/11 female) of which no detainees refused the interview. Of the 23 detainees, 19 were interviewed with the Limited English Proficient (LEP) interview protocol utilizing the Creative Corrections contract with Language Service Associates. There were 11 detainees present at the facility who reported victimization on the risk assessment, no detainees with a disability, and no detainees who identified as either lesbian/gay/bisexual to interview. The facility PAQ

reported that 12 facility investigators have completed specialized training in sexual abuse investigations and cross-agency coordination. The Auditor reviewed one closed investigation file from the audit period, as only one allegation was reported during that timeframe.

On August 20, 2026, an exit briefing was held in the administrative conference room. The OPR TL opened the briefing and turned it over to the Auditor. During the briefing, the Auditor informed attendees that final compliance determinations could not be made until all documentation, onsite review notes, and interview information had been compiled and reviewed. The Auditor noted that interviewed staff demonstrated a thorough understanding of PREA standards and their application within the facility. The Auditor also observed that the detainee population represented a diverse range of countries and languages and that the facility environment was safe, clean, and organized. The Auditor advised attendees that no immediate areas of noncompliance had been identified and thanked them for their 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

- §115.21 - Evidence protocols and forensic medical examinations.
- §115.31 - Staff training.
- §115.65 - Coordinated response.

Number of Standards Met: 37

- §115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.
- §115.13 - Detainee supervision and monitoring.
- §115.15 - Limits to cross-gender viewing and searches.
- §115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.
- §115.17 - Hiring and promotion decisions.
- §115.18 - Upgrades to facilities and technologies.
- §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.
- §115.66 - 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.
- §115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.
- §115.86 - Sexual abuse incident reviews.
- §115.87 - Data collection.
- §115.201 - Scope of audits.

Number of Standards Not Met: 0

Number of Standards Not Applicable: 1

- §115.14 - Juvenile and family detainees.

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

Deficient Findings: ☐c ☐d

Not Applicable Findings: ☐c ☐d

Notes:

(c): CCCC Policy J100.33 SAAPI, 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. CCCC Policy J100.32 Sexual Misconduct furthermore defines sexual abuse and sexual harassment. The facility provided documents to confirm the agency has reviewed and approved all policies. The following is posted on the CCCC website, "The Calhoun County Sheriff's Office maintains a 'Zero Tolerance Policy' for all forms of sexual abuse or assault. It is the policy of the Sheriff's Office to provide a safe and secure environment for all inmates, detainees, employees, contractors, and volunteers, being free from the threat of sexual abuse and assault. In doing so, CCSO shall maintain a Sexual Abuse and Assault Prevention and Intervention Program that ensures effective procedures for preventing, reporting, responding to an investigation, and tracking incidents or allegations of sexual abuse, assault or harassment. Sexual assault or abuse of any kind by anyone within the facility is prohibited and subject to administrative, disciplinary, and criminal sanctions." Interviews with 19 staff confirmed all were aware of the facility and agency zero-tolerance policy toward all forms of sexual abuse.

(d): CCCC employs a PSACM who is in a supervisory level position (Lieutenant) and who serves as the primary contact for the Agency Prevention of Sexual Assault Coordinator. The Auditor reviewed the organizational chart and observed the PSACM reports to the Captain. The interview with the PSACM confirmed she is the point of contact for the Agency Prevention of Sexual Assault 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

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:

(a)(b)(c): The CCCC Policy J100.29, Security Inspections, states, "The Calhoun County Correctional Center should maintain a system of inspections of the physical plant and equipment to ensure that the staff and inmates are housed in a safe and secure environment and offenders do not escape or otherwise compromise security. All

correctional staff are responsible for following this policy. Every area of the Correctional Center, including the perimeter, should be inspected on a scheduled basis. Some areas will be inspected on a per-shift basis, others on a daily, weekly, or quarterly schedule."

A review of CCCC Policy J100.29 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, CCCC employs a total of 94 security staff members: 73 males and 21 females. Detention staff work primarily 12-hour shifts: 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. with administration and various other areas working 8:00 a.m. to 4:00 p.m. The Auditor observed appropriate staffing levels in the intake unit, medical unit, and the multiple housing units during the onsite audit.

CCCC provided an Annual SAAPI Staffing Plan Assessment which contained all elements required of provision (c) dated January 5, 2026. The interview with the Captain 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 Captain and the PSACM that they meet weekly to review and discuss labor and staffing needs. The facility does not have designated Human Resource staff and the PSACM was responsible with the assistance of the Captain for managing new hires. 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] The facility has developed comprehensive detainee supervision guidelines through facility Post Orders and CCCC policies. The Auditor observed documentation that Post Orders were reviewed in 2025 and 2026.

(d): The CCCC Policy J100.29 states, "Frequent unannounced security inspections shall be done to identify and deter sexual abuse of inmates and detainees. Staff shall not alert others that these security inspections are occurring, unless such announcement is related to the legitimate operational functions of the facility." 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. The Auditor randomly selected housing logbooks for review and confirmed unannounced rounds are conducted frequently on day and night shifts in living units, control centers and programming areas and were clearly documented. Interviews with four supervisory staff who conduct unannounced rounds confirmed they could articulate the rounds were different than the safety and sanitation inspections required daily. 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. Interviews with two random DOs confirmed supervisors conduct rounds on every shift, and they are not allowed to alert others the rounds are occurring.

Corrective Action:

No corrective action needed.

§115.14 - Juvenile and family detainees.

Outcome: NA

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☒a ☒b ☒c ☒d

Notes:

(a)(b)(c)(d): CCCC reported in the PAQ they only house adult male and female detainees. The facility further provided a memorandum dated December 23, 2025, from the PSACM which stated CCCC does not detain juveniles or families. Interviews with the Captain, PSACM and two ICE staff confirmed that family units and juveniles are not held at the facility. The Auditor finds this standard is not applicable.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐b ☐c ☐d ☐e ☐f ☐g ☐h ☐i ☐j

Not Applicable Findings: ☐b ☐c ☐d ☐e ☐f ☐g ☒h ☐i ☐j

Notes:

(b)(c)(d): CCCC policy J100.13, Searches, states, "Prior to a Detainee changing into institutional clothing a Deputy of the same sex, under the observance of a witness may pat search the Detainee and/or use a metal detector to scan the Detainee for weapons or contraband." CCCC policy J100.33 further states, "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. Cross-gender pat-down searches of female detainees shall not be conducted unless in exigent circumstances."

The Auditor reviewed a blank Cross Gender Pat Search log that would be utilized should a cross gender pat search need to be performed. Interviews with a male and 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. Although the facility did not have any cross-gender pat searches completed during the audit period, two random DOs and four security supervisors confirmed these searches would only be conducted under exigent circumstances and would be documented. This was further supported by information provided on the PAQ and a memo confirming the facility had no detainee cross-gender pat-down searches pursuant to 115.15(d). The PSACM confirmed this during her interview. The Auditor observed pat-down searches of four detainees by a DO of the same gender. Interviews with 23 detainees confirmed they received a pat-down search by a DO of the same gender.

(e)(f): CCCC policy J100.33 states, "All strip searches should be performed by staff of the same gender as the detainee. In the case of an emergency, a staff member of the same gender as the detainee should be present to observe a strip search performed by an officer of the opposite gender." CCCC policy J100.33 further states all cross-gender and strip searches "will be documented with an incident report…. and on the strip search form." CCCC policy J100.13, Searches, also states, "The Deputy performing the search will complete the Office of the Sheriff strip search form and forward copies to the Shift Supervisor." The policy also requires that the results of the strip search be recorded on ICE form G-1025.

The Auditor reviewed a blank Cross Gender Pat Search log that would be utilized should a cross gender pat search need to be performed. The facility provided a memo to file stating no detainee visual body cavity searches, pursuant to 115.15(e) or (f) were conducted within the audit period. Interviews with two DOs and four

security supervisors explained that any strip searches conducted by an officer of the opposite gender must be fully documented, identifying the reason for the cross-gender strip search. During interviews with the PSACM and two DOs, they described that each time a strip search is conducted, facts supporting the conclusion that reasonable suspicion exists must be documented on a Strip Search form and preauthorized by a supervisor. When staff of the opposite gender conduct a strip search, which is observed by a staff member of the same gender as the detainee, staff will document the reason for the opposite gender strip search. Shift Supervisors will also annotate such instances within their shift report. Visual body cavity searches by staff of the opposite gender are not authorized except in exigent circumstances, including consideration of officer safety, or when performed by medical practitioners. All visual body cavity searches shall be documented in the jail incident report. The Auditor reviewed a blank strip search log built within the facility's database that would be utilized should a strip search need to be performed. Interviews with two DOs confirmed cross-gender strip searches are not authorized at CCCC but would be documented in a report if exigent circumstances required a search to be done. During interviews with 23 detainees, 22 confirmed they had not been strip searched while housed at CCCC, and 1 confirmed that when strip searched, it was conducted by same gender staff.

(g): CCCC policy J100.33 says, "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 Auditor observed the opposite gender staff announcing their presence when entering a housing unit. Interviews with two DOs confirmed they were aware of the requirement to announce their presence entering a housing unit. During interviews with 23 detainees, 17 confirmed opposite gender staff make announcements upon entry into housing unit and 6 detainees said they did not recall hearing it announced. The Auditor viewed the (b) (7)(E) cells and determined that privacy was maintained.

(h): CCCC does not house juveniles and is not designated as a Family Residential Center; therefore, provision (h) is not applicable.

(i)(j): CCCC policy J100.13 states, "Staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status." CCCC policy J100.33 states, "Searches will be conducted courteously, professionally and in such a way to allow inmates to retain as much dignity as possible, consistent with the nature of the procedure." Policy J100.33 further states, "Special care should be taken to ensure a strip search of a transgender detainee is performed in private."

An interview with the facility PSACM indicated the facility utilizes facility Policies J100.13 and J100.33 as the training curriculum to train all security staff on how to conduct a proper pat-down or strip search. The facility provided, and the Auditor reviewed, CCCC'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 include instruction on pat down searches and cross-gender pat-down searches of detainees. The facility additionally provided random staff sign-in rosters for the training. Interviews with two random DOs and four supervisory staff confirmed they received cross-gender pat-down search training upon hire and annually and 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.

The Auditor reviewed the training records of 12 staff members, and they all received specific training in conducting searches. The 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

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b): CCCC Policy J100.33, "CCCC 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 CCCC 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 Auditor observed the DHS-prescribed Sexual Assault Awareness Notice, including the facility contact name and number, and the SAAPI pamphlet posted in English, Haitian Creole, and Spanish posted in the intake areas and on the housing units. The facility maintained several copies of the SAAPI pamphlet and the ICE National Detainee Handbook in English, Haitian Creole, Spanish, French, and Hindi in the intake area. Staff could print SAAPI pamphlets in 18 languages: Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Pulaar, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, Uzbek, Vietnamese and Wolof. Staff could also provide the 2026 ICE National Detainee Handbook in 19 languages: Arabic, Bengali, English, French, Haitian Creole, Hindi, K'iche' (Quiché)/Kxlantzij, Mam, Portuguese, Pulaar, Punjabi, Q'eqchi (Kekchi), Romanian, Russian, Simplified Chinese, Spanish, Turkish, Wolof, and Vietnamese. Where the ICE National Detainee Handbook is not currently translated into a detainee's language, the information therein will be orally interpreted for that detainee through a professional interpreter and documented. DRIL posters were posted in English, Spanish, Haitian Creole, and Punjabi. The Auditor observed that the facility handbook was available in 129 languages in the intake area. The ERO Language Line posters were placed in the housing units. The facility also had a teletypewriter (TTY) machine for individuals who are deaf or hard of hearing; the Auditor observed TTY machines in intake and the medical unit. Staff stated that, for detainees with cognitive disabilities, they would speak more slowly and use simplified language the detainee could understand. Staff also confirmed that information could be read aloud to detainees with visual disabilities or provided in writing to detainees with hearing disabilities. Interviews with the Deportation Officer and PSACM confirmed that staff would be notified before arrival when a detainee required special accommodation. Interviews with the Deportation Officer and two DOs confirmed that information would be read to detainees with vision disabilities and provided in writing or through TTY services for detainees with hearing disabilities. Interviews further confirmed that, for detainees with intellectual or psychiatric disabilities, staff would speak more slowly or use easily understood language. Staff also stated they would not permit one detainee to interpret for another in matters involving sexual abuse allegations unless the detainee preferred that arrangement and the agency determined it was appropriate and consistent with DHS policy. The Classification Manager, Medical staff, two DOs, and the Deportation Officer stated they would use the Language Line as needed for interpretation services. 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. CCCC also had the I Speak printed poster in common languages for use in determining a detainee's language.

All multilingual handouts and materials were posted and available at the staff desk for detainees entering the holding area. Because no detainees arrived during the onsite audit, the Auditor reviewed the intake process [redacted] The recording showed a detainee entering the intake area, where staff conducted a pat-down search. The detainee then completed medical intake, clothing exchange, orientation, property processing, and classification. The Auditor observed the detainee completing the risk assessment privately and noted that staff used telephone interpretation services. The Auditor observed the full intake process and confirmed the detainee received PREA information, including the ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and the CCCC Detainee Handbook. No detainees with hearing impairment, vision impairment, physical disabilities, or cognitive disabilities were available for interview during the audit.

(c): CCCC Policy J100.33 states, "A detainee will be allowed the use of another detainee in matters related to sexual abuse should the detainee express a preference for another detainee to provide interpretation, and the Agency determines that such interpretation is appropriate and consistent with DHS policy." The facility submitted policy J150.17 which states, "In matters relating to allegations of sexual abuse, the facility shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone rather 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 the DHS policy." In an interview with the PSACM, it was indicated that the facility utilizes the services of the ERO Language Services, in matters relating to allegations of sexual abuse, to provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee. Interviews with two 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 with approval by the agency. All staff interviewed stated they would use Language Line Solutions; Google translate or a staff person. The Auditor reviewed one allegation of sexual abuse. The review indicated that the detainee was provided the services of interpretation during the investigation.

Corrective Action:

No corrective action needed.

§115.17 - Hiring and promotion decisions.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e ☐f

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

Notes:

(a)(b)(c)(d)(e)(f): In accordance with DHS Directive, Instruction Number 121-01-007, Revision #02, Personnel Security Vetting Program, issued August 10, 2024, and replacing ICE Personnel Security and Suitability Program Directive 6-7.0 and ICE Suitability Screening Requirements for Contractors Personnel Directive 6-8.0, the following procedures are implemented under the Personnel Security Vetting Program. "All individuals with access to DHS IT systems or sensitive information and/or with unescorted access to DHS-owned/controlled facilities undergo a background investigation with a favorable determination. All covered individuals are investigated commensurate with their position risk/sensitivity level, which are set in accordance with the U. S. Office of Personnel Management (OPM) position risk/sensitivity designation guidance/tool or successor process. The Department of Defense (DOD) grants clearances to DHS contractor employees. DHS grants clearances to state, local, tribal, and private sector (SLTPS) and Classified Critical Infrastructure Protection Program (CCIPP) participants and consultants. DHS determines eligibility for access to Sensitive Compartmented Information (SCI) for contractor employees. Continuous Evaluation (CE) is a personnel security investigative process to review the background of individuals who have been determined eligible for access to classified information or to hold a sensitive position at any time during the period of eligibility. In accordance with Security Executive Agent Directive 6, "Continuous Evaluation," and subsequent Implementation Guidelines, DHS is participating in a

federally authorized CE program. CE is intended to be a component of the forthcoming continuous vetting concept. Additional CE checks may be run if deemed necessary. The primary objective for the DHS 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. CE record checks supplement existing investigative processes by transforming personnel security investigations from periodic snapshots to ongoing reviews that bridge information gaps within the reinvestigation cycle. Additionally, the Unit Chief of OPR Personnel Security Operations (PSD) informed Auditors, who attended virtual training in September 2024, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U. S. C. 1997); any conviction of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity." Additionally, in an email provided by the Personnel Security Division (PSD) Unit Chief, dated September 30, 2024, Auditor were informed "during federal staff promotions, Office of Human Capital (OHC) notifies the PSD the individual has selected the tentative job offer and PSD then collects the "PREA Questionnaire," form DHS 6 CFR 115, as part of the vetting process." The Auditor reviewed the "PREA Questionnaire" and confirmed it included 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.

The Auditor submitted six contractor staff names and three ICE staff names to PSD to determine compliance with background investigations. All ICE staff were current on background investigations. The six contracted staff background investigations were verified by the Auditor onsite. Review of 12 personnel files including staff, contractor and volunteers confirmed CCCC 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 12 staff files confirmed initial background checks and background checks conducted as part of the promotion process were completed and documented as required of provision (c). Review of one volunteer file confirmed a background check was documented.

The Auditor confirmed the CCCC staff/contractors are not required to receive an ICE background investigation according to their contract but are vetted through the facility background system upon application. Volunteer and Contractor backgrounds are completed on an annual basis. The CCCC staff are fingerprinted upon hire, and any arrests will be immediately reported to the facility on an ongoing basis, and therefore no additional background checks are run unless a promotion is offered. A file review of two staff members who received promotions confirmed a background check was conducted prior to promotion and PREA questions were asked as part of the promotion process. The interview with the Administrative Investigator and the PSACM confirmed new hires must complete a comprehensive background investigation successfully prior to hire and the PREA-related questions are included in the employment documents along with the statement included in the employment documents that material omissions or false information shall be grounds for termination or the withdrawal of an offer of employment. They further confirmed PREA questions and an acknowledgement form are completed as part of annual training. Background investigations are also completed by the Administrative Investigator as part of the promotion or transfer process and his responsibility is to check prior institutional employers for information substantiated sexual abuse investigations or any resignation during a pending investigation of alleged sexual abuse. The Administrative Investigator 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 12 staff files confirmed this form was completed for all staff with prior institutional experience. The Administrative Investigator confirmed should an employer request information on a previous employee, the information would be provided about allegations of sexual abuse.

Corrective Action:

No corrective action needed.

§115.18 - Upgrades to facilities and technologies.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☒a ☐b

Notes:

(a): This subsection of the standard is not applicable. CCCC has not designed or acquired a new building, facility or planned a substantial expansion or modification of the facility. During the Captain's interview, the Auditor confirmed there had been no acquisitions or expansions.

(b) (7)(E) [redacted]

CCCC submitted a memo that states, "The Calhoun County Sheriff's Office did not make any modifications or additions to (b) (7)(E) [redacted] in regard to sexual assault prevention." During the Captain's interview, the Auditor confirmed recent (b) (7)(E) [redacted] had been made. The Auditor discussed the (b) (7)(E) [redacted] in the (b) (7)(E) [redacted], which had been converted from (b) (7)(E) [redacted] The PSACM also verified that she was consulted before (b) (7)(E) [redacted] and that all applicable PREA standards were considered. No other areas had been modified.

Corrective Action:

No corrective action needed.

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Exceeds Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e

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

Notes:

(a)(b)(c)(d)(e): CCCC J100.33, Health Care Services Requirements, states, "Victims should be provided emergency and ongoing medical and mental health services as needed. An outside or internal victim advocate shall provide emotional support, crisis intervention, information and referrals. The facility shall attempt to make available to the victim a victim advocate from a rape crisis center. If adequate health care services may not be available, the CCSO will consult with the ICE Field Office Director to determine if ICE can provide additional assistance. All facility medical staff responsible for examination or treatment of sexual abuse or assault victims should be specially trained or certified in such procedures. Services provided and coordinated with YesCare Medical Services (initial screen for medical and mental health on site), Bronson Battle Creek Hospital (if more

medical care is needed than can be provided on site), Summit Pointe (victim advocate and mental health) and Sexual Assault Services of Calhoun County (Sexual Assault Nurse Examinations (SANE) services and also victim advocate services). If 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 a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. The CCSO utilizes Sexual Assault Services of Calhoun County for its SANE. The CCSO does this as a standard practice although not specifically outlined in any policy. Policy J100.32 Sexual Misconduct (PREA) discusses securing the scene, but no actual separate evidence protocol exists."

The Auditor reviewed the Calhoun County Sexual Violence Protocol (CCSVP), an extensive document outlining the facility's coordinated response and evidence collection expectations in response to sexual violence. The protocol was incorporated in February 2014 and subsequently revised in December 2020 and June 2025. The CCSVP is comprehensive, and the facility follows the uniform evidence protocol embedded within it for sexual abuse investigations, thereby maximizing the potential to obtain usable physical evidence for administrative proceedings and criminal prosecutions. The protocol is implemented as written and is developmentally appropriate for juveniles, where applicable; however, CCCC does not currently house juveniles. In developing and implementing the protocol, the facility considers and uses available community resources and services to provide expertise and support in crisis intervention, counseling, and victim services. Outside victim services and victim advocacy services, including access to a rape crisis center or qualified community-based or agency staff member when applicable, are made available to victims of sexual abuse to the fullest extent possible. Summit Pointe is a Certified Community Behavioral Health Clinic and community mental health authority located in Calhoun County, Michigan, with primary facilities in Battle Creek providing mental health support to CCCC. Summit Point is available in addition to the same services being provided by SAS. When evidentiary or medical circumstances warrant, and only with the detainee's consent, the facility arranges, at no cost to the detainee, for a forensic medical examination by qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or SANE where practicable, or other qualified health care personnel when SAFE or SANE providers are unavailable. Upon request, an outside or internal victim advocate, including victim advocacy services offered by a hospital conducting a forensic examination, is permitted to provide support during the forensic examination or investigatory interview. To the extent the agency is not responsible for investigating allegations, the facility requests that the investigating agency follow the applicable evidence protocol requirements outlined in 115.21.

The CCSVP which was incorporated in February of 2014, revised in December of 2020 and June of 2025. The Protocol is comprehensive and includes: "STATEMENT OF PURPOSE: This protocol was created to offer clear guidance and to ensure a consistent, coordinated response for adult victims of sexual violence, aiming to support responders while enhancing victim services. The Calhoun County Child Abuse Protocol should be followed for all cases of sexual abuse when the victim is under the age of 18 years. An effective, collaborative community response to sexual violence may minimize emotional trauma to victims and their families, increase offender accountability, increase community safety, promote inter-agency relationship-building, enhance information and expertise sharing, and encourage meaningful dialogue across the various disciplines who work to address this complicated issue. The benefits to collaboration may also allow victims to feel safer when seeking help. Goals: Sexual violence is a deeply traumatic and intrusive crime that often leaves victims feeling powerless. The central principle of this protocol is to prioritize the victim's needs as each member of the multidisciplinary team fulfills their respective role. The following goals serve as a basis for this protocol: To coordinate an immediate response to reports of sexual violence. To deliver a compassionate, sensitive, and victim-centered approach with survivors of sexual violence across all disciplines. To ensure all victims have access to timely and comprehensive medical care. To effectively support the mission of the criminal justice system. To identify and utilize available community resources for ongoing support and follow-up to meet the needs of victims and families. To ensure all professionals included in this protocol receive comprehensive training through interdisciplinary education. To actively seek solutions to minimize identified barriers or gaps in services or resources. A future goal is to have

representatives from law enforcement, prosecutor's office, Sexual Assault Services, and other relevant service providers meet quarterly to review sexual assault cases involving adults."

The Auditor interviewed the HSA who indicated should a detainee be a victim of abuse, he/she would be transported to Bronson Battle Creek Hospital and would be afforded a SANE nurse and an advocate provided by SAS. Summit Point, which is affiliated with Bronson Battle Creek Hospital and the SAS is also available for sexual abuse counseling in addition to the services provided by SAS. The Auditor contacted SAS via telephone and SAS confirmed the center will provide SANE services, crisis intervention and counseling, an advocate during a forensic exam and investigatory interviews as required by the standard. Interviews with two medical staff verified medical/detainees would be sent to Bronson Battle Creek Hospital for medical treatment.

The facility provided a copy of an email agreement with the Michigan State Police (MSP), dated January 5, 2026, confirming that MSP will follow the requirements of paragraphs (a) through (d) of this standard when conducting applicable investigations. Interviews with the Captain, Administrative Investigator, and PSACM confirmed that both MSP and the Calhoun County Sheriff's Department serve as external investigative entities and are expected to adhere to the requirements of paragraphs (a) through (d) during criminal and administrative investigations. These interviews also confirmed that advocacy and support services would be offered before any investigatory interview, ensuring the detainee has access to victim-centered support throughout the investigative process. The interviews further established that CCCC maintains an ongoing, collaborative relationship with members of the CCSVP, including regular multidisciplinary meetings. This collaboration was further supported by the Auditor's review of January 2026 meeting minutes. The facility's documented agreements, active multidisciplinary coordination, use of community-based victim advocacy resources, and demonstrated commitment to prioritizing emergency treatment and consistent quality of care reflect practices that go beyond the minimum requirements of the standard. The Captain and Administrative Investigator also identified the availability of a Special Response Team across the expanded local area, which can respond at any time to assist with sensitive investigations and is also addressed within the CCSVP. Taken together, the facility's formal investigative agreements, established community partnerships, coordinated response structure, and access to specialized investigative support demonstrate performance that exceeds the standard.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e ☐f

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

Notes:

(a)(b)(c)(d)(e)(f): The Agency provided policy 11062.2, which stated in part that: "when an alleged sexual abuse incident occurs in ERO custody, the FOD shall: a) Ensure that the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator of the alleged sexual abuse. The FOD shall notify the appropriate law enforcement agency directly if necessary b) Notify ERO's Assistant Director for Field Operations telephonically within two hours of the alleged sexual abuse or as soon as practical thereafter, according to procedures outlined in the June 8, 2006, Memorandum from John P. Torres, Acting Director, Office of Detention and Removal Operations, regarding "Protocol on Reporting and Tracking of Assaults" (Torres Memorandum); and c) Notify the ICE Joint Intake Center (JIC) telephonically within two hours of the alleged sexual abuse and in writing within 24 hours via the ICE SEN Notification Database, according to procedures outlined in the Torres Memorandum. The JIC shall notify the DHS Office of Inspector General (OIG)."

CCCC Policy J100.33 states, "When a detainee, prisoner, inmate or resident of the facility in which an alleged detainee victim is housed is alleged to be the perpetrator of detainee sexual abuse, the facility shall ensure that the incident is promptly reported to the ICE Field Office Director and refer all cases that appear potentially to support criminal prosecution to the appropriate agency or staff having jurisdiction for investigation. The ICE Field Office shall ensure that the incident is promptly reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General. If an employee, contractor, or volunteer is alleged to be the perpetrator of detainee sexual abuse or assault, the jail administrator should also notify the local government entity or contractor that operates the facility in accordance with item #2. Information concerning the identity of a detainee victim reporting a sexual assault, and the facts of the report itself, should be limited to those who have a need-to-know in order to make decisions concerning the victim's welfare, and for law enforcement/investigative purposes. ICE/ERO shall ensure that the incident is reported to the Joint Intake Center, the ICE Office of Professional Responsibility or the DHS Office of Inspector General. The jail administrator shall notify the detainee in advance of such reporting. Investigation Requirements: The CCSO should ensure that all allegations of sexual abuse or assault involving potentially criminal behavior are referred for investigation by an agency with the legal authority to conduct criminal investigations and should document such referrals. The CCSO will conduct all its own investigations unless the situation merits the use of an outside agency. Where the CCSO conducts its own investigation into an incident or allegation of sexual abuse: Refer to J100.32 Sexual Misconduct (PREA) or if it involves a staff member refer to J30.6 Disciplinary Process-Improper Conduct. If a criminal investigation is warranted and the allegation is substantiated, a separate administrative investigation shall be conducted in a manor [SIC] that does not interfere with the criminal investigation. One or both of may be conducted by an outside agency if warranted. If allegation is unsubstantiated the facility will review any reports to determine whether an administrative investigation is necessary. Administrative investigations shall be conducted after consultation with [sic]ICE Field Office and the assigned criminal investigative entity. All reports and referrals to be copied to the PREA Compliance Manager and kept on file. Retention of such reports and referrals shall be kept as long as the alleged abuser is detained or employed by agency plus five years."

A review of Policy J100.33 confirms there is an established protocol to ensure all allegations of sexual abuse are investigated by the agency or facility or referred to an appropriate investigative authority and confirmed details the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. The Auditor reviewed the facility's website (https://www.calhouncountymi.gov/departments/sheriffs_office/prea) and confirmed it includes the investigation protocol. CCCC refers all allegations within the Sheriff's Office, and the MSP is available for investigative support. The Captain and Administrative Investigator explained in their interviews, each investigative case would be reviewed on its own merit and ultimately the Captain and Sheriff together with input from the PSACM would decide if the investigation should be managed by MSP, or the Sheriff's department.

An interview with the facility Investigators indicated that an administrative investigation is conducted on all allegations of sexual abuse. During an interview with the facility Captain, he explained that all sexual abuse allegations are reported to the CCCC investigators and will be investigated administratively, additionally a criminal investigation will be conducted if there appears to be criminal intent. He further explained that all sexual abuse allegations involving detainee victims, regardless of the status of the alleged perpetrator (detainee, inmate, staff member, contractor, or volunteer), are reported to the ICE FOD and the Project Manager and who will then conduct additional ICE communication via telephone and emails. An interview with the SDDO confirmed notification would be made by CCCC to him, and he 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. There was one allegation of sexual abuse reported at CCCC during the audit period and documentation revealed appropriate and timely notification to the Agency. This investigation was not criminal in nature.

Interviews confirmed that each allegation receives an administrative investigation and that allegations involving potential criminal conduct are referred for criminal investigation. In conjunction with the comprehensive CCSVP, the facility's layered notification and referral process extends oversight beyond the facility level and helps ensure allegations are reviewed by the appropriate agency authorities. Together, these practices reflect a structured, accountable, and agency-monitored investigative process.

Corrective Action:

No corrective action needed.

§115.31 - Staff training.

Outcome: Exceeds Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): The facility provided ICE Directive 11062.2 for compliance review which mandates, "All current employees required to take the training, [as outlined in the Directive], shall be trained as soon as practicable, but no later than May 1, 2015, and ICE shall provide each employee with biennial refresher training to ensure that all employees know ICE's current sexual abuse policies and procedures. All newly hired employees who may have contact with individuals in ICE custody shall also take the training within one year of their entrance on duty." The Directive requires all current employees covered by the training requirements to complete training as soon as practicable and requires newly hired employees who may have contact with individuals in ICE custody to receive training within one year of entrance on duty. It further requires biennial refresher training, so employees remain familiar with ICE's current sexual abuse policies and procedures. Directive 11062.2 requires applicable ICE personnel to be trained on ICE's zero-tolerance policy; the rights of detainees and staff to be free from sexual abuse, assault, and retaliation; definitions and examples of prohibited conduct; dynamics of sexual abuse in confinement; recognition of physical, behavioral, and emotional signs of abuse; prevention and response strategies; effective and professional communication with victims and vulnerable populations; accommodating limited English proficient individuals and individuals with disabilities; notification and reporting requirements; the investigation process; and limiting information to personnel with a need to know. The Directive also requires documentation that all ICE personnel who may have contact with individuals in ICE custody completed the training.

The Auditor reviewed the ICE SAAPI Awareness training slides, ICE SAAPI training completion documentation, and in-person SAAPI training rosters for training completed during October and November 2025. The reviewed materials included the required elements of subsection (a). The facility also provided PREA training certificates for assigned ICE staff, and interviews with the SDDO and Deportation Officer confirmed ICE PREA training is completed annually. Policy J100.33 requires Sexual Abuse and Assault Prevention and Intervention Program training to be included in initial and annual refresher training for employees, volunteers, and contract personnel. The CCCC TM and supervisory staff are responsible for ensuring staff are appropriately trained and able to respond in a coordinated and appropriate manner to detainee reports of sexual abuse or assault.

During the TM interview, the Auditor confirmed that all staff and contractors participate in annual refresher training, conducted in person on a rotating schedule. The facility provided the PREA training curriculum used for initial hire and annual in-service training. The Auditor reviewed the curriculum before the onsite visit and confirmed it addressed the required elements of subsection (a). A memorandum dated December 23, 2025, from the PSACM further stated that PREA training is mandatory upon employment and that annual training is provided at the beginning of each year and must be completed by the end of the calendar year. The Auditor reviewed signed PREA training completion sheets for initial and annual in-service training. Review of five staff files confirmed all received PREA training at hire and annual refresher training, exceeding the standard's biennial

refresher requirement. The Auditor reviewed two medical and one mental health clinician contractor files, two containing the proper evidence of required training and one of which reflected expired training; however, the PSACM confirmed the individual was no longer employed or active with the facility. The TM confirmed staff receive initial and annual PREA training, and interviews with two random DOs and four non-uniformed staff, and a volunteer confirmed they had completed the training, understood their responsibilities, and could articulate the applicable PREA requirements.

The Auditor confirmed during the TM interview that training records are securely maintained electronically with password-restricted access on a need-to-know basis. 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 that portion of the provision does not currently align with E.O. #14168.

Corrective Action:

No corrective action needed.

§115.32 - Other training.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): CCCC policy J100.33 states, "Staff Training Requirements: Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program should be included in initial and annual refresher training for all employees, volunteers, and contract personnel. All facility staff responsible for conducting sexual abuse or assault investigations should receive specialized training in conducting such investigations in confinement settings, which includes techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required for administrative action or prosecutorial referral." The facility provided a memorandum dated July 16, 2026, from the PSACM which stated, "The contractor and volunteer training curriculum is done at initial orientation and updated every two years. The curriculum and training sign off sheets will be available on site during the audit."

The Auditor reviewed the contractor and volunteer training curriculum and confirmed it requires PREA training on the Agency's and facility's zero-tolerance policies for sexual abuse and the procedures for reporting such incidents. The facility provided the ICE Prison Rape Elimination Act (PREA) Training for Contractors and Volunteers slides, along with a random sample of training acknowledgments. Review of contractor files, Keefe, Tiggs Canteen, and Calhoun County Maintenance Department (2) confirmed the required training was completed. The Auditor also reviewed a chaplain volunteer file, which reflected expired training; however, the PSACM confirmed the individual was no longer employed or active with the facility. In an interview, the TM confirmed that CCCC provides initial and annual PREA training to contractors and volunteers and maintains documentation of completion in the electronic staff training file.

Corrective Action:

No corrective action needed.

§115.33 - Detainee education.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e ☐f

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

Notes:

(a)(b)(c)(d)(e)(f): CCCC policy J100.33 states, "Detainee Education Requirements: Upon admission to the CCSO, all detainees should be notified of the facility's zero tolerance policy for all forms of sexual abuse and assault through the orientation program and detainee handbook and provided with information about the facility's Sexual Abuse and Assault Prevention and Intervention Program. Such information should include, at a minimum: the facility's zero tolerance policy for all forms of sexual abuse or assault; the name of the facility Sexual Abuse and Assault Prevention and Intervention Program Coordinator, and information about how to contact him/her; 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 or assault, including the DHS/OIG, consular official, and the ICE/OPR investigation processes, and right of detainees to report an incident or allegation of sexual abuse, assault, or intimidation to any staff member at the facility, to ICE/DHS and to the JIC; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting an assault should not negatively impact the detainee's immigration proceedings; and right of a detainee who has been subject to sexual abuse or assault to receive treatment and counseling. If an alleged victim of sexual abuse and assault that occurred elsewhere in ICE/ERO custody is subsequently transferred to the facility, the CCSO shall comply with all applicable response and intervention requirements in this standard, as appropriate based on the nature and status of the case. Detainee notification, orientation and instruction must be in a language or manner that the detainee understands. The facility should maintain documentation of detainee participation in the instruction session. Detainee Education Procedures: The Classification Deputy should be responsible for detainee education regarding issues pertaining to sexual abuse and assault. Refer to J200.5 Adult Inmate Orientation."

Because no intakes occurred during the onsite audit, the Auditor reviewed a detainee intake (b) (7)(E) While (b) (7)(E) it appeared the detainee did not speak English. The file acknowledgement form marked her preferred language was Spanish. (b) (7)(E) the English-speaking staff used language line interpretation services to guide her through the intake process. The detainee signed a Spanish acknowledgment form confirming receipt of the handbooks and educational materials in Spanish; however, (b) (7)(E), the Auditor could not independently confirm the content of the materials provided yet verified the signature form was in the detainee's file. (b) (7)(E), it appeared that the detainee received the ICE National Detainee Handbook, the DHS-prescribed Sexual Assault Awareness Information pamphlet, and the CCCC Detainee Handbook. The acknowledgment form included information on the facility's zero-tolerance policy, methods for reporting sexual abuse at the facility and through SAS, and the availability of SAS counseling services. The Auditor also reviewed the ICE National Detainee Handbook and the CCCC Handbook and confirmed that both include information on reporting sexual abuse.

The Auditor reviewed the PREA Orientation 115.33 (a) (1-6) document which was provided by CCCC. The document informs detainees of the facility zero-tolerance towards all forms of sexual abuse, definitions of sexual abuse, how to report sexual abuse (which includes the Office of Inspector General (OIG) phone number, DRIL phone number, and any staff members), the detainee right to receive treatment and counseling, examples of sexual abuse, understanding your reaction, and safety from retaliation. The Auditor observed on the walls in the 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 SAS and reporting numbers for the ICE DRIL. This information along with "I Speak" posters is also posted on the walls in each intake area, as verified by the Auditor during the facility site review. The facility also has a TTY machine for deaf for hard-of-hearing individuals to make telephone calls.

The TTY was observed by this 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 material to them, or in the case of hearing disabilities by providing written material. Interviews with the Classification Manger and informal discussions with intake staff 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 and/or reads the material to the detainee who has a disability.

The Auditor reviewed 15 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 129 languages. Interviews with 4 English speaking and 19 detainees who spoke a language other than English confirmed they 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. Although five detainees were not able to clearly define the term third-party reporting, they were able to explain that they could ask for help, review the handbooks provided to them, and access the information if needed. They also stated they had not focused on that portion of the education because they did not need the information at the time of intake or since.

Auditor observed the SAA Information Pamphlets available for distribution in the intake area, and they were available in all the published languages. During interviews with 19 LEP detainees, 11 confirmed they received either one or both the ICE National Detainee handbook and the facility handbook and 8 could not recall receiving either handbook; however, all detainees have access to the facility handbook and the ICE National Detainee handbook in 19 languages on the tablets and kiosks and the facility. The facility was in the process of acquiring a new tablet contract and ensured the same PREA related materials would be available on the new tablets once they were dispersed.

The Auditor reviewed 15 detainee files. File reviews confirmed detainees signed for PREA Education and the written materials were provided upon intake including the ICE Detainee National Handbook, SAAPI brochure and a facility handbook. The orientation video is played during intake and also in the Classification unit and is produced in English and Spanish, the Classification Manager uses available translation services and/or reads the material to the detainee who speaks other languages or has disability.

Corrective Action:

No corrective action needed.

§115.34 - Specialized training: Investigations.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☐a ☐b

Notes:

(a)(b): CCCC Policy CCCC policy J100.33 states, "Staff Training Requirements: Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program should be included in initial and annual refresher training for all employees, volunteers, and contract personnel. All facility staff responsible for conducting sexual abuse or assault investigations should receive specialized training in conducting such investigations in confinement settings, which includes techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required for administrative action or prosecutorial

referral." A review of J100.33 confirms it requires training in effective cross-agency coordination as required by subsection (a) of the standard. The facility also provided ICE Directive 11062.2 for compliance review which mandates, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover, at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process." The Agency provides rosters of trained investigators on OPR's SharePoint website for Auditor' review; this documentation is in accordance with the standard's requirement.

The Auditor reviewed one sexual abuse allegation investigation file and confirmed that the assigned investigator had completed specialized training. In an interview, the PSACM confirmed that sexual abuse allegation investigations are conducted by staff assigned investigative duties who have received specialized training for administrative investigations in confinement settings. The PSACM also stated that completed investigations are submitted to the PSACM for review and any necessary follow-up. The facility submitted 12 investigator training certificates documenting completion of PREA: Investigating Sexual Abuse in Confinement Settings, presented by the National Institute of Corrections. The certificates confirmed completion of the required specialized training. The facility also provided lesson plans for the specialized training, which addressed the knowledge, components, and considerations investigators must apply when conducting sexual abuse or sexual harassment investigations consistent with PREA standards.

The Auditor interviewed the PSACM and another trained investigator. Both investigators demonstrated comprehensive knowledge of investigative principles and duties, as well as a clear understanding of the notification process.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☒a ☐b ☐c

Notes:

(a): The facility does not employ DHS or agency employees who serve as full-and part-time medical or mental health practitioners; therefore, provision (a) is not applicable.

(b)(c): CCCC policy J100.33 states, "Staff Training Requirements: Training on the facility's Sexual Abuse and Assault Prevention and Intervention Program should be included in initial and annual refresher training for all employees, volunteers, and contract personnel. All full - and part-time medical and mental health care practitioners who work regularly in the facility should receive specialized training in detecting and assessing signs of sexual abuse and assault, preserving physical evidence of sexual abuse, responding effectively to victims of sexual abuse and assault, and reporting allegations or suspicions of sexual abuse or assault. The facility Program Coordinator should maintain documentation verifying employee, volunteer and contractor training."

The HSA further confirmed that specialized medical training is documented by medical services and uses the National Institute of Corrections course designed to assist agencies in meeting PREA §115.35, Specialized Training: Medical and Mental Health Care. The curriculum prepares participants to explain the PREA standards related to medical care for victims of sexual abuse and to understand their roles and responsibilities in providing that care. The Auditor reviewed the training curriculum and confirmed it included all elements required by the

standard. The facility also provided training records for the medical staff and mental health clinicians, which confirmed the required training was completed and documented. The facility also provided documentation confirming the agency reviewed and approved all applicable policies.

Corrective Action:

No corrective action needed.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e ☐f ☐g

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

Notes:

(a)(b)(c)(d)(e): CCCC Policy J100.33 Classification and Screening state, "In accordance with Standards 2.1 Admission and Release and 2.2 Custody Classification System, the facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse and assault victims and shall house detainees to prevent sexual abuse and assault, taking necessary steps to mitigate any such danger. The facility shall also use the assessment to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival shall be kept separate from the general population until he or she is classified and housed accordingly. The initial screening and classification is conducted immediately upon arrival into the facility (within 12 hours of arrival) when detainees are screened by Intake staff. The facility shall consider, to the extent that the information is available, the following criteria to assess detainees for risk of sexual victimization: Whether the detainee has a mental, physical, or developmental disability; The age of the detainee; The physical build and appearance of the detainee; Whether the detainee has previously been incarcerated or detained; The nature of the detainee's criminal history; Whether the detainee has any convictions for sex offenses against an adult or child; Whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming Whether the detainee has self-identified as having previously experienced sexual victimization; and The detainee's own concerns about his or her physical safety. The initial screening shall consider prior acts of sexual abuse and assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse and assault, as known to the facility, in assessing detainees for risk of being sexually abusive. Detainees shall not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked pursuant to items a, g, h, or i above. CCSO shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this screening in order to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees or inmates." CCCC Policy J100.33 Classification and Screening states, "The facility shall reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of the initial assessment/screening or at any other time when warranted, based upon the receipt of additional, relevant information or following an incident of abuse or victimization."

The facility conducts comprehensive screening of all detainees within 12 hours of arrival. The screening process involves the use of the CCCC PREA Profile Screening tool by Intake staff to identify individuals at risk of being sexual aggressors or victims. Medical staff also complete a separate assessment that addresses prior abuse, physical build, mental, physical, or developmental disabilities, the detainee's self-perception, and any perceived vulnerability. The forms require notification to area supervisors and the Classification Manager, who consider the detainee's criminal history, including any known prior institutional violence or sexual abuse, when making housing decisions. During the site review, the Auditor observed that medical intake and risk assessments were conducted in a private room with a door, and the nurse explained the process. After completion, the classification and risk assessments are forwarded to the PSACM for review, signature, and date.

The Auditor reviewed 15 randomly selected detainee files submitted by the facility. Each file included a completed PREA Screening form used for initial classification and housing assignment, signed and dated by the

Classification Manager. The Auditor confirmed that initial classification occurred within 12 hours in all reviewed cases and that newly arrived detainees were housed separately in the Classification Unit, away from the inmate population, pending completion of initial classification. Interviews with Intake staff, the Classification Manager, and the PSACM further confirmed assessments are completed within the required timeframes. One sexual abuse allegation was reported at CCCC during the audit period; the Auditor reviewed the initial screening, rescreening, and classification documentation for both the victim and alleged perpetrator and found each to be timely.

The facility submitted the PREA Reassessment Screening form which is used to reassess detainees between 60 and 90 days from their initial assessment. Review of the 15 detainee files confirmed that 13 detainees were at the facility for more than 60 days and a reassessment was conducted at between 60 and 90 days from the date of the initial assessment. The Auditor did not make a compliance determination for provision (c) bullet (7) related to consideration of transgender and intersex detainees, as the provision does not currently align with E.O. #14168.

(f)(g): Interviews with Intake staff and the PSACM further confirmed detainees are not disciplined for failure to answer any of the questions on the assessment. Interview with the PSACM confirmed assessments are completed both on paper and then scanned electronically and secured in the database per individual electronic detainee file. Interviews with 23 detainees confirmed the risk assessment questions were asked within the intake area. 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.

Corrective Action:

No corrective action needed.

§115.42 - Use of assessment information.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): CCCC Policy J100.33 Classification and Screening states, "In accordance with Standards 2.1 Admission and Release and 2.2 Custody Classification System, "the facility shall assess all detainees on intake to identify those likely to be sexual aggressors or sexual abuse and assault victims and shall house detainees to prevent sexual abuse and assault, taking necessary steps to mitigate any such danger. The facility shall also use the assessment to inform assignment of detainees to recreation and other activities, and voluntary work. Each new arrival shall be kept separate from the general population until he or she is classified and housed accordingly."

The facility submitted two detainee risk assessments stating that information gathered during the initial classification and PREA screening is used to determine housing, bed, recreation, programming, and other activity assignments, when applicable. The assessments also ask whether any changes were made to the initial placement decisions based on the detainee's responses. Each form included adequate explanation of the placement recommendation, as well as the timing of intake, classification and placement. The Auditor found that the PREA Screening process was comprehensive and addressed the applicable requirements of the standard. Information from the screening is used to guide detainee housing, recreation, and activity assignments; ICE detainees are not assigned to volunteer work at the facility. Interviews with the HSA and Mental Health Director confirmed that medical and mental health input is incorporated into housing decisions. Staff reported that all detainees receive medical screening before housing placement and that medical staff consult with mental health professionals when appropriate. Interviews with intake, medical, and mental health clinician reflected strong interdisciplinary coordination to support thorough assessment and appropriate housing decisions. The Classification Manager stated that determinations are made individually, with all housing options considered and assignments based on

the screening tool and other relevant information. The Classification Manager also confirmed that the facility tracks potential victims and uses a color-coded housing report to help guide placement decisions, which the Auditor observed. Intake staff described the PREA screening process and the steps taken when a detainee may be at risk. The Auditor reviewed 15 completed screening tools and reassessment documents in detainee files and confirmed the information was used to inform placement decisions.

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

Deficient Findings: ☐a ☐b ☐c ☐d ☐e

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

Notes:

(a)(b)(c)(d)(e): CCCC Policy J100.33 states, "Detainees who are considered at risk shall be placed in the least restrictive housing that is available and appropriate. Such detainees should be assigned to administrative segregation for protective custody only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days." CCCC Policy J110.1 Administrative Segregation Housing states, "ICE DETAINEES: Special consideration is required when ICE detainees are housed in Administrative Segregation. Use of administration segregation by facilities to protect detainees vulnerable to sexual abuse or assault shall be restricted to those instances where reasonable efforts have been made to provide appropriate housing and shall be made for the least amount of time practicable, and when no other viable housing options exist, as a last resort. The facility should assign detainees vulnerable to sexual abuse or assault to administrative segregation for their protection until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. ICE detainees should receive a review every Seven Days for the first 30 Days. Medical should be notified and the detainee's condition should be documented on a daily basis on the U.S. DOJ form I-888. A supervisory staff member shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and (2) A supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. (e) Facilities shall notify the appropriate ICE Field Office Director no later than 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault. The ICE Field Office Director SHOULD be notified at 30 days, and again at 60 days. ICE Inmates in Administrative Segregation should be allowed all phone, legal, and visitation privileges. U.S. DOJ forms I-885, 886,887 and 888 should be completed and maintained for ICE detainees housed in Administrative Segregation." The facility provided a memo stating the policy was submitted to the Agency for review and approval.

According to the PAQ, in the last 12 months, the facility has not placed any detainees in administrative segregation based on a vulnerability to sexual abuse or assault. The facility provided an Administrative Segregation Order form which requires the signature of the Captain and notification to the ICE FOD no later than 72 hours after initial placement in segregation. CCCC has written procedures developed governing the management of the facility's administrative segregation unit which also documents detailed reasons for placement in administrative segregation based on vulnerability to sexual abuse or assault and is compliant with the requirements of this standard. The Captain, and a staff member who supervises segregation were interviewed, and each had a thorough understanding of administrative observation as it pertains to this standard. The

interviews also confirmed detainees would not be held in administrative segregation longer than 30 days unless circumstances warranted the placement, and that detainees would have access to programs, visitation, counsel, and other services available to general population. The Captain further confirmed that notification would be made to ICE within 72 hours by telephone and documented via email should a detainee be placed in administrative segregation based on vulnerability to sexual abuse or assault.

Corrective Action:

No corrective action needed.

§115.51 - Detainee reporting.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): CCCC policy J100.33 states, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties and to promptly document any verbal reports. Detainee Reporting Procedures: Detainee reports of sexual abuse, retaliation, staff neglect, or violations of responsibilities that may have contributed to such incidents may be made using any available methods of communication, including but not limited to: Reports to the Facility: Verbal reports to a staff member (including the Sexual Abuse and Assault Prevention and Intervention Program Coordinator or Medical staff). Written informal or formal requests or grievances to the facility line staff, supervisors, medical staff and/or PREA Compliance Manager. Anonymous Reports to a staff member. Sick call requests Telephone calls made to the in-house PREA number of 269-555-1234. Reports to Family Members, Friends, or Other Outside Entities: Reports to an individual or organization outside the facility who can contact facility staff. Reports to DHS/ICE: Written informal or formal requests or grievances (including emergency grievances) to ICE. Telephone calls or written reports to the DHS/OIG, ICE/OPR, ICE JIC. Calls can be made confidentially and anonymously and from third parties."

Interviews with Intake staff 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 Auditor observed this information clearly identified in the facility detainee handbook and posters in the units, visiting, intake and medical. 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 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 and also in the CCCC handbook in 129 languages.

Additionally, the Auditor observed posters providing information about the SAS in Spanish, and English. In interviews with the Captain and Intake staff they stated this information is also provided via transcript read to detainees who do not speak these languages, have a disability or if a detainee wanted to make a private call, they would be taken to a separate room for privacy. The Auditor was able to test telephone numbers for the DHS OIG, OPR, DRIL, and the RAINN National Sexual Assault Hotline and was able to connect properly. Interviews with the Deportation Officer and 15 of the staff interviewed confirmed that reports would be accepted verbally, in writing, anonymously, and from third parties and would be documented immediately.

Interviews with 23 detainees confirmed they could report an allegation to a staff member or utilize the tablet or hotline number posted in the housing units. Detainees interviewed possessed a clear understanding of the grievance procedure and how to submit either online or via paper form. Review of the one investigation file confirmed no allegations were made to a third party, and the verbal report was promptly documented and responded to immediately. The Auditor observed the employee training curriculum, which also included instructions to staff on multiple reporting methods and anonymous reporting, which was verified through staff interviews, and 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. 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

Deficient Findings: ☐a ☐b ☐c ☐d ☐e ☐f

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

Notes:

(a)(b)(c)(d)(e)(f): CCCC Policy J100.33 states, "Detainee Grievance Procedure The facility shall permit a detainee to file a formal grievance related to sexual abuse at any time during, after, or in lieu of lodging an informal grievance or complaint. The facility shall not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. The facility shall implement written procedures for identifying and handling time sensitive grievances that involve an immediate threat to detainee health, safety, welfare related to sexual abuse. Time-sensitive grievances will be addressed immediately by the on-duty supervisor. Facility staff shall bring medical emergencies to the immediate attention of proper medical personnel for further assessment. The facility shall issue a decision on the grievance within five days of receipt and shall respond to an appeal of the grievance decision within 30 days. The facility shall send all grievances related to sexual abuse and the facility's decisions with respect to such grievances to the ICE/ERO FOD at the end of the grievance process. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing deputy or other facility staff, family members, or legal representatives. Staff shall take reasonable steps to expedite requests for assistance from these other parties." The CCCC Detainee Handbook also outlines the grievance procedure for reporting sexual abuse, "Inmates/detainees have the right to file formal grievance regarding sexual abuse at any time in lieu of an informal grievance. There are no imposed time limits to filing a sexual abuse grievance."

The facility allows detainees to file sexual abuse grievances at any time, without first using the informal grievance process. Grievances may be submitted electronically or in writing, including through locked grievance boxes that are checked daily. The PSACM, who is the facility Grievance Officer, confirmed grievances are addressed promptly, with an informal response generally provided within 24 hours, a formal decision within five days, and appeal responses within 30 days. Staff and detainees may receive assistance from others, including family members or legal representatives, and time-sensitive or medical-related grievances are processed immediately. The PAQ and PSACM confirmed no sexual abuse grievances were filed during the audit period.

Corrective Action:

No corrective action needed.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:

(a)(b)(c)(d): CCCC policy J100.33 states victims, "Shall utilize services with Summit Pointe for mental health and Sexual Assault Services of Calhoun County. Summit Pointe (victim advocate and mental health) and Sexual Assault Services of Calhoun County (SANE services and also victim advocate services)." As mentioned previously in Standards 115 21 and 115.22, the Auditor reviewed the CCSVP. The protocol was developed with the SAS to provide a comprehensive service agreement, guidance and a consistent, coordinated response to reports of sexual assault in all of Calhoun County, Michigan, in an effort to aide responders while promoting community safety, victims' services, and offender accountability.

During the interview with the SAS Victim Advocate, she confirmed CCCC's participation in the Calhoun County Sexual Assault Protocol. The SAS Victim Advocate also confirmed crisis intervention and counseling services are provided to the victim detainee during the SANE exam and following an incident of sexual abuse, which would include emotional support and crisis intervention during the investigatory interviews and court proceedings free of charge. The SAS Victim Advocate confirmed SAS operates a 24/7 crisis line, which offers emotional support, and crisis intervention to all victims who have experienced sexual abuse, regardless of whether a SANE exam was conducted or not. In addition, the SAS Victim Advocate confirmed SAS would provide community referrals for additional services, if needed, and all services are available for detainees in custody of CCCC, by calling the crisis line number provided.

The Auditor reviewed the facility's detainee handbook and confirmed the handbook includes the SAS telephone number, address, and information on available community resources available in the areas of crisis intervention, counseling, investigation, and the prosecution of sexual abuse perpetrators. They also provide a toll-free hotline to call for these services. The detainees are made aware through intake documentation, including the handbook and brochures which explain, "Phone calls can be monitored and reports of illegal activity to include sexual abuse will be forwarded to the appropriate authorities in accordance with mandatory reporting laws. All video visits and phone calls are subject to monitoring." The Auditor observed posters for SAS with a telephone number and address in English and Spanish. The facility has made information available to detainees by posting SAS signage in the housing units, multiple areas throughout the facility in areas detainees have access and on is the tablets.

In the 23 detainee interviews, 11 said they were specifically aware of advocacy services available to them. The remaining detainees were unaware of the services SAS provided but confirmed they had the handbooks, posters, and tablets to access information. The facility had one closed investigation during the audit period for the Auditor to review, which contained specific information signed and dated on the same date the investigation was reported, both by the Investigator and the detainee, regarding access and information about these services.

Corrective Action:

No corrective action needed.

§115.54 - Third-party reporting.

Outcome: Meets Standard

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

CCCC Policy J100.33 states, "Reports to Family Members, Friends, or Other Outside Entities: Reports to an individual or organization outside the facility who can contact facility staff. Reports to DHS/ICE: Written informal or formal requests or grievances (including emergency grievances) to ICE. Telephone calls or written reports to the DHS/OIG, ICE/OPR, ICE JIC. Calls can be made confidentially and anonymously and from third parties."

A review of the ICE website (www.ice.gov/prea) and facility website (https://www.calhouncountymi.gov/departments/sheriffs_office/jail) confirmed both provides instruction for the public to report incidents of sexual abuse on behalf of any detainee. According to the PAQ, there were no allegations reported by a third-party on behalf of a detainee. During her interview, the PSACM stated there had been no allegations reported by a third-party during the audit period. The Auditor tested CCCC's third party reporting through the website by sending an email. A response was received within 24 hours outlining the next steps and notifications.

Corrective Action:

No corrective action needed.

§115.61 - Staff reporting duties.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:

(a)(b)(c)(d): CCCC policy J100.33 states, "All staff and detainees are responsible for being alert to signs of potential situations in which sexual abuse and assaults might occur, and for making reports and intervention referrals as appropriate. Staff shall take seriously all statements from detainees claiming to be victims of sexual abuse and assaults and shall respond supportively and non-judgmentally. Any detainee who alleges that he or she has been sexually abused and assaulted shall be offered immediate protection and separation from the assailant and shall be referred for a medical examination and/or clinical assessment for potential negative symptoms. Staff members who become aware of an alleged assault shall immediately follow the reporting requirements set forth in the written policies and procedures. Staff Notification and Reporting: Staff Notification and Reporting Requirements All staff must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All reports should be done through the appropriate chain of command. If situationally appropriate, reporting can be done outside of the chain of command and/or reported to the ICE OIG Office."

In interviews with two DOs and four supervisors, staff confirmed that information received through a sexual abuse report is kept confidential and shared only with supervisors or investigators as needed. Detention staff and supervisors also demonstrated knowledge of the Zero Tolerance policy and their duty to report any knowledge, suspicion, or information involving sexual abuse, retaliation, or staff neglect to their immediate supervisor. The Auditor reviewed the training curriculum onsite and confirmed it included all required elements of the standard.

Staff interviews further confirmed that personnel understand they may report outside the chain of command, know the available reporting methods, and recognize their obligation to maintain confidentiality consistent with policy. All interviewed staff stated they would promptly report any relevant information and consistently emphasized the facility's serious, zero-tolerance approach to sexual abuse.

During interviews with the PSACM and the Captain, 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 provided documents to confirm the agency has reviewed and approved all policies. There were no sexual abuse allegations of minors as CCCC does not house juvenile detainees.

Corrective Action:

No corrective action needed.

§115.62 - Protection duties.

Outcome: Meets Standard

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

CCCC policy J100.33 states, "All staff and detainees are responsible for being alert to signs of potential situations in which sexual abuse and assaults might occur, and for making reports and intervention referrals as appropriate. If a staff member has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse and assault, he or she shall take immediate action to protect the detainee."

Review of the one investigation file confirmed that the victim received immediate protection. Interviews with the Classification Manager, intake staff, and two 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

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:

(a)(b)(c)(d): CCCC policy J100.33 states, "Upon receiving an allegation that a detainee was sexually abused and assaulted while confined at another facility, the facility whose staff received the allegation shall notify ICE/ERO and the appropriate administrator of the facility where the alleged abuse occurred. The notification provided in this section shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. CCSO shall document that it has provided such notification. The facility where the alleged abuse occurred shall then ensure the allegation is referred for investigation and reported to ICE/ERO (this notification must go directly to the FOD) in accordance with this standard." CCCC policy J100.32 states, "Response and Intervention: Inmate/ Staff Member Incidents: Reporting to other confinement facilities. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, a supervisor that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall

be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification."

A Memorandum from the PSACM was provided to the Auditor, dated July 16, 2026, stating there were no reports to or from other confinement facilities and if there were to be an allegation from another confinement facility the PSACM would contact ICE ERO within 72 hours, and contact the administrator of the other confinement facility and provide services to the victim according to policy and the sexual assault protocol. Review of the single investigation file confirmed the incident did not involve a detainee arriving at CCCC and reporting sexual abuse that occurred at a prior facility. The review also found no instance in which a detainee transferred from CCCC to another facility later reported sexual abuse. Interviews with the Captain, Deportation Officer, and PSACM confirmed that if CCCC were notified of an allegation involving a transferred detainee and an incident alleged to have occurred at CCCC, the facility would notify the ICE Field Office Director and initiate an investigation.

Corrective Action:

No corrective action needed.

§115.64 - Responder duties.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☐a ☐b

Notes:

(a)(b): CCCC policy J100.33 states, "Staff should take immediate action to separate any detainee who alleges that he/she has been sexually assaulted from the alleged assailant and should refer the detainee for a medical examination and/or clinical assessment for potential negative symptoms. Staff suspected of perpetrating sexual abuse or assault should be removed from all duties requiring detainee contact pending the outcome of an investigation. When possible and feasible, staff should immediately preserve the crime scene, and safeguard information and evidence consistent with the facility's evidence-gathering and evidence-processing procedures. If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim and the alleged abuser not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the first staff responder is not security staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff."

Review of the one investigation file confirmed the first responder took appropriate action consistent with the standard. The Auditor also reviewed the initial and annual PREA training curriculum and confirmed it instructs staff to protect the alleged victim, preserve evidence by requesting that involved detainees avoid actions that could destroy physical evidence, immediately notify the PSACM, and activate the PREA Coordinated Response Plan through coordination with the Captain, Deportation Officer, and ICE Field Office. Staff interviews confirmed a strong understanding of first-responder duties, including separating and safeguarding the detainee, preserving the scene, notifying supervisors and the PSACM, and following the coordinated response process. A facility contractor and volunteer also clearly described their initial-response responsibilities during interviews. In addition, informal discussions with security and non-security staff reflected consistent knowledge of how to respond to a sexual abuse allegation, including safeguarding the detainee, preserving the crime scene, and immediately notifying supervisory staff and the PSACM. Staff readily displayed First Responder Cards attached to their identification rings. The Auditor also reviewed First Responder Cards and confirmed they summarize the required response steps. Based on the investigation review, training materials, formal interviews, and spontaneous staff discussions, the Auditor determined that facility personnel were adequately trained and understood their first-responder responsibilities.

Corrective Action:

No corrective action needed.

§115.65 - Coordinated response.

Outcome: Exceeds Standard

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:

(a)(b)(c)(d): CCCC policy J100.33 states, "Staff must use a coordinated, multidisciplinary team approach to responding to sexual abuse, such as a sexual assault response team (SART), which 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 CCSO currently utilizes the services of Bronson Battle Creek Hospital for the Medical intake and Sexual Assault Services of Calhoun County for the forensic examination. If a victim of sexual abuse is transferred between facilities covered by subpart A or B of 6 CFR part 115 of the federal registry, the facility shall provide ICE/ERO, as permitted by law, the victim's potential need for medical or social services. ICE/ERO will then inform the receiving facility of the incident and victim's potential need for medical or social services. CCSO would provide such information in the medical packet that is sent with outgoing detainees. If the victim is transferred from another DHS immigration detention facility to a facility not covered by DHS standard 115.65 (c) of this section, the facility shall provide ICE/ERO, as permitted by law, the victim's potential need for medical or social services. ICE/ERO will then inform the receiving facility of the incident and victim's potential need for medical or social services. CCSO would provide such information in the medical packet that is sent with outgoing detainees, unless the victim requests otherwise."

Interviews with the Captain, Administrative Investigator, and PSACM confirmed the facility would use this policy as guidance and the checklist, which, upon review by the Auditor, revealed an outline of the proper steps to be taken, when and by whom, should an incident occur. They confirmed that should a detainee be transferred to another DHS facility, CCCC 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.

As referenced in Standards 115.21 and 115.22, CCCC uses the CCSVP as the foundation for its coordinated response to sexual abuse incidents. The Auditor reviewed the CCSVP and confirmed it provides detailed guidance for first responders, medical and mental health practitioners, investigators, facility leadership, victim advocates, and outside response partners. The protocol exceeds the minimum requirements of the standard because it is not limited to internal facility procedures; instead, it establishes a countywide, multidisciplinary response structure that includes multiple local law enforcement jurisdictions, the prosecutor's office, county dispatch, human services, Sexual Assault Services, local hospitals, and other community-based resources. The CCSVP includes a clear statement of purpose, defined goals, minimum biennial training expectations, coordinated response responsibilities for team members, hospital-specific law enforcement algorithms for SANE examinations, detailed descriptions of SAS advocacy and support services, role expectations for participating agencies, and a comprehensive list of community resources. Based on a review of the facility's policies, this broad, formalized network strengthens continuity of care, promotes consistent evidence collection and investigative coordination, and provides detainee victims access to specialized medical, advocacy, and support services, coupled with interviews with staff and outside entities, this confirms the facility has developed an excellent coordinated response plan beyond what is required by the standard.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

CCCC Policy J100.33 states, "Staff, contractors, and volunteers suspected of perpetrating sexual abuse and 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 Captain and the PSACM verified during their interviews with the Auditor that designated non-contact posts are available for employees' pending investigation. They also stated any person alleged to have committed sexual abuse would be removed from all detainee contact until the conclusion of the investigation. In a review of the investigation file, it did not involve an employee, contractor, or volunteer.

Corrective Action:

No corrective action needed.

§115.67 - Agency protection against retaliation.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): CCCC policy J100.33 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. CCSO 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. For at least 90 days following a report of sexual abuse and assault, the facility shall monitor to see if there are facts that may suggest possible retaliation by detainees or staff and shall act promptly to remedy any such retaliation. Items the facility should monitor include any detainee disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need."

The Auditor reviewed the CCCC PREA Retaliation 30-60-90-Day Review form and confirmed it requires that the detainee is reviewed within 30-60-90 days and confirms the PSACM who manages all retaliation monitoring, takes into consideration detainee disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff as required by subsection (b) of the standard and confirms that it includes the monitoring of staff. The PSACM confirmed during an interview that 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. In the interview with the PSACM, she confirmed notes would be placed in the staff member's personnel file to document monitoring of staff in the areas of job performance, job assignments, or any other areas applicable to monitor the incident. The Auditor reviewed the investigation file and confirmed retaliation monitoring was conducted appropriately and documented on the facility retaliation monitoring form.

Corrective Action:

No corrective action needed.

§115.68 - Post-allegation protective custody.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:

(a)(b)(c)(d): CCCC Policy J100.33 states, "Care shall be taken to place the detainee in a supportive environment that represents the least restrictive housing option possible (e.g., in a different housing unit, transfer to another facility, medical housing, or protective custody), and that takes into account any ongoing medical and mental health needs of the alleged victim. The victim should be housed in a supportive environment that represents the least restrictive housing option possible, and that will, to the extent possible, permit the victim the same level of privileges he/she was permitted immediately prior to the sexual assault. Victims may not be held for longer than five days in any type of administrative segregation for protective purposes, except in highly unusual circumstances or at the request of the victim. If any of these requirements cannot be met, the CCSO will consult with the ICE Field Office Director to determine if ICE can provide additional assistance. Where an alleged victim of sexual abuse and assault that occurred elsewhere in ICE/ERO custody is subsequently transferred to CCSO, the facility shall comply with all applicable response and intervention requirements in this standard, as appropriate based on the nature and status of the case. Victims shall not be held for longer than five days in any type of administrative segregation, except in highly 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."

The facility provided a Memorandum dated December 23, 2026, from the PSACM stating they had not had an incident during the audit period where they held a victim of sexual abuse in administrative segregation. The Auditor reviewed the administrative segregation order and the review form which indicated all provisions of 115.68 are also clearly stated and documented on the forms with date, titles and times of supervising staff approving the measures taken. A review of one investigation file 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. Interviews with the PSACM and the Captain 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 Captain, Deportation Officer and the PSACM 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

Deficient Findings: ☐a ☐b ☐c ☐e ☐f

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

Notes:

(a)(b)(c)(e)(f): CCCC Policy J100.33 states, "A prompt, thorough, objective, and fair investigation should be conducted by qualified investigators for every incident or allegation of sexual abuse or assault. The CCSO should ensure that all allegations of sexual abuse or assault involving potentially criminal behavior are referred for investigation by an agency with the legal authority to conduct criminal investigations and should document such referrals. The facility administrator should coordinate as necessary with the ICE Office of Professional Responsibility (OPR) and/or criminal investigative entities responsible for investigation of the incident. If the investigation needs to be assigned to an agency other than CCSO, the agency assigned the investigation will be asked to follow DHS PREA standards 115.21, sections a through d. At no cost to the detainee and only with detainee's consent, the facility administrator should arrange for the victim to undergo a forensic medical examination. All collected forensic evidence must be secured and processed according to the facility's establish [sic] plan for maintaining the chain of custody for criminal evidence. A written summary of all medical evidence and findings should be completed and maintained in the detainee's medical record. If 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 a forensic exam, shall be allowed for support during a forensic exam and investigatory interviews. Documentation of each investigation by written report, which shall include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. CCSO shall, when the detainee is still in immigration detention, or where otherwise feasible, notify the detainee of the outcome of the investigation and any responsive action taken. If any of these requirements cannot be met, the CCSO will consult with the ICE Field Office Director to determine if ICE can provide additional assistance. The CCSO will conduct all its own investigations unless the situation merits the use of an outside agency. Where the CCSO conducts its own investigation into an incident or allegation of sexual abuse: Refer to J100.32 Sexual Misconduct (PREA) or if it involves a staff member refer to J30.6 Disciplinary Process-Improper Conduct. The CCSO utilizes Sexual Assault Services of Calhoun County for its sexual assault nurse examiners (SANE). The CCSO does this as a standard practice although not specifically outlined in any policy. Policy J100.32 Sexual Misconduct (PREA) discusses securing the scene, but no actual separate evidence protocol exists. Policy J30.6 Disciplinary Process-Improper conduct is in place but does not specifically deal with this issue. Also refer to J100.32 Sexual Misconduct (PREA). If a criminal investigation is warranted and the allegation is substantiated, a separate administrative investigation shall be conducted in a manor [sic] that does not interfere with the criminal investigation. One or both of may be conducted by an outside agency if warranted. If allegation is unsubstantiated the facility will review any reports to determine whether an administrative investigation is necessary. Administrative investigations shall be conducted after consultation with [sic] ICE Field Office and the assigned criminal investigative entity. The facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. All reports and referrals to be copied to the PREA Compliance Manager and kept on file. Retention of such reports and referrals shall be kept as long as the alleged abuser is detained or employed by agency plus five years. This Information to be reported annually to the United States Department of Justice."

CCCC Policy R903 Prison Rape Elimination states, "The CCSO shall promptly, thoroughly and objectively investigate all allegations, including third party and anonymous reports of sexual abuse or sexual harassment. Only investigators who have received CCSO-approved special training shall conduct sexual abuse investigations. The responsibilities of investigators shall include but are not limited to: Gathering and preserving direct and circumstantial evidence, including any available physical and biological evidence (b) (7)(E) [redacted] Interviewing alleged victims, suspects and witnesses. Reviewing any prior complaints and reports of sexual abuse involving the suspect. Conducting compelled interviews only after consulting with

prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Assessing the credibility of the alleged victim, suspect or witness on an individual basis and not by the person's status as an individual in custody or a member of the Calhoun County Sheriff's Office. Documenting in written reports a description of physical, testimonial, documentary and other evidence, the reasoning behind any credibility assessments, and investigative facts and findings. Referring allegations of conduct that may be criminal to the County Prosecutor for possible prosecution, including any time there is probable cause to believe an individual in custody sexually abused another individual in custody at the CCSO facility. Cooperating with outside investigators and remaining informed about the progress of any outside investigation. Administrative investigations shall include an effort to determine whether CCSO member actions or failures to act contributed to the abuse. The departure of the alleged abuser or victim from the employment or control of this CCSO shall not be used as a basis for terminating an investigation. No individual in custody who alleges sexual abuse shall be required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. The Calhoun County Sheriff's Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is in custody or is a member of the CCSO, plus five years."

The Auditor reviewed one investigation file and determined that the investigation was conducted promptly, thoroughly, and objectively by a qualified investigator. CCCC refers all allegations to the CCSO or the MSP, as appropriate. The allegation reviewed did not result in a criminal investigation. In an interview, the PSACM, who serves as a trained investigator, the Auditor confirmed that when an allegation results in a criminal investigation, an administrative investigation is completed afterward in consultation with the appropriate investigative office within DHS. Interviews with the Captain and PSACM confirmed that the facility follows the applicable policies and procedures for coordinating and sequencing administrative and criminal investigations. They also confirmed that an investigation continues to completion even if the alleged victim or alleged abuser leaves the facility or its jurisdiction. The CCSO manages criminal investigations and coordinates with the MSP when they are conducting an investigation. CCCC remains informed of investigative activity through telephone calls, 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

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

CCCC Policy 903.5.5 states, "All completed investigations shall be forwarded to the Sheriff, or if the allegations may reasonably involve the Sheriff, to the County Administrator. The Sheriff or County Administrator shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence."

An interview with the PSACM, who serves as a 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 the investigation file confirmed this standard was upheld.

Corrective Action:

No corrective action needed.

§115.73 - Reporting to detainees.

Outcome: Meets Standard

Deficient Findings: ☐

Not Applicable Findings: ☐

Notes:

Agency Policy 11062.2 states, "For detainees still in ICE immigration detention, or where otherwise feasible, following an investigation into a detainee's allegation of sexual abuse or assault, notify the detainee as to the result of the investigation and any responsive action taken, in coordination with the FOD." CCCC Policy J100.33 states, CCSO shall, when the detainee is still in immigration detention, or where otherwise feasible, notify the detainee of the outcome of the investigation and any responsive action taken."

The Auditor reviewed one investigation file and submitted the Notification of PREA Investigation Result to Detainee form to the TL. Review of the form confirmed the detainees were notified of the results of the investigation. Interview with the PSACM confirmed results of an investigation would be provided to the detainee if still housed at CCCC and if the detainee were transferred notification would be given to Deportation Officer and they would notify the detainee of the outcome of the investigation.

Corrective Action:

No corrective action needed.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d

Not Applicable Findings: ☐a ☐b ☐c ☐d

Notes:

(a)(b)(c)(d): CCCC Policy 903.5.5 states, "All completed investigations shall be forwarded to the Sheriff, or if the allegations may reasonably involve the Sheriff, to the County Administrator. The Sheriff or County Administrator shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence. All CCSO members shall be subject to disciplinary sanctions up to and including termination for violating this policy. Termination shall be the presumptive disciplinary sanction for members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed; the member's disciplinary history and the sanctions imposed for comparable offenses by other members with similar histories (28 CFR 115.176). All terminations for violations of this policy, or resignations by members who would have been terminated if not for their resignation, shall be criminally investigated unless the activity was clearly not criminal and reported to any relevant licensing body."

There were no allegations of sexual abuse or allegations against specific staff reported at the CCCC during the audit period. The CCCC submitted a Memorandum from the PSACM dated December 23, 2025, stating, "The Calhoun County Sheriff's Office has no sanctions on staff during this audit period. The Office of Internal Affairs would issue an individualized memo on a case by case basis to the staff member, relevant law enforcement agencies and licensing bodies regarding violations of sexual abuse policies."

The facility provided documents to confirm the agency has reviewed and approved all policies. Interviews with the Administrative Investigator, Captain, and PSACM 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 Captain 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

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): CCCC policy J100.33 states "Staff, contractors, and volunteers suspected of perpetrating sexual abuse and assault shall be removed from all duties requiring detainee contact pending the outcome of an investigation." CCCC Policy 903.5.5 states, "Any contractor who engages in sexual abuse shall be prohibited from contact with individuals in custody and reported to any relevant licensing bodies (28 CFR 115.177). The Sheriff shall take appropriate remedial measures and consider whether to prohibit further contact with individuals in custody by a contractor." The CCCC submitted a Memorandum from the PSACM dated December 23, 2025, stating, "The Calhoun County Sheriff's Office has no instance that has occurred during this audit period. The Office of Internal Affairs would draft an individualized memo on a case by case basis to the staff member, relevant law enforcement agencies and licensing bodies regarding violations of sexual abuse policies."

There were no allegations involving a contractor or volunteer during the audit period for the Auditor to review. In an interview, the PSACM confirmed that any contractor or volunteer suspected of engaging in or perpetrating sexual abuse would be immediately removed from detainee contact pending the outcome of the investigation. The PSACM also confirmed that the facility would notify any required licensing body and immediately notify law enforcement unless there was clear evidence that the incident was not criminal. The interview further confirmed that if a contractor or volunteer violated other PREA-related provisions, CCCC would review the incident to determine whether further detainee contact should be prohibited.

Corrective Action:

No corrective action needed.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e ☐f

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

Notes:

(a)(b)(c)(d)(e)(f): CCCC policy J100.33 states, "Each facility shall subject a detainee to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that the detainee engaged in sexual abuse. At all steps in the disciplinary process 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. Each facility holding detainees in custody shall have 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. The facility shall not discipline a detainee for sexual contact with staff unless there is a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse 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 evidence sufficient to substantiate the allegation."

The Auditor reviewed the facility handbook which also describes discipline, "When any category of the rules is broken, the staff will try to advise you on your actions. Progressive discipline may mean giving you a verbal/written warning or a shift lockdown (cell restriction for up to 12 hours). However, if your actions are serious enough or it is a repeated offense, the deputy can skip this step and issue you a ticket on the first offense. For the safety and security of the facility, you will be required to comply with all applicable laws, all Correctional Center regulations, and staff directives. The rules are placed in categories according to the security issues they present. Violations may result in disciplinary sanctions, civil prosecution, criminal prosecution, reclassification, or any combination thereof. The prohibited activity shall include, but is not limited to, the following acts, whether attempted or completed." The handbook clearly outlines all Category 1 (minor), Category 2 (minor), Category 3 (major), and Category 4 (senior) rules, expectations, potential outcomes and the process. Sanctions imposed for the infraction are progressive and appear to be commensurate with the prohibited act.

The Auditor received a blank copy of the Disciplinary Segregation Order form which has the date, time, hearing information, sanctions prohibited, summary section and signature blocks for incoming dates and the release date. The Auditor reviewed one investigation file, and the investigation was unsubstantiated therefore no discipline was sanctioned. Both the victim and perpetrator were transferred prior to the onsite audit, and the Auditor was unable to interview either. During an interview with the PSACM regarding this investigation, it was noted that had the investigation resulted in a substantiated finding and 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 Memorandum, signed by the PSACM, affirming that no discipline was imposed on any detainee for engaging in sexual abuse during this timeframe.

Interview with a staff member who supervises segregation 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

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): CCCC Policy J100.33 states, "If a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and or mental health follow up as appropriate. If a detainee has experienced prior sexual victimization or perpetrated sexual abuse, staff shall, as appropriate, ensure that the detainee is immediately referred to a qualified medical or mental health practitioner for medical and or mental health follow up as appropriate. If a referral for medical follow up is initiated, the detainee shall receive a health evaluation no later than 2 working days from the date of assessment. If a referral for mental health follow up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral."

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 Clinician. 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 Auditor also interviewed a Registered Nurse, who articulated a clear understanding of the policies.

Eleven of the 23 detainees interviewed reported prior victimization and stated they were seen by both medical and a mental health clinician shortly after intake. The Auditor requested and received documentation supporting referrals of detainees who experienced prior victimization or perpetrated sexual abuse, and confirmed that referrals were made to medical or mental health and that detainees were seen within the required timeframes. A thorough file review showed that the applicable screening forms were marked accordingly, and that immediate medical and mental health follow-up was provided.

Corrective Action:

No corrective action needed.

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

Outcome: Meets Standard

Deficient Findings: ☐a ☐b

Not Applicable Findings: ☐a ☐b

Notes:

(a)(b): CCCC Policy J100.33 states, "Victims should be provided emergency and ongoing medical and mental health services as needed. An outside or internal victim advocate shall provide emotional support, crisis intervention, information and referrals." CCCC policy J100.33 further states, "The facility shall offer and provide such victims with medical and mental health services consistent with the community level of care to all detainees who have been victimized by sexual abuse while in immigration detention. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Interviews with medical staff confirmed that emergency medical treatment would be provided at Bronson Battle Creek Hospital at no cost to the detainee, regardless of whether the detainee cooperated with the investigation. The medical staff and the mental health clinician also confirmed that treatment plans would continue at the facility and include follow-up care, sexually transmitted infection prophylaxis, emergency contraception, and crisis intervention in accordance with professionally accepted standards of care. The Auditor reviewed the investigation file and found that the allegation did not meet the criteria for a SANE examination because there was no physical contact; however, immediate medical and mental health support was provided and fully documented. No allegations resulted in a 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: Meets Standard

Deficient Findings: ☐a ☐b ☐c ☐d ☐e ☐f ☐g

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

Notes:

(a)(b)(c)(d)(e)(f)(g): CCCC policy J100.33 states, "All facility medical staff responsible for examination or treatment of sexual abuse or assault victims should be specially trained or certified in such procedures. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility shall offer and provide such victims with medical and mental health services consistent with the community level of care to all detainees who have been victimized by sexual abuse while in immigration detention." CCCC policy J100.33 states, "Detainee 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 and timely access to all lawful pregnancy-related medical services. Detainee victims of sexual abuse while detained shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

Interviews with the medical staff and a mental health clinician confirmed detainees would receive timely emergency access to medical and mental treatment that includes as appropriate, 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 in accordance with professionally accepted standards of care. Interview with medical staff confirmed victim treatment plans would be continued at the facility for detainee victims of sexual abuse while in immigration detention. Staff additionally confirmed treatment would be provided without cost or if the victim cooperates with the investigation. The medical staff indicated that all detainee victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. The medical staff and the mental health clinician equally confirmed the care detainees receive while in custody is better than care received in the community. The Auditor reviewed one investigation file and confirmed the victim and was seen by medical and mental health after reporting a sexual abuse allegation.

Corrective Action:

No corrective action needed.

§115.86 - Sexual abuse incident reviews.

Outcome: Meets Standard

Deficient Findings: ☐a ☐b ☐c

Not Applicable Findings: ☐a ☐b ☐c

Notes:

(a)(b)(c): CCCC policy J100.33 states, "The facility Sexual Abuse and Assault Prevention and Intervention Program Coordinator should, together with upper-level management officials, conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation to assess and improve prevention and response efforts. Such review should ordinarily occur within 30 days of the conclusion of the investigation. In conducting the review, the Program Coordinator should seek input from line supervisors, investigators, and medical or mental health practitioners. The reviewer(s) should: (a) Consider whether the allegation or investigation indicates a need

to change policy or practice to better prevent, detect, or respond to sexual abuse. (b) consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility. (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable the abuse. (d) Assess the adequacy of staffing levels in that area during different shifts; (e) Assess whether (b) (7)(E) augmented to supplement supervision by staff, and (f) Prepare a written report of findings (within 30 days of all incidents) and any recommendations for improvement and submit such report to the jail administrator. The facility should implement the recommendations for improvement or should document its reasons for not doing so. The report, response and review shall be forwarded to the ICE Agency PSAC."

In addition, policy 903.7 states, "An incident review shall be conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The review should occur within 30 days of the conclusion of the investigation. The review team shall include command staff and seek input from supervisors and investigators (28 CFR 115.186). The review shall (28 CFR 115.186): Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status or perceived status; gang affiliation; or other group dynamics at the CCSO facility. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. Assess the adequacy of staffing levels in that area during different shifts. Assess whether (b) (7)(E) augmented to supplement supervision by CCSO members. The review team shall prepare a report of its findings, including any determinations made pursuant to this section and any recommendations for improvement. The report shall be submitted to the Sheriff and the PREA coordinator. The Sheriff or the authorized designee shall implement the recommendations for improvement or shall document the reasons for not doing so."

The policy also confirms that the sexual abuse incident review, in which CCCC uses a form, "After Action Review Committee Checklist" which shall be utilized by an incident review team consisting of the following members: upper-level management officials; PSACM, investigator, security supervisor, medical or mental health professional, and Captain. The incident review team will review the incident and complete the checklist within 30 days of the conclusion of the investigation. Review of two 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, Captain, and SDDO 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 PSA Coordinator. During interviews with the Captain and PSACM, the Auditor confirmed that recommendations for improvement would be made as needed. The Auditor also interviewed the facility HSA, a member of the Incident Review Team, who stated that the team evaluates each case individually and makes decisions that prioritize staff and detainee safety. The facility provided the Auditor with the 2025 Facility Annual Sexual Abuse Report. The Auditor reviewed the report and confirmed that the 2025 annual review was completed and forwarded to the Facility Administrator, Field Office Director, and agency PSA Coordinator.

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.

Corrective Action:

No corrective action needed.

§115.87 - Data collection.
Outcome: Meets Standard
Deficient Findings: ☐a
Not Applicable Findings: ☐a

Notes:

(a): CCCC policy J100.33 states, "All case records associated with claims of sexual abuse, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, should be maintained at the CCSO. The facility administrator should maintain two types of files regarding incidents of sexual abuse: (a) General files include: information about the victim(s) and assailant(s) of a sexual assault (including the race, nationality, age, and gender of the individuals) crime characteristics (including the date, time, location, and nature of the incident) detailed reporting timeline, including the name of the staff member receiving the report of sexual assault, date and time the report was received, and steps taken to communicate the report up the chain of command; all formal and/or informal action taken (including housing/custody placements, health care referrals, etc.) (b) Administrative investigative files include: all reports, including prior complaints of sexual abuse and assault involving the suspected perpetrator medical forms (including documentation of any injuries sustained, and examinations, testing, or treatment administered); supporting memos (b) (7)(E) if any; any other evidentiary materials pertaining to the allegation; sensitive files will be stored in a secure area. Data Collection and Reporting Procedures 1. All reports and referrals to be copied to the PREA Compliance Manager and kept on file. Retention of such reports and referrals shall be kept as long as the alleged abuser is detained or employed by agency plus five years. This Information to be reported annually to the United States Department of Justice."

Policy 903 states, "The PREA coordinator shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The review should include, as needed, data from incident-based documents, including reports, investigation files and sexual abuse incident reviews and Records. The Calhoun County Sheriff's Office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is in custody or is a member of the CCSO, plus five years."

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 electronically and in a locked filing cabinet within the administration building with only the PSACM, Captain and Facility Administrator [Sheriff] 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
Deficient Findings: ☐d ☐e ☐i ☐j
Not Applicable Findings: ☐d ☐e ☐i ☐j

Notes:

(d)(e)(i)(j): Throughout all phases of the audit, including the onsite review, the Auditor had access to the memoranda and other relevant documentation necessary to assess CCCC's PREA compliance. The facility staff placed posters throughout the facility, including all housing units and all common areas. The Auditor verified the

placement of the audit notification poster during the facility site review, and during the detainee and staff interviews. Pertinent materials were available before, during, and after the onsite audit through the ICE ERAU SharePoint system and in hard copy onsite, and any additional materials requested were provided promptly. During the facility site review, the Auditor had unrestricted access to all areas, allowing for a thorough review of how policies and procedures were implemented in daily operations. One correspondence from a detainee was received but determined to not be related to PREA or this audit and was therefore returned to the ICE SDDO for management. No correspondence from outside entities, or staff was received before, during, or after the onsite audit. The Auditor further confirmed that audit notices containing the Auditor's contact information were prominently posted in in English, Spanish, Punjabi, Hindi, Simplified Chinese, Portuguese, French, Haitian Creole, Bengali, Arabic, Russian, and Vietnamese. The Auditor was authorized to conduct confidential interviews with detainees and staff in private offices within the facility. The facility presented all relevant documentation in a professional, organized manner, supporting an efficient and comprehensive audit process. Staff were also made available as needed and responded promptly and competently to requests, contributing to a positive and productive audit environment enforcing standards.

Corrective Action:

No corrective action needed.

AUDITOR CERTIFICATION:

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

(b) (6), (b) (7)(C) 9/29/2026

Auditor's Signature & Date

(b) (6), (b) (7)(C) 9/29/2026

Program Manager's Signature & Date

Diana Lind 9/29/2026

Assistant Program Manager's Signature & Date

U.S. Immigration and Customs Enforcement

Office of Professional Responsibility