

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



U.S. Customs and
Border Protection

AUDITOR INFORMATION

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|-------------------------|---------------------|--------------------------|---------------------------|
| Name: | (b) (6), (b) (7)(C) | Company Name: | Creative Corrections, LLC |
| Mailing Address: | (b) (6), (b) (7)(C) | City, State, Zip: | Beaumont, Texas 77706 |
| Email Address: | (b) (6), (b) (7)(C) | Telephone Number: | (b) (6), (b) (7)(C) |

AGENCY INFORMATION

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|------------------------|------------------------------------|
| Name of Agency: | U.S. Customs and Border Protection |
|------------------------|------------------------------------|

PROGRAM OFFICE

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| Name of Program Office: | Office of Field Operations (OFO) |
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SECTOR OR FIELD OFFICE

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| Name of Sector or Field Office: | Chicago, Illinois |
| Name of Chief or Director: | (b) (6), (b) (7)(C) Port Director |
| PREA Field Coordinator: | (b) (6), (b) (7)(C) , Program Manager |
| Physical Address: | 10000 Bessie Coleman Dr., Chicago, Illinois 60666 |
| Mailing Address: (if different from above) | |

SHORT-TERM HOLDING FACILITY BEING AUDITED

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| Information About the Facility | | | |
| Name of Facility: | Chicago O'Hare International Airport | | |
| Physical Address: | 10000 Bessie Coleman Dr., Chicago, Illinois 60666 | | |
| Mailing Address: (if different from above) | | | |
| Telephone Number: | (b) (6), (b) (7)(C) | | |
| Facility Leadership | | | |
| Name of Officer in Charge: | (b) (6), (b) (7)(C) | Title: | Port Director |
| Email Address: | (b) (6), (b) (7)(C) | Telephone Number: | (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) Chicago O'Hare International Airport Port of Entry (O'Hare POE), Chicago, IL., Short-Term Holding Facility was conducted on June 21, 2023, conducted by (b) (6), (b) (7)(C), a Certified PREA Auditor, contracted through Creative Corrections, LLC., of Beaumont, Texas. This was the second PREA audit for the O'Hare POE. The O'Hare Port of Entry serves as a short-term processing and holding facility detaining male and female adults, Unaccompanied Children (UC), and family units for a time period usually not to exceed 72 hours, pending return to country of origin, transfer for removal, detention, or placement.

The purpose of the audit was to determine compliance with Subpart B of the Department of Homeland Security (DHS) PREA Standards. The on-site audit followed the Auditor's electronic review of CBP's PREA policies and procedures and telephonic interviews with CBP Headquarters (HQ) Subject Matter Experts (SMEs).

The Auditor was escorted into Terminal 5 by the Chief CBP Officer (CCBPO). Interviews of morning shift random staff and SMEs were initiated. The Auditor was introduced to the PREA Field Coordinator (PFC) and other O'Hare POE leadership upon arrival. The Auditor and the CCBPO reviewed the audit format and schedule in order to coordinate scheduling interviews. The Auditor was provided a private conference room to begin conducting staff interviews. The point of contact for O'Hare POE were Chief CBP Officer (CCBPO) (b) (6), (b) (7)(C), and PREA Field Coordinator (PFC) (b) (6), (b) (7)(C). The Auditor conducted (b) (7)(E) and supervisory interviews, as well as some (b) (7)(E) random staff interviews prior to the facility tour. The standard work shifts at O'Hare POE are as follows: (b) (7)(E)

The Auditor was provided a tour of all relevant O'Hare POE operational areas of Terminal 5 by the PFC and the CCBPO. During the tour, the Auditor conducted a site inspection reviewing all areas at O'Hare. The tour was conducted in a manner which followed the path an international passenger would take upon arriving at the facility, (primary passenger processing, baggage and as applicable, secondary screening, and placement in holding status). O'Hare POE's international terminal is comprised of expansive primary passenger screening and baggage areas. Adjacent secure secondary screening areas are located in proximity to passenger processing areas. The terminal has a secure waiting room styled secondary screening lobby with screening/interview rooms and secure hold rooms. There are (b) (7)(E). The entire passenger and detainee processing areas (primary, secondary, baggage, and holding areas) (b) (7)(E). (b) (7)(E). (b) (7)(E). During the on-site audit, portions of the secondary inspection areas were under construction, (b) (7)(E). However, (b) (7)(E) CBPOs are required to conduct physical 15 minute checks.

The detainee processing areas contain computer workstations for detainee processing. There are hold rooms designated for detainees requiring heightened levels of monitoring due to juvenile, disability, or risk propensity. All staff with direct contact with detainees are CBP officers. Detainees are removed from any area where janitorial or maintenance contractors must work. The workers, as applicable, are escorted in and out by officers. The number of officers working in the holding areas remains fluid and varies in accordance with the flow of detainees. On the day of the on-site audit, there were two detainees held.

On Wednesday June 21, 2023, an exit briefing for O'Hare POE was held at 4:30pm. The exit briefing was conducted by the Creative Corrections PREA Auditor (b) (6), (b) (7)(C). The Auditor discussed the observations made during the pre-audit and on-site review.

Those in attendance for the briefing were:

(b) (6), (b) (7)(C), HQ Privacy and Diversity Office (PDO)/Deputy Prevention of Sexual Assault Coordinator (DPSA) Coordinator via Teams

(b) (6), (b) (7)(C) HQ Program Manager via Teams

(b) (6), (b) (7)(C), Acting Port Director, O'Hare POE via Teams

(b) (6), (b) (7)(C), Program Manager (PFC)

(b) (6), (b) (7)(C), CCBPO, O'Hare POE

(b) (6), (b) (7)(C) Watch Commander, O'Hare POE

(b) (6), (b) (7)(C), Creative Corrections Program Manager via Teams

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 O'Hare POE specific documents, HQ Participation documents, and medical provider websites. The Auditor conducted telephonic interviews with the HQ SMEs and spoke directly with the local CCBPO responsible for completing the Local PAQ. The Auditor confirmed Chicago Police Department Airport Police as the local entity having jurisdiction if an allegation of sexual abuse incident. The Auditor also confirmed the availability of local medical services by contacting hospital personnel at (b) (6), (b) (7)(C) Hospital. Hospital personnel were able to confirm that qualified medical staff would provide forensic services to any detainee alleging sexual abuse/assault. Advocacy services are also provided at the hospital. The medical service is provided free of charge to the detainees. During the audit period, a designated area for private and confidential external reporting to the DHS-OIG hotline had not been established for detainees. A designated area was made available during the on-site audit.

The Auditor was given complete access to the facility and observed all detainee processing areas. The Auditor observed PREA Audit Notices posted in various areas of the facility in both English and Spanish for staff and detainees to view. The Auditor observed posters advising detainees of their right to be free from sexual abuse. Posters were also observed with detainee reporting numbers and explaining the zero-tolerance policy of the agency.

During the on-site audit, the Auditor interviewed officers from all shifts. The Auditor interviewed five local SMEs and six randomly selected officers from all shifts (eight randomly selected staff declined interviews). There were no contractors or volunteers applicable to this holding facility. Additionally, there were two detainees available for interview during the Auditor's on-site visit. One detainee agreed to be interviewed by the Auditor and the second declined to be interviewed.

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 at O'Hare POE. The Auditor concluded that 23 standards were met, and two standards were not met. The Auditor reviewed all relevant policies, procedures, and documents in assessing the O'Hare POE. The Auditor conducted an onsite PREA training records for all staff. The Auditor also reviewed background checks for 20 staff members post-audit. There have not been any PREA allegations within the 12-month 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 Chicago International Airport CBP-OFO Port of Entry on-site PREA audit was conducted on Wednesday, June 21, 2023, and the audit findings report was submitted in July 2023. O'Hare POE met 23 standards: 115.111; 115.113; 115.114; 115.115; 115.116; 115.117; 115.118; 115.121; 115.122; 115.132; 115.141; 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

O'Hare POE did not meet two standards during the audit period: 115.131 and 115.151.

Compliance determinations were made based on a review of documents, observations, and interviews. The Auditor determined there are two standards requiring corrective measures (ensuring all CBPOs complete PREA training; and ensuring there is at least one external unmonitored PREA related reporting mechanism is available for detainees). The Auditor concluded through observation, interviews, and the review of policies and documentation, that staff are knowledgeable concerning their responsibilities involving PREA. During interviews, staff acknowledged awareness of the zero tolerance policy against sexual abuse. This philosophy has been fully institutionalized at O'Hare 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). It was noted during the audit (b) (7)(E). The local PAQ and the interview with the local SME indicated that (b) (7)(E). During the on-site inspection, (b) (7)(E) The Auditor determined that the (b) (7)(E) were made after the local PAQ and SME responses. Based on the Auditor's physical inspection, it was determined that no further corrective action was necessary.

The O'Hare 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 philosophy 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) Standard Operating Procedures (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.

| SUMMARY OF AUDIT FINDINGS | |
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| Number of standards exceeded: 0 | |
| Number of standards met: 23 | |
| Number of standards not met: 2 | |
| OVERALL DETERMINATION | |
| <input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards) | <input type="checkbox"/> Low Risk |
| <input type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period) | <input checked="" type="checkbox"/> Not Low Risk |
| <input checked="" 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 agency and facility meet 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 agency will comply with standards to prevent, detect, and response to sexual abuse in CBP holding facilities. The overarching policy outlines a zero-tolerance philosophy. 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 philosophy. These communications attached and emphasized excerpts from Directive 2130-030 which staff must comply with and integrate in their operational requirement. Directive 51735-013B, (Standards of Conduct), dated 12-9-20, references the PREA standards and the prohibitions of sexual abuse among CBP employees. Local Standard Operating Procedure (SOP) on O'Hare POE Passenger Operations, revised on May 8, 2023, serves as a supplemental guide to implementing the National Standards on Transport, Escort, Detention and Search Policy (TEDS). The above directives verified training modules, in addition to communication to staff regarding the zero-tolerance philosophy on sexual abuse and strategies to prevent, detect, and respond to sexual abuse, demonstrate a commitment to conveying the zero-tolerance philosophy 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 processing and holding areas of the facility in both English and Spanish. Interviews with five local SMEs and six officers concluded they had an understanding of the agency's zero-tolerance policy.

(b): The agency meets the standard provision. CBP employs an upper-level, agency-wide PSA Coordinator. This incumbent has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in 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 (b) (7)(E) physically monitored by staff on a regular basis. (b) (7)(E) However, this was mitigated by staff physical supervision coverage (b) (7)(E) as needed for any alleged incidents. An officer is in the immediate area of all detainee hold rooms. (b) (7)(E) officers. The Auditor observed all hold rooms. (b) (7)(E)

(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 O'Hare POE Passenger Operations Standard Operating Procedures, and the memorandum dated October 8, 2015, Implementation of the CBP National Standards on 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 its National Standards on 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 annual review of detainee supervision guidelines which was conducted on April 25, 2023, by three SCBPOs and the CCBPO. The assessment included all areas as required by the PREA standard and TEDS directive. The assessment highlighted the ongoing construction during the audit period and strategies to ensure there were sufficient levels of detainee and passenger supervision in CBP operational areas.

§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 National Standards on TEDS (October, 2015), the O'Hare 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 treat juveniles at all times 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. There were (b) (7)(E) juveniles detained at O'Hare POE during the period May 2022 through April 2023. Five 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 hold room with direct observation and the doors remain unlocked. 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 requires unaccompanied juveniles to be held separately from adult detainees. Five local SMEs and six officers report unaccompanied juveniles are kept separate from the adults and are then separated by gender. There were (b) (7)(E) family units detained 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; O'Hare POE local SOP (Secure Detention, Transport, and Escort Procedures); and "Knock and Talk Training Muster dated August 2020. The local O'Hare POE policy applies to all persons who are detained beyond an initial routine CBP secondary inspection (e.g., internal carriers, confirmations on NCIC warrants, and persons under arrest).

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 five 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 O'Hare 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 no showers at O'Hare POE. "Knock and Talk" training was provided to staff during the audit period. Each hold room contains a toilet which is blocked by a half wall and there is no view of a detainee using the toilet area, either in-person (b) (7)(E). However, during much of the audit period, the possibility of cross-gender viewing while performing bodily functions existed due to (b) (7)(E) of the toilet areas of the hold rooms. This was verified on the local PAQ and via interview with the CCBPO. During the on-site audit, this issue was tested by the Auditor by conducting an assessment of (b) (7)(E) in hold rooms. It was determined that this issue has been brought into compliance by (b) (7)(E) the toilet area of the hold rooms. The Auditor verified no cameras capture detainees performing bodily functions and verified there are no shower facilities used at the facility. 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 two detainees present to verify compliance with policy guidance. The Auditor interviewed one detainee who agreed to be interviewed. The detainee verified compliance with the knock and announce policy.

(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 TEDSs and the local SOP 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. One detainee who agreed to be interviewed did not report any issues with pat searches.

§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. The above policies and job aids on language access strategies and disability accommodations are referenced in the local O'Hare POE SOP for Passenger Operations. 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 assist where needed. Interviewed local SMEs and officers did not reveal any disabled detainees housed at O'Hare POE during the 12-month audit period. There were no detainees identified as disabled or LEP housed at the time of the on-site audit at O'Hare POE.

(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. Some officers at O'Hare POE are fluent in Spanish. All interviewed staff were aware of the 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 translated PREA posters may be accessed by staff through their internal informational website. 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. Reminders of mandatory training available through the CBP Acadis on-line training portal are shared with all employees. One detainee agreed to be interviewed. The detainee did not identify as physically disabled or unable to communicate with staff, provided that a translator is present. The detainee confirmed understanding the signage and information posted in the holding area regarding the prohibition of sexual abuse.

(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 agency and facility meet 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 O'Hare POE indicates non-law enforcement personnel do not have detainee conduct. The local PAQ for O'Hare POE indicates there are no contractors or volunteers applicable for this audit. Interviews with the HQ HRM/Hiring Center SME reveal practices are compliance 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 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 20 randomly selected staff of varying ranks who are employed at O'Hare 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. Fifteen staff whose entry on duty dates were since the last PREA audit were selected for review of background investigation status. 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 provision of 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 agency 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 the agency to consider the effects of the design, acquisition, expansion, or modification upon the agency's ability to protect detainees from sexual abuse. Agency Directive 2130-030, (Prevention Planning) 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 entire secondary inspection area was undergoing construction during the period of the on-site audit. The construction was initiated since the last PREA audit. Based on the local PAQ, CBP staff participated in the revised holding facility design modification to ensure sexual safety provisions are taken into consideration. The facility has added (b) (7)(E). O'Hare POE staff determined, based on an assessment that (b) (7)(E) should be added in the furtherance of the safety of staff, passengers, and detainees. An interview with the local SME and upon review of the local PAQ confirm that there were adjustments 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, the local O'Hare POE SOP with implementing memorandum, 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, O'Hare POE would utilize the forensic services of (b) (7)(E) Medical Center 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. According to an interview with an Emergency Department Charge Nurse 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 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, CBP TEDS, and the local O'Hare POE SOP requires 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 (b) (7)(E) Medical Center Emergency Department staff. This was verified upon interview with the Emergency Department Charge Nurse at the above stated medical facility. 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. Interviews with local SMEs confirmed and verified that all sexual abuse victims would be provided access to victim advocacy services at the (b) (7)(E) Medical Center.

(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 O'Hare POE during the last 12 months. The local SME stated the Chicago Chief of Police, and the Cook County Sheriff 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 2130-030 and 3340-25F 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 CCBPO and Acting 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 and agency meet 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). O'Hare 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 does not meet the standard provision. Training records reviewed on-site revealed that all applicable O'Hare POE staff have not completed PREA training. Eighteen employees showed as incomplete status for PREA training. Six of the staff listed as incomplete had pending completion dates recorded due to being on temporary authorized leave status. Records do not indicate PREA training status for the remaining 12 staff. Therefore, training records do not verify all active staff at O'Hare POE were trained within one year of their entrance of duty, as per agency policy. Training records confirm that most O'Hare POE officers receive annual refresher training as required. Officer interviews confirm yearly PREA training on the Acadis training portal and refresher search trainings through musters. Training records are maintained electronically as required by the standard. **Corrective Action:** Provide documentation all O'Hare staff have received the PREA training.

§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 and agency meet the standard. O’Hare POE has maintained large print posters of DHS Zero-Tolerance philosophy conspicuously posted in view of all detainees in holding and 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. 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 O’Hare POE which were published in English and Spanish; however, O’Hare POE also has access to posters in several other languages depending on the type of population received at the facility. O’Hare POE has posted information geared toward juveniles. 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 two detainees being housed. 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 Unified Secondary to document observations and assessment questions outcomes. One detainee agreed to be interviewed regarding risk screenings. Local SMEs and officers interviewed also confirmed this practice is completed prior to a detainee being placed in a holding 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 two completed risk screenings for the detainees being held during the period of the on-site audit.

(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 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 agency and facility meet 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. One detainee agreed to be interviewed. The detainee interviewee's language of origin was Portuguese. Through the use of a translator, the detainee reported that he had not seen any information about reporting sexual abuse. Conversely however, the detainee reported knowledge of who to report to, the provisions of privacy and anonymity, and knowledge of third-party reporting.

(b): The agency and facility does not meet 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 did not comply with the PREA standard's requirement, as the designated area was equipped for (b) (7)(E). During the audit period, there was no practical methods for complying with the posted information on external reporting provided to detainees in holding status. This was confirmed by interviewing the Port Director who confirmed that the required external reporting mechanism had not been implemented during the audit period. Therefore, during the 12-month audit period, staff did not provide detainees at least one external PREA reporting method via the identified DHS OIG reporting portal. Staff did not ensure that detainees could use a private room and phone line for anonymous and confidential reporting. The Auditor tested the DHS OIG telephone contact number to confirm a working telephone could be used by a detainee. This call was verified as a DHS OIG hotline for reporting waste, fraud, abuse, and mismanagement as well as sexual abuse. **Corrective Action:** Provide documentation identifying a private area to allow detainees to contact DHS OIG in a confidential and private manner. **Note:** During the period of on-site audit, staff identified a non-monitored area to provide detainee access to the established DHS-OIG hotline for external reporting.

(c): The agency and facility meet this 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. A detainee interview revealed 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 and agency meet 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.

§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 agency and facility meet 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 the U.S. Customs and Border Protection (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. 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 agency and facility meet 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. Interviews with local SMEs reveals sexual assault of victims under the age of 18 years and vulnerable adults, will be reported to the Illinois Department of Human Services designated office 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 agency 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 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 O'Hare 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 O'Hare 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 CPO Privacy and Diversity Office, 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. 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 **(b) (7)(E)** ██████████ Medical Center.

(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. 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 philosophy, and other pertinent sections of the overarching directive, to guide their implementation of this standard. Policy guidance directs that agency 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. O'Hare 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 agency and facility meet the standard. Directives 2130-030, 5175-013B 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 O'Hare 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 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 agency 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 O'Hare 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 agency 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 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. O'Hare 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 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 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 O'Hare POE are to be immediately transported to (b) (7)(E) 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 agency and facility meet the standard. 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 O'Hare 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 of the incident review would be addressed. The OFO 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

August 17, 2023

Date

**PREA Audit: Subpart B
Short-Term Holding Facilities
Corrective Action Plan Final Determination**



U.S. Customs and Border Protection

AUDITOR

| | | | |
|-------------------------|---------------------|--------------------------|---------------------------|
| Name of Auditor: | (b) (6), (b) (7)(C) | Organization: | Creative Corrections, LLC |
| Email Address: | (b) (6), (b) (7)(C) | Telephone Number: | (b) (6), (b) (7)(C) |

AGENCY

| | |
|------------------------|------------------------------------|
| Name of Agency: | U.S. Customs and Border Protection |
|------------------------|------------------------------------|

PROGRAM OFFICE

| | |
|--------------------------------|----------------------------|
| Name of Program Office: | Office of Field Operations |
|--------------------------------|----------------------------|

SECTOR OR FIELD OFFICE

| | |
|---|---|
| Name of Sector or Field Office: | Chicago, Illinois |
| Name of Chief or Director: | (b) (6), (b) (7)(C), Port Director |
| PREA Field Coordinator: | (b) (6), (b) (7)(C), Program Manager |
| Sector or Field Office Physical Address: | 10000 Bessie Coleman Drive, Chicago, Illinois 60666 |
| Mailing Address: (if different from above) | |

SHORT-TERM FACILITY BEING AUDITED

Information About the Facility

| | |
|---|--|
| Name of Facility: | Chicago O'Hare International Airport |
| Physical Address: | 100000 Bessie Coleman Drive, Chicago, Illinois 60666 |
| Mailing Address: (if different from above) | |
| Telephone Number: | (b) (6), (b) (7)(C) |

Facility Leadership

| | | | |
|-----------------------------------|---------------------|--------------------------|---------------------|
| Name of Officer in Charge: | (b) (6), (b) (7)(C) | Title: | Port Director |
| Email Address: | (b) (6), (b) (7)(C) | Telephone Number: | (b) (6), (b) (7)(C) |

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

An on-site audit of the U.S. Customs and Border Protection (CBP) Office of Field Operation, Chicago O'Hare International Airport (ORD) Point of Entry (POE) was conducted by (b) (6), (b) (7)(C), Certified PREA Auditor, contracted by through Creative Corrections, LLC., Beaumont, Texas on June 21, 2023, and the preliminary findings report was submitted on July 19, 2023. Following comments from CBP Headquarters and from the Auditor, the report dated July 19, 2023, was submitted as a Final Draft on August 25, 2023.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the ORD POE was found to be in compliance with 23 standards: 115.111; 115.113; 115.114; 115.115; 115.116; 115.117; 115.118; 115.121; 115.122; 115.132; 115.141; 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. The ORD POE was found not to be in compliance with two standards: 115.131 and 115.151.

On October 4, 2023, the ORD POE submitted a Corrective Action Plan (CAP) with a completion date of September 20, 2023. Along with the CAP, the ORD POE submitted all the documentation supporting their compliance. On October 31, 2023, the Auditor requested additional documentation. On January 17, 2024, the Auditor received the requested information. The updated CAP, along with the additional supporting documentation was received from the ORD POE through the Deputy Prevention Sexual Abuse Coordinator (DPSA). The Auditor reviewed the CAP and determined the CAP to be satisfactory.

ORD POE submitted a CAP dated October 4, 2023, to comply with standard provision 115.131 (c). The CAP indicated that ORD POE management identified officers who were delinquent in completing PREA training. The CAP indicated that management would schedule training time to allow officers to follow PREA requirements and that email confirmation reminders were sent to supervisors to coordinate a staff training schedule to assure the training was completed. On October 31, 2023, the Auditor requested a roster of the completion dates for staff who had not completed the biannual refresher training. The updated CAP received on January 17, 2024 contained updated training documentation which verified that all applicable staff completed the required PREA training. ORD POE also provided examples of CBP tracking and notification methods to ensure staff are aware of pending and current training status issues.

The ORD POE submitted a CAP dated October 4, 2023, to comply with standard 115.151(b). The CAP indicated that the ORD Federal Inspection Services (FIS) is currently undergoing a significant and comprehensive renovation including a complete redesign of all inspectional secondary areas. The CAP reports the redesign is progressing and has increased the efficiency and functionality of the facility. Once completed, the secondary admissibility area will include a specifically identified room allowing detainees to privately report incidents to OIG or other entities. The updated CAP contained evidence of a designated private and unmonitored space for detainees to contact DHS-OIG as needed.

The Chicago O'Hare International Airport POE is now compliant with all standards. All corrective action was completed within the 180-day period after the audit.

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall insert the provision(s) below that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit.

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

- Exceeds 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

Notes:

On October 4, 2023, the Chicago O'Hare International Airport POE submitted a CAP dated 10-04-2023, to comply with standard provision 115.131 (c). The document included all the training elements as required in standard provision 115.131 (a). The documentation included notifications to management to coordinate training times which were completed on September 5, 2023. The submitted CAP indicated that officers completed the required PREA training for Fiscal Year 2023 (FY 23). ORD identified noncompliant officers and set up training schedules for completion of the required PREA training. The CAP included that a review of the Acadis PREA training module for FY 23 was conducted by ORD and reported that all employees identified as deficient for FY 23 have received training. The projected completion date for completion of training was September 20, 2023. Additionally, to ensure that ORD is in full compliance with all training requirements, ORD stated the Centralized Scheduling Unit will implement the establishment of pre-scheduled dedicated time-periods for Acadis training to ensure all officers have adequate time to complete required training. The Centralized Scheduling Unit will send reminders to managers near the training due date. On October 31, 2023, the Auditor requested a roster identifying those individuals had completed the training. On January 17, 2024, the Auditor received the requested information. The Auditor reviewed all submitted documents and has determined ORD POE demonstrates compliance with standard provision 115.131 (c). The ORD POE is now compliant with standard 115.131.

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

- Exceeds 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

Notes:

On October 4, 2023, the ORD POE submitted a CAP dated October 4, 2023, along with supporting documentation to meet all the elements required in standard 115.151 (b). The documentation reports that as an interim measure to provide detainees the ability to make a confidential complaint to OIG or other entity while construction continues within the FIS. ORD POE continues to utilize the room that was established during the on-site audit on June 21, 2023. They further report the telephone has been programmed to allow for direct calls to OIG and the JIC hotline for reporting purposes. The documentation additionally states the phone numbers have been stored in the phone memory. ORD reports that this phone does not require a PIN to dial numbers. During the on-site audit, ORD POE disabled (b) (6), (b) (7)(C) however, monitoring of a detainee well-being, safety and security are maintained while affording the detainee the privacy required. The Auditor requested additional information and the information was received on January 17, 2024. ORD POE submitted physical evidence by providing a photo of the identified room. ORD POE documentation also indicated that once the ongoing ORD FIS construction has been completed, a private area will be designated to serve this purpose in the future. Currently, the

estimated completion date of the ORD FIS construction is the second quarter of FY 24. The Auditor reviewed the documentation and found the ORD POE to now achieve compliance with standard 115.151.(b). The Chicago O'Hare International Airport POE is now compliant with the standard 115.151.

| OVERALL DETERMINATION - AFTER IMPLEMENTATION OF THE CORRECTIVE ACTION PLAN | |
|---|--|
| <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) | |

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 29, 2024

Date