

# PREA Audit: Subpart B Short-Term Holding Facilities Audit Report



U.S. Customs and  
Border Protection

## AUDITOR INFORMATION

<b>Name:</b>	(b) (6), (b) (7)(C)	<b>Company Name:</b>	Creative Corrections, LLC
<b>Mailing Address:</b>	(b) (6), (b) (7)(C)	<b>City, State, Zip:</b>	Beaumont, Texas 77706
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## AGENCY INFORMATION

<b>Name of Agency:</b>	U.S. Customs and Border Protection
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## PROGRAM OFFICE

<b>Name of Program Office:</b>	Office of Field Operations (OFO)
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## SECTOR OR FIELD OFFICE

<b>Name of Sector or Field Office:</b>	Buffalo, New York
<b>Name of Chief or Director:</b>	(b) (6), (b) (7)(C)
<b>PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Physical Address:</b>	300 Airborne Parkway, Cheektowaga, NY 14425
<b>Mailing Address:</b> <i>(if different from above)</i>	

## SHORT-TERM HOLDING FACILITY BEING AUDITED

<b>Information About the Facility</b>			
<b>Name of Facility:</b>	Champlain Port of Entry (POE)		
<b>Physical Address:</b>	237 W. Service Road, Champlain, N.Y. 12919		
<b>Mailing Address:</b> <i>(if different from above)</i>			
<b>Telephone Number:</b>	(b) (6), (b) (7)(C)		
<b>Facility Leadership</b>			
<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Area Port Director
<b>Email Address:</b>	(b) (6), (b) (7)(C)	<b>Telephone Number:</b>	(b) (6), (b) (7)(C)

## AUDIT FINDINGS

### NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

**Directions:** Discuss the audit process to include the date(s) 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 Prison Rape Elimination Act (PREA) on-site audit of Customs and Border Protection (CBP) Office of Field Operations (OFO) Champlain, New York Port of Entry (CHM POE) Short-Term Holding Facility was conducted on September 21, 2023, by (b) (6), (b) (7)(C), a Certified PREA Auditor, contracted through Creative Corrections, LLC., of Beaumont, Texas. This was the initial PREA audit for CHM POE. CHM POE is one of several CBP POEs' within the Buffalo, New York (NY) Field Office. The CHM POE also serves as the designated detainee processing location for four (4) remote POEs. The specific missions of CHM POE are processing travelers/passengers and (b) (7)(E) crossing into, or (b) (7)(E) from, the United States, and as necessary, short-term holding and processing of the following detainee categories: Adults, Unaccompanied Children (UC), juveniles, and family units. Holding periods for detainees are less than 24 hours pending transfer for removal, detention, or placement. (b) (7)(E)

(b) (7)(E) at Champlain NY. Passenger vehicles, buses, and any pedestrians are inspected in the 10 lanes that feed the Passenger/Administrative building and are either referred to Passenger secondary or admitted to the U.S. Commercial vehicles/cargo trucks are inspected in the 8 lanes that feed to a Cargo/Warehouse building and are either referred to Cargo secondary or admitted to the U.S. The Outbound/Export Control building is where outbound inspections of both passenger and commercial vehicles destined to Canada are conducted, with two outbound commercial lanes and one outbound passenger lane. (b) (7)(E)

The purpose of the audit was to determine compliance with Subpart B of the Department of Homeland Security (DHS) PREA Standards. The standards used for this audit became effective March 7, 2014. The on-site audit followed the Auditor's electronic review of CBP's PREA policies and procedures and telephonic interviews, as applicable, with CBP Headquarters (HQ) Subject Matter Experts (SMEs). The Auditor also reviewed the Champlain Service Port Secure Detention Standard Operating Procedures (SOP) dated May 2021 CHM POE,

The Point of Contact for CHM POE was Chief CBP Officer (CCBPO) (b) (6), (b) (7)(C). The Auditor arrived at CHM POE at approximately 0500 escorted by the on-duty Watch Commander. I was introduced to the Assistant Port Director who provided a roster of staff presently on duty and scheduled to work on the date of the on-site audit. Immediately following entry, the Auditor was provided a private conference room to begin conducting staff interviews. The Assistant Port Director and CCBPO provided pre-audit information to the Auditor and along with the PREA Field Coordinator, were involved in pre-audit discussions with the Auditor concerning audit logistics and information contained in the local Pre-Audit Questionnaire (PAQ). The CCBPO was instrumental in ensuring staff information was accessible, as well as coordinating requests for interviews.

There are (b) (7)(E) for staff at CHM POE: (b) (7)(E)

(b) (7)(E) Immediately upon arrival, the Auditor conducted staff interviews of officers working the (b) (7)(E). Additional SME and random staff interviews were conducted throughout the morning and afternoon. There were no detainees held during the period of the on-site audit.

Immediately after completion of staff (b) (7)(E) interviews, the Auditor was provided a tour of CHM POE by the Assistant Port Director (APD) and the CCBPO. The tour was conducted covering all holding areas where passengers were considered officially detained after primary screening. The Passenger Building is the designated area for all passenger screening which contains a large processing lobby and (b) (7)(E). Immediately behind the Passenger Building (b) (7)(E) is the secure secondary holding area. CHM POE short-term holding is designated as the Passenger Building- "Hard Secondary" section. This building is located among several buildings located on this property. The CHM POE "Hard Secondary" has (b) (7)(E). The "Hard Secondary Screening" area is monitored from an (b) (7)(E). Hold rooms are (b) (7)(E) and when occupied, by staff patrols (b) (7)(E). Each hold room has a sliding door with visual access when the door is closed. There is a toilet in each hold room separated by a half masonry wall from the sitting area. Adjacent to the secure secondary area are interview rooms, a fingerprinting room, and an area where unmonitored phone calls may occur. There are also showers available.

(b) (7)(E)

A centralized area designated the CBP Area Security Center (CASC) has an officer present who staffs the

(b) (7)(E)

During the tour, the Auditor noted PREA Audit Notices in primarily English and Spanish posted in a conspicuous manner in the detainee hold areas. The Auditor was given complete access to the facility and observed all detainee processing areas. The Auditor observed posters advising detainees of their right to be free from sexual abuse. Posters were also observed providing detainees information on reporting sexual abuse and explaining the zero-tolerance policy of the agency. There were informational posters directed at juveniles to convey the prohibition of sexual abuse and reporting mechanisms provided pursuant to PREA. The Auditor was shown how detainees could reach DHS OIG for external agency reporting if requested. The Auditor tested the phone and but could not verify that the phone reached the DHS OIG hotline due to a local long distance telephone outage. However, staff reported alternate ways for detainees to contact the hotline in a confidential manner by using unmonitored government mobile phones.

All staff with direct contact with detainees are CBP Officers cleared to have contact with detainees. Detainees are removed from any area where janitorial or maintenance contractors must work. The workers, as applicable, are supervised by officers. The number of officers working in the holding area remains fluid and varies in accordance with the flow of detainees. On the day of the on-site audit, there were no detainees being held.

On Thursday, September 21, 2023, an exit briefing for CHM POE was held at 3:30pm. The exit briefing was conducted by the Creative Corrections PREA Auditor (b) (6), (b) (7)(C). During the exit interview, the Auditor discussed the observations made to date during the pre-audit and on-site review.

Those in attendance for the briefing were:

(b) (6), (b) (7)(C), Area Port Director, OFO  
(b) (6), (b) (7)(C), Assistant Port Director, OFO  
(b) (6), (b) (7)(C) CBP Officer  
(b) (6), (b) (7)(C), Supervisory Program Manager, OFO  
(b) (6), (b) (7)(C) Program Manager, PREA Field Coordinator, OFO

Via Teams:

(b) (6), (b) (7)(C), HQ, Privacy Diversity Office (PDO)  
(b) (6), (b) (7)(C), HQ PDO, Deputy PSA Coordinator  
(b) (6), (b) (7)(C), HQ CBP Program Manager, OFO  
(b) (6), (b) (7)(C), Creative Corrections Program Manager

Scope of the Audit: Prior to the on-site audit, the Auditor was able to review the HQ and Local Pre-Audit Questionnaires (PAQs), the HQ Responsive Documents and Data Requests, local documents, including the CHM POE specific documents, HQ Participation documents, as well as agency and medical provider websites. The Auditor confirmed that the CHM POE audit did not present any additional or unique HQ SME policy oversight concerns. The Auditor spoke directly with the local CCBPO responsible for completing the Local PAQ. The Auditor confirmed New York State Police, Troop B, Ray Brook as the local entity having jurisdiction to investigate an allegation of sexual abuse. The Auditor also confirmed the availability of local medical services by contacting hospital personnel at the Champlain Valley Physicians Hospital- University of Vermont (CVPH/UVM). Personnel were able to confirm that qualified medical staff would provide forensic services to any detainee alleging sexual abuse/assault. The medical service is provided free of charge to the detainees. Emergency room staff at CVPH confirmed they are qualified to provide victim advocacy services for any sexual abuse patient admitted to their hospital. Additionally, advocacy services would be provided during any post abuse medical protocol and follow up services are available in the community for those in need of victim services. The Auditor tested the private telephone line to allow detainee confidential access to DHS OIG. During the on-site audit, the facility was experiencing a long-distance outage and the test call was unsuccessful. However, the facility provides alternate access to the DHS OIG hotline if needed when long distance service is unavailable.

During the on-site audit, the Auditor interviewed officers (b) (7)(E). The Auditor also interviewed four local SMEs. The Auditor randomly selected a total of ten CPB officers for interviews. Six officers agreed to be interviewed. There were no contractors or volunteers at this facility. There were no detainees being held during the period of the on-site audit. In addition to random selection, interviewees were selected based on staff availability.

The audit process included the pre-audit, on-site audit, and post audit review of policies, protocols and documentation to determine compliance of 25 DHS Subpart B Standards applicable to CHM POE. The Auditor concluded that 25 of 25 applicable DHS Subpart B Standards are met. The Auditor reviewed all relevant policies, procedures, and documents in assessing the Champlain POE Short-Term Holding Facility. The Auditor conducted a records review for a random selection of staff which included information on background checks. PREA training records for all staff having authorized detainee contact were reviewed. There have not been any PREA allegations within the audit period.

#### SUMMARY OF OVERALL 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.

The CHM POE on-site PREA audit was conducted on Thursday, September 21, 2023, and the audit findings report was submitted in October 2023.

CHM POE met 25 standards: 115.111; 115.113; 115.114; 115.115; 115.116; 115.117; 115.118; 115.121; 115.122; 115.131; 115.132; 115.141; 115.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182; and 115.186

Compliance determinations were made based on a review of documents, observations, and interviews. The Auditor determined that all standards were met and no standards required corrective actions based on the applicable audit period. The Auditor concluded through observation, interviews, and the review of policies and documentation, that staff are knowledgeable concerning their responsibilities involving PREA. Staff whose primary duties do not require frequent application of PREA related job functions have job aids and access to supervisory guidance. During interviews, staff acknowledged awareness of the zero-tolerance policy against sexual abuse. This philosophy of acknowledging the awareness and full implementation of the policy has been fully institutionalized at CHM POE. Through the coordinated use of the facility supervision plan, staffing levels are monitored to ensure PREA compliance and to provide sufficient supervisory resources to the detainee population. (b) (7)(E)

(b) (7)(E)

The CHM POE staff ensures that resources, procedures and techniques are in place to ensure detainees with disabilities or are Limited English Proficient (LEP) can benefit from the provisions of PREA. Staff hiring and promotion protocols are in place to ensure previous disqualifying sexual abuse conduct is discovered in applications and through background checks. Additionally, the zero-tolerance sexual abuse policy and reporting information is provided to detainees as applicable through conspicuous informational postings.

Local SMEs and officers were knowledgeable of PREA risk screening requirements. The officers are also knowledgeable of first responder protocols, reporting requirements for staff and detainees, and the prohibitions on retaliation. SMEs are aware of disciplinary provisions in accordance with PREA and the Human Resources Management (HRM) SOP.

There were no allegations of sexual abuse during the audit period. However, SMEs are aware of the administrative channels for reporting to the agency and local law enforcement; for emergency medical treatment as required; for advocacy and forensic medical services as required; and for documentation and privacy requirements of data regarding sexual abuse.

<b>SUMMARY OF AUDIT FINDINGS</b>	
Number of standards exceeded: 0	
Number of standards met: 25	
Number of standards not met: 0	
<b>OVERALL DETERMINATION</b>	
<input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards)	<input checked="" type="checkbox"/> Low Risk
<input checked="" type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period)	<input type="checkbox"/> Not Low Risk
<input type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)	

## PROVISIONS

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

### §115.111(a) – Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.

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

#### Notes:

(a): The facility meets the standard provision. The agency has taken definitive steps to inform the public, all employees, and detainees of its adherence to the PREA Standards. The following national directives mandate zero-tolerance towards all forms of sexual abuse and outline the agency's approach to preventing, detecting, and responding to sexual abuse. CBP Directive 2130-030 outlines a comprehensive description of how the facility will comply with standards to prevent, detect, and response to sexual abuse in CBP holding facilities. The overarching policy outlines CBPs zero-tolerance of sexual abuse and or sexual assault. There is also official supplemental communications from CBP and OFO national leadership, dated January 19, 2018, and August 12, 2014 respectively, on ways to implement the zero-tolerance policy. These communications attached and emphasized excerpts from Directive 2130-030 which staff must comply with and integrate in their operational requirement. CBP Directive 51735-013B, (Standards of Conduct), dated 12-9-20, references the PREA standards and the prohibitions of sexual abuse among CBP employees. The above directives verified training modules, in addition to communication to staff regarding the zero-tolerance of sexual abuse and strategies to prevent, detect, and respond to sexual abuse, demonstrate a commitment to conveying the zero-tolerance policy for sexual abuse to all CBP staff. Additionally, during the observed "Sexual Assault Awareness and Prevention Month" the Privacy and Diversity Office distributes relevant information to all employees regarding CBP's zero tolerance of sexual abuse. As applied to the audited facility, zero tolerance posters and reporting information are positioned throughout the secondary screening and holding areas of the facility in both English and Spanish. Zero tolerance information is directed towards adults as well as juvenile detainees. Interviews with four local SMEs and six officers concluded they understood the agency's zero-tolerance policy.

(b): The facility meets the standard provision. CBP employs an upper-level, agency-wide Prevention Sexual Abuse (PSA) Coordinator. This incumbent has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards at CHM POE and all CBP facilities.

### §115.113(a) through (c) – Detainee supervision and monitoring.

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

#### Notes:

(a): The facility meets the standard provision. The standard requires that each facility maintain adequate levels of detainee supervision through appropriate staffing levels (b) (7)(E) to protect detainees against sexual abuse. During the site inspection tour, the Auditor noted all hold rooms are (b) (7)(E). (b) (7)(E). CHM POE local SOP on detention procedures direct staff supervision criteria. The local directive provides guidance that is consistent with CBP National Standards on Transport, Escort, Detention, and Search (TEDS). When detainees are present, an officer is in the immediate area of all detainee hold rooms. The Auditor observed all hold rooms. Each hold room has (b) (7)(E) by officers having access to (b) (7)(E). Interviews with local SMEs revealed adequate staffing needed to supervise detainees and prevent sexual abuse. During the audit period, there were adult, juveniles, and family units detained.



(b)(c): The facility meets the standard provisions. CBP Directive 2130-030; the CHM Secure Detention SOP, and the memorandum dated October 8, 2015, Implementation of the CBP TEDS; requires the Office of Enforcement Operations to develop and document comprehensive detainee supervision guidelines to determine and meet the detainee supervision needs which has been accomplished through CBP TEDS. The Directive further states, the detainee supervision guidelines, and its application at the facility level is to be reviewed at least annually. The review is to consider supervision analysis based on the physical layout, composition of detainees, the prevalence of substantiated and unsubstantiated instances of sexual abuse, findings and recommendations of incident reviews, and any other relevant factors. The Directive further requires the results of the annual review are to be forwarded to the PSA Coordinator. SME interviews confirm they re-evaluate supervision strategies on a regular basis. The Auditor reviewed the most recent annual review of detainee supervision guidelines which was conducted on September 17, 2023, by the APD. The annual assessment included all areas as required by the PREA standard provisions and the CBP TEDS directive. The assessment concluded that based on adequate staffing and monitoring practices, and the lack of sexual abuse allegations, there is sufficient supervision and monitoring of detainees to prevent, detect and respond to sexual abuse.

**§115.114(a) and (b) – Juvenile and family detainees.**

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

**Notes:**

(a): The facility meets the standard provision. CBP TEDS (October, 2015), the CHM POE SOP, and the OFO Memorandum with attachments summarizing pertinent standards impacting OFO responsibilities address the requirements of this standard. These directives require CBP Holding Facilities to always treat juveniles in their best interest. Each juvenile should be held in the least restrictive setting appropriate to their age and special needs, provided the setting is consistent with the need to ensure the safety and security of the detainee and that of others. The CHM POE directs that supervisory notification is made when special populations require detention. The policy directs that officers shall be sensitive to detained persons who are pregnant, on life-sustaining/lifesaving medication, appear ill, comprise family units (parent/adult with child/juvenile), or are persons of advanced age (over the age of 70) or unaccompanied juveniles (under the age of 18). The SOP directs that all detention options should be considered when detaining family units, UC, or persons of advanced age. These detainees may be placed in a secure area (e.g., hold room) within a POE based on the totality of the circumstances. Normally, such persons should be seated in a secondary area or a Temporary Holding Area (THA), segregated from other members of the public, under direct supervision and control of an officer. The SOP directs that CBP officers will treat minors with dignity, respect and special concern for their particular vulnerability. Officers will place each detained minor in the least restrictive setting appropriate to the minor's age and special needs, provided that such setting is consistent with the need to ensure the minor's timely appearance and to protect the minor's well-being and that of others. According to pre-audit HQ Data Request reporting, there were 1556 juveniles processed during the period July 2022 through June 2023. Four local SMEs and six random officers report all juveniles who are a part of family units or identified as unaccompanied are held in the least restrictive setting as possible. They state juveniles are kept with their families and are also kept in the least restrictive setting the facility has available. All interviewed officers stated that juveniles are held in a designated secondary area or THA with direct observation. There were no juveniles detained for interviews or direct observation during the on-site audit.

(b): The facility meets the standard provision. The CBP directive on TEDS and the CHM POE SOP require unaccompanied juveniles to be held separately from adult detainees. Four local SMEs and six officers report unaccompanied juveniles are kept separate from the adults and are then separated by gender. The pre-audit HQ Data Request reporting reveals there were 3065 family units processed during the audit period. Local SMEs and officer interviews confirm juveniles are immediately separated from accompanying adults unless the relationship has been properly vetted and determined to be appropriate prior to holding. The interviews also confirmed that separate interviews of both the minor and the accompanying adult are used to vet the relationship, along with any accompanying documents with the detainee.

**§115.115(b) through (f) – Limits to cross-gender viewing and searches.**

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

**Notes:**

(b)(c): The facility meets the standard provisions. The following policy guidance govern these standard provisions: CBP's overarching policy on TEDS; the Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault; and the CHM POE SOP. The CHM SOP references the "CBP Personal Search Policy and Handbook" for guidance on searches of persons temporarily detained. The local guidance describes routine pat downs as well as procedures to follow for more intrusive searches. Officers have also been provided instructions on searches on transgender individuals, and the requirements for professionalism when processing transgender admissions. These policies detail the type and conditions under which searches can be performed to ensure the safety of officers, civilians, and detainees. The policy guidance prohibits cross-gender partial body searches and cross-gender visual body cavity searches, except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners. If performed, the policy requires strip/body cavity searches be recorded in the electronic system of record. CBP TEDS details that officers must not conduct visual body cavity searches of juveniles and are to refer all body cavity searches of juveniles to a medical practitioner. Interviews with four local SMEs and six officers report only medical staff can conduct a strip or visual body cavity search of a juvenile. The local SMEs and officers report body cavity searches are not allowed at the CHM POE. When asked who would conduct cross-gender searches, the officers report the person would have to be the same identified gender as the detainee when operationally feasible. During the 12-month audit period, there were no partial body or body cavity searches required.

(d): The facility meets the standard provision. CBP TEDS specifies the requirements of enabling detainees to shower (where showers are available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks. Such viewing may also be appropriate in connection with a medical examination or under medical supervision. Local SMEs and all officers interviewed report there are showers available for detainee use. Each CHM POE hold room contains a toilet which is blocked by a half wall and there is no view of a detainee using the toilet area, (b) (7)(E). (b) (7)(E) During the on-site audit, this issue was tested by the Auditor by conducting an assessment of (b) (7)(E) (b) (7)(E). The Auditor verified (b) (7)(E). CBP TEDS requires all officers of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing, except in exigent circumstances or when such viewing is incidental to routine hold room checks. Interviews with local SMEs and officers indicated they knock on the door to announce themselves. There were no detainees present to verify compliance with policy guidance.

(e): The facility meets the standard provision. CBP TEDS prohibits staff from searching or physically examining a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, policy requires the officers to ask the detainee their gender or gender identity. If the detainee declines to state their gender, the gender will be recorded in the appropriate electronic system(s) of record as unknown. There were no detainees onsite who identified as transgender or intersex to be interviewed. The local SMEs and officers at the facility report they do not search detainees solely for the purpose of determining gender.

(f): The facility meets the standard provision. CBP TEDS directs staff to conduct searches in a professional, thorough, and a reasonable manner consistent with the type of search required and that a search must be of the same gender, gender identity, or declared gender when operationally feasible. Interviews with local SMEs and officers reported all had been trained in how to conduct pat searches, including cross gender searches. Interviews concluded that staff were able to fully explain how they would conduct a cross gender pat-down search based on the training provided and within their policy and guidelines. Staff advised that they have not had to conduct such a search because they have sufficient staff able to cover those searches should the need arise.



**§115.116(a) through (c) – Accommodating detainees with disabilities and detainees who are limited English proficient.**

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires staff in holding facilities to provide reasonable accommodations to detainees who are hearing impaired, blind, or visually impaired, or who have intellectual or mental health disabilities. Directive 2130-033, Nondiscrimination for Individuals with Disabilities in CBP-Conducted Services, Programs, and Activities (Non-Employment), with an effective date of July 8, 2021; which also includes a job aid providing guidance to staff on effective communication with individuals with disabilities. The job aid further defines several types of disabilities and examples on how to address those disabilities; Directive 2130-031, Roles and Responsibilities of U. S. Customs and Border Protection and Personnel Regarding Provision of Language Access, provide information and guidance to all CBP staff. Officer interviews confirm they have received the recent guidance regarding disabled and Limited English Proficient (LEP) detainees and the materials are frequently discussed during musters. The staff discussed the various steps that officers and supervisors take to provide accommodations to detainees with these disabilities which included reading PREA notices to visually impaired and functionally illiterate detainees, call in a translator, and would also have the option to have medical clinicians including behavior health care assistance where needed. Interviewed local SMEs and officers, as well as the local PAQ did not reveal any disabled detainees held at CHM POE during the 12-month audit period. LEP detainees are held occasionally, and CHM POE personnel who are certified translators under the Foreign Language Assistance Program (FLAP) are used as translators. During the audit tour, the Auditor observed a CBP officer communicating in French with a passenger in the Passenger Building. If FLAP are not available, personnel will use a contracted telephone translator service. There were no detainees identified as disabled or LEP held at the time of the on-site audit.

(b): The facility meets the standard provision. CBP Directive 2130-030 requires all holding facilities to provide effective, accurate and impartial in-person or telephonic interpretation services to detainees who are LEP. All PREA posters are posted in both English and Spanish. Access to poster materials in other common languages is possible. Several officers at CHM POE are FLAP certified and fluent in French and Spanish. All interviewed staff were aware of the contracted translation resources available to them should the need arise. If the detainee speaks a language other than English or Spanish, staff can use several CBP language resources available to its employees to include an over-the-phone language interpretation service available 24 hours a day, seven days a week. In addition to English and Spanish, CBP has PREA posters for adults translated into 12 other languages and for children translated into 15 other languages for posting as needed. CBP's language access resources may also be accessed by staff through their internal informational website. If the detainee speaks one of these languages, translated material is obtained for them. Interviews with the local SMEs emphasized staff training on the agency's zero-tolerance policy and officer interviews verified their training and understanding of the policy and the PREA standard for disabled or LEP detainees. A significant percentage of staff are bi-lingual and are trained in the agency's Language Access Plan. Reminders of mandatory training available through the CBP Acadis on-line training portal are shared with all employees. There were no detainees available for interviews.

(c): The facility meets the standard provision. CBP Directive 2130-030 directs other detainees are not to be utilized as interpreters when a detainee has alleged sexual abuse or has been found to be sexually abused. The Auditor was able to verify local practices consistent with the Directive through interviews with the local SMEs and officers. The interviewed officers stated the language line, or the use of a neutral staff member would be used in place of a detainee translator.

**§115.117(a) through (f) – Hiring and promotion decisions.**

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires HRM to ensure compliance with hiring and promotion decisions consistent with PREA requirements. The directive requires that policies and procedures be in place to ensure CBP does not hire any contractors or engage the services of volunteers who have a history of sexual abuse. The local PAQ for CHM POE indicates non-law enforcement personnel do not have detainee contact. The local PAQ for CHM POE indicates there are no contractors or volunteers applicable for this audit. Interviews with the HQ HRM/Hiring Center SME reveal practices are compliant with the standard's requirements for employees.

(b): The facility meets the standard provision. The HRM PREA SOP and the HQ PAQ are consistent with the overarching guidance outlined in CBP Directive 2130-030. The "DHS Mission Specific Questions" makes inquiry into PREA prohibited conduct. Interviews with the HQ HRM/Hiring Center SME reveal practices are compliance with the written policy guidance for hiring and promoting employees. New employees and those seeking promotion must complete an application which asks about previous sexual misconduct and imposes a continuing duty to disclose any such future misconduct. Applicants are required to answer suitability questions during the application process for initial hire or promotion. Based on their responses, they may be screened out and will then be ineligible.

(c)(d): The facility meets the standard provisions. CBP Directive 2130-030 requires background investigations for applicants seeking employment who may have contact with detainees to determine suitability and that updated background investigations are conducted every five (5) years for CBP personnel who may have contact with detainees. The directive further requires background investigations for contractors who may have contact with detainees. The Auditor chose 15 randomly selected staff of varying ranks who are employed at CHM POE and submitted those names to the HQ Privacy and Security Division (PSD) to ensure their background checks were conducted timely and in compliance with the standard. Based on the review, the Auditor determined that all background investigations are current or a new investigation has been initiated pursuant the agency requirement for positions designated "National Security Eligible", and therefore are enrolled in the "Continuous Evaluation Process". An Interview with the HQ PSD SME revealed practices consistent with written policy guidance. A review of the submitted background checks found the agency is in compliance with pre-hire and five-year updated investigations.

(e): The facility meets the standard provision. Interviews with HQ HRM/Labor Employee Relations (LER) SME confirms it is agency policy to rescind an offer of employment to a prospective employee or to terminate the employment of any such employee who makes a material omission or provides false information regarding sexual abuse misconduct. Staff are informed of the policies regarding material omissions and providing any false information through the CBP Standards of Conduct which is provided to staff upon employment and referenced in their yearly required ethics training through the Acadis training portal.

(f): The facility meets the standard provision. CBP Directive 2130-030 allows for the providing of information on any substantiated allegations of sexual abuse regarding former employees upon receiving a request to do so from an institutional partner for whom such an employee has applied to work, unless prohibited by law. The interview with the HQ HRM/LER SME confirmed the Directive is followed by the agency.

**§115.118(a) and (b) – Upgrades to facilities and technologies.**

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

**Notes:**

(a): The facility meets the standard provision. When designing or acquiring any new holding facility and in planning any substantial expansion or modification of existing holding facilities, it is the policy of CHM to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse. CBP Directive 2130-030 (Prevention, Detection, and Response to Sexual Abuse and/or Assault in CBP Holding Facilities), requires that efforts shall be made to prevent the sexual abuse and/or assault of individuals in CBP holding facilities, to include ensuring new facilities and personnel contracts adopt all requirements under Subpart B of the DHS Standards, and ensuring policies and procedures are in place for the supervision and monitoring of individuals in CBP holding facilities.

(b): The facility meets the standard provision. The Supervisor's podium in the secondary screening area was raised in height in order to have a more direct visual into the "Hard Secondary Holding" area. This physical modification completed since the last PREA audit. CBP staff participated in the revised holding facility design modification to ensure sexual safety provisions are taken into consideration. An interview with the local SME and upon review of the local PAQ confirm that there were no adjustments required to (b) (7)(E).

**§115.121(c) through (e) – Evidence protocols and forensic medical examinations.**

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

**Notes:**

(c): The facility meets the standard provision. CBP TEDS and CBP Directive 2130-030 require timely, unimpeded access to medical treatment and crisis intervention, including emergency contraception and sexually transmitted infections prophylaxis, be provided to a detainee victim of sexual assault in accordance with professionally accepted standard of care. The Directive further requires a forensic medical examination be conducted by a qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where practicable. If required, CHM POE would utilize the forensic services of Champlain Valley Physicians Hospital - University of Vermont (CVPH/UVM) for any needed forensic medical examination of a sexual abuse victim. The services would be provided at no cost to the detainee and only with the detainee's consent. Based on the hospital's public website, the "Sexual Assault Examiner Program" is staffed by 11 specially trained and certified nurses to provide forensic exams and provide 24 hour-a-day support. According to the public website, a secure and private area is located near the Emergency Care Center for persons who have been sexually assaulted. According to an interview with a CVPH/UVM Emergency Department staff member at the above named healthcare facility, forensic services for sexual abuse victims are available and would be conducted by a SANE. The SME interview and the HQ Office of Professional Responsibility (OPR)/Sexual Abuse and Assault Investigator (SAAI) Coordinator interview confirmed there have not been any allegations of sexual abuse during the 12-month audit period.

(d): The facility meets the standard provision. Directive 2130-030, and CBP TEDS require staff to allow detainee victims access to victim advocacy services, to the extent available and consistent with security needs, while at the hospital for forensic examinations due to sexual abuse/assault. The Auditor confirmed the availability of advocacy services via coordination with CVPH/UVM Emergency Department staff and Counselors from the local crisis center. This was verified upon interview with the Emergency Department staff at CVPH. Advocacy services would be provided during any post abuse medical protocol and follow up services are available in the community for those wishing victim services. CVPH refers detainee victims to Northern Adirondack Planned Parenthood Rape Crisis Counselors. Interviews with local SMEs confirmed and verified that all sexual abuse victims would be provided access to victim advocacy services at the CVPH/UVM through the assigned advocacy services as noted above.

(e): The facility meets the standard provision. An interview with the PSA Coordinator and HQ OPR/SAAI SME confirms there have been no reports of sexual abuse or sexual assault at the CHM POE during the last 12 months. The local SME stated the New York State Police Troop B have been advised of the requirement to following the uniform evidence protocols required by the PREA. Copies of transmittal letters to these officials were available for the Auditor's review.

**§115.122(c) and (d) – Policies to ensure investigation of allegations and appropriate agency oversight.**

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

**Notes:**

(c): The facility meets the standard provision. CBP Directives 2131-030 and 3340-025F requires prompt reporting of significant incidents of all sexual assault allegations to the facility administrator or agency office. All interviewed local SMEs report they will immediately report such incidents up the chain-of-command and the Joint Intake Center (JIC). The delegated Watch Commander or supervisor shall inform the local law enforcement as appropriate. This practice was confirmed during interviews with the Watch Commander and Port Director.

(d): The facility meets the standard provision. Interview with the HQ PDO/PSA Coordinator verifies the appropriate offices are advised by the JIC of all incident/allegations of sexual abuse. Interviews with local SMEs and officers confirmed and verified that all sexual abuse victims would be provided access to victim services at the medical facility and timely access to U-nonimmigrant status information.

**§115.131(a) through (c) – Employee, contractor and volunteer training.**

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

**Notes:**

(a)(b): The facility meets the standard provisions. CBP Directive 2130-030 requires all uniformed agents and officers, special agents, fact finders, contractors and volunteers who may have contact with the detainees in CBP holding facilities to receive the training required in Subpart B of the DHS Standards. CBP has also developed two training aides in assisting staff with communicating with detainees with disabilities and a guide to facilitate effective communication with individuals who identify as LGBTI+. Reminders regarding sexual abuse and/or sexual assault are required to be posted through various forms of communication to all staff. CBP has also created the PREA Resource Center which includes policies and various information regarding CBP's zero tolerance of sexual abuse and/or assault. Mandatory training is required for all CBP employees, contractors, and volunteers. CBP also provides a training course for Volunteer Training, through the Federal Emergency Management Agency (FEMA), "Preventing and Addressing Sexual Abuse and Assault of Individuals in CBP Holding Facilities". There is a similarly named course for all CBP employees and contractors. Six officers confirmed in interviews that they have received training required by the PREA standards. Records reveal most employees have completed the mandatory PREA training including the agency's zero-tolerance policies, detainee's rights to be free from sexual abuse, and staff duty to report all allegations of sexual abuse. Local SMEs and officers interviews verified the above training has been received through the Acadis training portal. Previous training was conducted online through the Performance and Learning Management System (PALMS). CHM POE staff were issued Quick Reference Cards for first responders to staff when they witness or receive a report of sexual abuse. As indicated in the Local PAQ, there are no applicable contractors or volunteers who required training during this audit period.

(c): The facility meets the standard provision. Training records reviewed on-site revealed that all applicable CHM POE staff have completed initial and refresher PREA training as required by policy, or new employees are currently within the grace period for initial training completion. On the day of the on-site audit, records of [REDACTED] staff revealed all except [REDACTED] staff, who were currently in the "academy" and under one year of employment, had completed PREA training. Officer interviews confirm yearly PREA training on the Acadis training portal and refresher personal search trainings through musters. Training records are maintained electronically as required by the standard.

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

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

**Notes:**

The facility meets the standard. CHM POE has maintained large-printed posters of DHS Zero-Tolerance policy are conspicuously posted in view of all detainees in "Hard Secondary", holding areas and interview/processing areas. The posters are printed and posted in English and Spanish, but also contain a box providing zero tolerance and reporting information in all common languages. Zero-Tolerance posters are displayed for adults and juveniles. In addition, CBP addresses zero tolerance prominently on its website, <https://www.cbp.gov/about/care-in-custody>. CBP has added numerous methods of providing information to the detainee population of CBP's Zero-Tolerance policy. They developed age-appropriate colorful posters, information display system slides, and scripts to provide key information regarding zero tolerance of sexual abuse and sexual assault and how to report incidents of sexual abuse and/or assault at CBP holding facilities. The posters were observed at CHM POE which were published in English and Spanish; however, CHM POE also has access to posters in several other languages depending on the type of population received at the facility. Interviews with the local SMEs verified that the facility maintains a variety of methods as listed, for detainee notification of the zero-tolerance policy. During interviews, the officers confirmed they have asked detainees

questions regarding safety and communicated their knowledge of multiple ways for detainees to understand and receive the zero-tolerance policy knowledge.

**§115.134 – Specialized training: Investigations.**

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

**Notes:**

N/A – Refer to the CBP Sexual Abuse Investigations Audit Report.

**§115.141(a) through (e) – Assessment for risk of victimization and abusiveness.**

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

**Notes:**

(a)(b)(c)(d): The facility meets the standard provisions. CBP TEDS requires that all detainees be assessed for being at-risk of sexual assault before being placed in a hold room or holding facility. Additionally, Directive 2130-030 and other implementing communication dated June 14, 2022, regarding the issuance of the "PREA Risk Assessment Instrument" provide guidance on detainee risk screenings. The assessment by policy includes whether the detainee has exhibited a mental, physical, or developmental disability; the age of the detainee; their physical build; any prior arrests or incarcerations; whether the detainee self identifies as LGBTI+ or gender non-conforming; any prior sexual victimization and the detainee's own concerns about his/her physical safety. Based upon the risk assessment, the processing officer is to decide whether the detainee needs to be placed alone or placed away from certain other detainees for their safety or other detainee safety. Agency policy requires that the documented risk screenings are electronically maintained in the Unified Secondary system. Local SMEs and officers interviewed were familiar with the PREA risk screening requirements. During the on-site audit, there were no detainees being held at CHM POE. Local SMEs and officers appropriately responded to interview questions regarding PREA risk screenings and the emphasis on the detainees' views and perceptions of safety regarding sexual abuse. Local SMEs and officers described the use of the "Detainee Assessment" to document observations and assessment questions outcomes. The CHM POE "Assessment for Transport, Escort, and Detention" is used to determine whether a detainee is at risk or poses a risk to others, has medical or mental health concerns, or poses a risk to themselves, other detainees or staff based on the information available. The assessment requires direct documentation of at-risk indicators, medical concerns, and the level of risk to others. In the previously mentioned documentation, the assessment requires responses on the detainee's perception of safety, self-identification of sexual victimization or LGBTI status. Direct response is also documented for medical concerns and possible indicators of abusiveness such as being abled bodied, nature of criminal history or sexual abusiveness, and any gang affiliation respectively. There were no detainees available for interview regarding risk screenings. Local SMEs and officers interviewed also confirmed this practice is completed prior to a detainee being placed in a hold room. Officer interviews all confirmed they are aware of the importance of detainee safety and the requirement of asking the assessment questions prior to housing any detainee with another that may be of high risk to them. During the on-site audit, the Auditor reviewed five completed detainee assessments for detainees held during the audit period.

(e): The facility meets the standard provision. CBP TEDS requires staff to ensure assessments are provided in private where other parties cannot learn sensitive information. The Auditor was not able to observe any risk assessments being conducted. However, the dissemination of sensitive information is to be controlled on a "need to know" basis. Local SMEs and officer interviews verify this practice, as all information on detainees is kept in the Unified Secondary (USEC) Detention Module and has limited accessibility.

**§115.151(a) through (c) – Detainee reporting.**

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires detainees to be provided multiple ways to privately report sexual abuse/assault, retaliation and/or staff neglect or violations leading to sexual assault. The directive states procedures for reporting alleged sexual abuse and/or assault are to be visible or readily available to detainees at holding facilities and posted on the CBP public website. This requirement is further conveyed to staff through the "Standards in Focus" mechanism where training musters provide several types of reporting portals. The Auditor observed the telephone contact information for DHS OIG on posters located in the secondary processing area. The Auditor verified the relevant reporting information available on the agency's public website. Local SMEs and officers interviewed were familiar with the multiple ways to report allegations of sexual abuse. There were no detainees available for interview.

(b): The facility meets the standard provision. CBP Directive 2130-030 requires the facility to provide at least one way for detainees to report sexual abuse to a public or private entity not connected to the agency and detainees must be able to report confidentially and anonymously, if desired, as well as both verbally and in writing. During the on-site inspection, the Auditor requested to review the established mechanism for confidential external detainee reporting. The designated area contained a private phone line and an unmonitored area for detainees to contact the DHS OIG hotline. However, when the Auditor tested the hotline, the phone call was not successful. A message regarding the unavailability of long distance was provided by the phone system. Staff were informed of the unsuccessful test. Throughout the duration of the on-site audit, the Auditor monitored the availability of long distance services and the likelihood that the hotline could be tested to verify the availability of DHS OIG access. The hotline never became operational. The Auditor requested that staff provide information on alternate access to external reporting for detainees. The APD acknowledged that CHM POE and surrounding area experienced a service outage relating to long distance phone service which impacted the Auditor's ability to test the port's land line located in the private interview room. The APD advised that the self-reporting of abuse may also be accomplished with government owned cell phones. The port has a bank of available cell phones located on the Supervisor's podium in the Passenger Processing area. The APD described the use of these cell phones as an excellent alternative when land lines are unavailable and outside communication, including self-reporting, is required. During the audit period, it appears there were provisions available for complying with the posted information on external reporting provided to detainees in holding status. Therefore, during the 12-month audit period, staff provided detainees at least one external PREA reporting method via the identified DHS OIG reporting portal. Staff ensured that detainees could use a private room and phone line (including unmonitored government mobile phones) for anonymous and confidential reporting.

(c): The facility meets the standard provision. Local SMEs and officer interviews verify detainees may report abuse verbally or in writing to staff. Informational postings provided information on third party reports. Interviews revealed detainees are informed by staff that they can report anonymously and privately. The Auditor, through direct observation viewed posters on which the DHS OIG number is provided and the provision for third-party reporting. There were no detainees being held to verify knowledge of third party reporting.

**§115.154 – Third-party reporting.**

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

**Notes:**

The facility meets the standard. CBP Directive 2130-030 informs staff that third parties may report sexual abuse on behalf of detainees. CBP provides information regarding third-party reporting procedures for sexual abuse on its public website at: <https://www.cbp.gov/about/care-in-custody>. The website provides a toll-free Joint Intake Center Hotline phone number, email address, and physical address to allow different methods of reporting to the Joint Intake Center. The website also provides, the phone number, email address, and an online reporting site for the DHS OIG. Local SME and officer interviews confirmed their knowledge of the PREA standards provision of third-party reporting, and all could identify different third-party examples. Staff also accurately described the facility's responsibility for processing third



party reports of sexual abuse and conveyed that this process would be treated the same as direct reporting from the alleged victim. There were no allegations of sexual abuse reported during the 12-month audit period. There were no allegations of sexual abuse reported during the 12-month audit period.

**§115.161(a) through (d) – Staff reporting duties.**

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

**Notes:**

(a)(b): The facility meets the standard provisions. CBP Directive 2130-030 requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse; retaliation against detainees or staff who made such a report or participated in an investigation of sexual abuse, or any staff neglect or violation of responsibilities contributing to an incident or retaliation. Directive 3340-025F, Reporting Significant Incidents to CBP WATCH, directs staff that sexual abuse should be reported to a unified hub which operates 24/7 to assure all significant incidents are reported immediately to all required leadership. CBP TEDS, CHM POE SOP, and the DHS PREA Resource Center (DHS PRC) provides guidance on staff reporting requirements. The DHS PRC published "Standards in Focus" which provides guidance on staff reporting. All interviewed officers affirmed these responsibilities. Interviewed Local SMEs and officers acknowledged they would report outside of their chain of command, if necessary, by reporting to the DHS OIG or JIC. The officers further stated they reviewed the PREA reporting requirements during musters. There were no allegations of sexual abuse reported during the audit period.

(c): The facility meets the standard provision. CBP Directive 2130-030 states except as necessary to report the incident, CBP and its staff shall not reveal any information related to the incident except as necessary to aid the detainee, to protect other detainees or staff, or to make medical, investigatory, law enforcement, or security and management decisions. Officer interviews verify that the dissemination of information regarding a sexual abuse allegation is limited to their immediate supervisor, or other staff necessary. There were no allegations of sexual abuse reported during the audit period.

(d): The facility meets the standard provision. CBP Directive 2130-030 requires the facility to report sexual abuse and/or assault allegations involving alleged victims under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute to the designated State or local services agency under applicable reporting laws. In accordance with the DHS PRC, definitions and proper identification of vulnerable persons can be provided by the Office of Chief Counsel. A "Summary Guide for Mandatory Reporters" published by the New York State Office of Children and Family Services identifies law enforcement personnel as mandatory reporters. Interviews with local SMEs reveals sexual assault of victims under the age of 18 years and vulnerable adults, will be reported to the New York State Office of Children and Family Services by the supervisor on duty or their designee. This will be completed at the direction of the HQ OPR/SAAI Coordinator. There were no allegations of sexual abuse reported during the audit period.

**§115.162 – Agency protection duties.**

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

**Notes:**

The facility meets the standard. CBP TEDS requires any CHM POE employee to take immediate action if they believe circumstances exist which place a detainee at imminent risk of sexual abuse and is required to take immediate action to protect the detainee. Interviews with local SMEs and officers confirm that a detainee feeling at risk would immediately be protected by isolation or direct constant supervision (sight and sound) or both. The detainee would be removed from contact with other detainees and would be supervised, as directed by the supervisory local SME on duty.



**§115.163(a) through (d) – Report to other confinement facilities.**

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires that should a detainee report an allegation of sexual abuse while confined at another facility, the prior agency or administrator must be notified. All SMEs interviewed were knowledgeable of this policy requirement. The Port Director or designee would make the notification.

(b): The facility meets the standard provision. The standard provision requires that notification be made within 72 hours of receiving the allegation. Knowledge of this requirement was confirmed during interviews with local SMEs who stated the notifications would be made immediately and were aware the notifications would have to be made within 72 hours of receiving the allegation.

(c): The facility meets the standard provision. During the onsite interview with the local SMEs, it was reported that the notification would also be electronically documented in the Unified Secondary electronic system. There were no allegations reported during the 12-month audit period.

(d): The facility meets the standard provision. During the onsite interview with the local SMEs, it was reported that CHM POE follows all agency reporting requirements as specified in CBP Directive 2130-030. Staff report that upon notification of the allegation of sexual abuse which occurred at CHM POE, the JIC shall be notified immediately.

**115.164(a) and (b) – Responder duties.**

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 details the responsibilities for the first officer on scene of a reported allegation. The Directive and the PREA training through the Acadis portal provide the necessary steps to be taken upon learning of an allegation that a detainee was sexually abused. The first responding officer or their supervisor is to perform all first responder duties delineated in the standard provision. Interviews were conducted with local SMEs and officers, and all were knowledgeable of their first responder duties which include, separating the alleged victim and abuser, preserving, and protecting the crime scene if the abuse occurred within a period of time that allows for the collection of evidence. Officers stated they would request that the victim not take any action that could destroy evidence and would direct the alleged abuser not to take any action that could destroy evidence. During the local SME and officer interviews, they were able to articulate they would ensure detainees do not eat or drink, use the toilet, or destroy clothing that may contain physical and or forensic evidence. Officers expressed the importance of securing any area in which a sexual assault may have occurred. The local SMEs and officers also report that in addition to training on first responder duties, the staff reviews first responder duties on a regular basis through staff musters and training aides.

**§115.165(a) through (c) – Coordinated response.**

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

**Notes:**

(a): The facility meets the standard provision. Agency communication from the HQ CBP/PDO, dated January 2018 designated CBP Directive 2130-030 as CBP's written institutional plan for utilizing a coordinated multidisciplinary team approach to respond to sexual abuse. The Directive provides a plan for all agency components for addressing sexual abuse in holding facilities. Additionally, CBP developed a job aid (Reporting and Responding to Potential PREA Allegations) which details first responder duties defining sexual assaults of a detainee by another detainee, and sexual assault of a detainee by an employee, contractor, or volunteer. The job aid also includes first responder duties,

notifications requirements for investigations, forensic medical examinations, and incident reporting. The CHM SOP provides guidance regarding emergency medical procedures for other medical issues. Interviews with all local SMEs verified an awareness of their requirement to provide medical care as applicable. They were also aware detainees must have access to victim advocates, if desired, which would be provided at CVPH/UVM through the Northern Adirondack Planned Parenthood Rape Crisis Counselors.

(b)(c): The facility meets the standard provisions. CBP Directive 2130-030 requires the staff to notify another DHS facility if the victim of sexual abuse is transferred there. This notification must include the detainee's need for medical or social services. These requirements were confirmed through the interview with the local SME and the notification would be made by the Port Director or a designated supervisor.

**§115.166 – Protection of detainees from contact with alleged abusers.**

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

**Notes:**

The facility meets the standard. CBP Directive 2130-030 provides definitive guidance to comply with this standard. Additionally, CBP OFO implementing communication dated August 2014 directs OFO staff to incorporate guidance contained in Directive 2130-030, the zero-tolerance policy, and other pertinent sections of the overarching directive, to guide their implementation of this standard. Policy guidance directs that CHM POE management shall consider whether any staff, contractor, or volunteer alleged to have perpetrated sexual abuse should be removed from duties requiring detainee contact pending the outcome of an investigation. Interviews with local SMEs verified agency policy is to remove the staff member from contact with detainees pending the outcome of an investigation into alleged sexual abuse or violations of agency policies. The removal would occur at the discretion of agency management including the Port Director. The Port Director would reassign any staff member whose allegations of sexual abuse had been made against them. This would constitute no detainee contact. Customarily, this re-assignment would remain in effect until the completion of the investigation. The same procedure would apply for contractors. The Port Director or other agency management would seek removal of the contractor from the facility. The local SMEs reported no reports of alleged sexual abuse against staff during the audit period. CHM POE does not have volunteers at the facility. An interview with the HQ PDO/PSA Coordinator confirmed no reports of sexual abuse and/or assault had been reported during the 12-month audit period.

**§115.167 – Agency protection against retaliation.**

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

**Notes:**

The facility meets the standard. Directives 2130-030, 51735-013B on Standards of Conduct and CBP TEDS prohibits all CBP staff from retaliating against any person or detainee who alleges or complains about mistreatment, participates in an investigation into an allegation of staff misconduct including sexual abuse, or for participating in sexual activity as a result of force, coercion, threat, or fear of force. The transmittal memo dated August 2014 with attachments contains policy guidance on the prohibition against retaliation. SME and CBP officer interviews revealed training on the implementation of this policy requirement has been accomplished. Interviews with CHM POE officers report that retaliation is prohibited by policy, and all have been trained to look for signs of retaliation. There have not been any allegations reported during this audit period.

**§115.171 – Criminal and administrative investigations.**

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

**Notes:**

N/A – Refer to the CBP Sexual Abuse Investigations Audit Report.

**§115.172 – Evidentiary standard for administrative investigations.**

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

**Notes:**

N/A – Refer to the CBP Sexual Abuse Investigations Audit Report.

**§115.176(a) and (c) through (d) – Disciplinary sanctions for staff.**

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 (January 2018) states CBP personnel may be subject to disciplinary action up to and including removal from their position in the Federal service for substantiated allegations of sexual abuse or for violating CBP's sexual abuse policies. CBP Directive 51735-013B, Standards of Conduct gives notice to all CBP personnel they may be subject to disciplinary action for substantiated allegations of sexual abuse and/or assault. Interviews with the local SME and the HQ HRM/LER SME verified that disciplinary action is pursued in all cases of substantiated sexual assault or for violations of sexual abuse policies with removal from their position and exclusion from future Federal service is the presumptive action.

(c): The facility meets the standard provision. Interview with the HQ PSA Coordinator revealed there were no reports of sexual abuse during the 12-month audit period at CHM POE. Interview with the HQ OPR/SAAI SME confirms all allegations of sexual abuse would be referred to the local law enforcement agency by the Port Director and further notification is coordinated by the HQ OPR/SAAI SME.

(d): The facility meets the standard provision. Interview with HQ OPR/SAAI SME verified that removals for substantiated sexual abuse or violations of sexual abuse policies would be reported to relevant licensing bodies, to the extent known by HQ SAAI staff.

**§115.177(a) and (b) – Corrective action for contractors and volunteers.**

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

**Notes:**

(a): The facility meets the standard provision. Directive 2130-030 provides guidance on this standard. Interviews with the local SMEs revealed that all contractors suspected of committing sexual abuse would immediately be removed from contact with detainees. CHM POE does not use contractors who have contact with detainees and does not utilize volunteers. Interviews with the local SMEs indicated the consequences of an alleged sexual abuse and/or assault would be immediate removal pending an investigation. Interview with the HQ OPR/SAAI SME verified that any substantiated allegations of sexual abuse by a contractor or a volunteer would result in notification of the allegation to appropriate law enforcement agencies and licensing authorities by the Port Director or their designee.

(b): The facility meets the standard provision. During an interview with the local Port Director, it was verified that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties where detainee contact would occur pending the outcome of the investigation. Removal of contractors and volunteers for suspected sexual abuse was also confirmed through an interview with the HQ OPR/SAAI, and HQ OFO SME.

**§115.182(a) and (b) – Access to emergency medical services.**

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

**Notes:**

(a)(b): The facility meets the standard provisions. Based on interviews with the Port Director and CCBPO, when appropriate, a detainee victim of sexual assault and/or abuse at CHM POE are to be immediately transported to CVPH UVM Medical Center where medical staff would treat any medical emergency or utilize the forensic examination protocol as applicable for a victim of sexual assault and/or abuse. A forensic medical examination would only be performed with the detainee's consent and where medically and evidentiarily appropriate. A determination on whether the exam is evidentiarily appropriate is made by HQ OPR/SAAI. The services would be provided to the victim at no charge regardless of the victim's cooperation with the sexual assault investigation. Interviews with the local SMEs verified these services would be provided at no charge, regardless of the detainee's cooperation with any investigation.

**§115.186(a) – Sexual abuse incident reviews.**

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

**Notes:**

The facility meets the standard. CBP Directive 2130-030 provides agency guidance on this standard. A sexual abuse incident review conducted by OFO staff at the conclusion of every investigation of sexual abuse and/or assault should ordinarily occur within 30 days of the conclusion of every investigation. The HQ PAQ indicates there have been no investigations of sexual abuse allegations at CHM POE during the audit period. Consequently, no incident reviews were required. Interview with the HQ PDO/PSA Coordinator reveals their office is required to receive sexual abuse incident reviews within 30 days after the conclusion of a sexual abuse investigation at a facility. The Incident Review Committee (IRC) is comprised of CBP HQ Program Managers and the local PREA Field Coordinator. The local Port Director, in conjunction with other HQ staff and division personnel would review any recommendations made by the IRC. If applicable, any concerns or deficiencies/recommendations made based on the incident review would be addressed. HQ SME confirmed that the IRC would meet within 30 days after the conclusion of any sexual abuse/assault investigation and prepare a report of its findings.

**§115.187 – Data collection.**

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

**Notes:**

N/A – Refer to the CBP Sexual Abuse Investigations Audit Report.

**ADDITIONAL NOTES**

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

None.

**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)**

**Auditor's Signature**

*January 9, 2024*

**Date**