

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



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
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PROGRAM OFFICE

Name of Program Office:	Office of Field Operations
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SECTOR OR FIELD OFFICE

Name of Sector or Field Office:	Chicago
Name of Chief or Director:	(b)(6)(b)(7)(C)
PREA Field Coordinator:	(b)(6)(b)(7)(C)
Sector or Field Office Physical Address:	Cincinnati/Northern Kentucky International Airport, 3087-B Terminal Drive, Hebron, KY 41018
Mailing Address: (if different from above)	

SHORT-TERM HOLDING FACILITY BEING AUDITED

Information About the Facility			
Name of Facility:	Cincinnati/Northern Kentucky Port of Entry		
Physical Address:	3087-B Terminal Drive, Hebron, KY 41018		
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 initial Prison Rape Elimination Act (PREA) audit of the Customs and Border Protection (CBP), Office of Field Operations (OFO), Cincinnati/Northern Kentucky International Airport (CVG), was conducted on June 4, 2019, by certified PREA Auditor (b)(6)(b)(7)(C), a contractor for Creative Corrections, LLC. The Temporary Holding Facility is located within CVG Terminal B. CBP utilizes it for short-term detention of individuals pending release from custody, return flight to their country of origin, or transfer to a court, jail, prison, other agency, or a long-term detention facility within Department of Homeland Security (DHS).

During the Pre-audit phase, (b)(6)(b)(7)(C), CBP's Prevention of Sexual Assault (PSA) Coordinator, Privacy and Diversity Office (PDO), Headquarters (HQ), (b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ, and, (b)(6)(b)(7)(C), PREA Field Coordinator, CVG, provided the HQ and local Pre-Audit Questionnaires (PAQ). Additionally, there was supporting documentation provided for CVG on the CBP SharePoint website approximately three weeks before the on-site portion of the audit. The Auditor conducted interviews of six HQ SME's who deal with Hiring and Promotional Decisions, Investigations and related matters, Disciplinary and Corrective Actions for Staff and Contractors. The Auditor conducted a thorough review of all provided documentation and supporting materials delivered by the HQ and facility, along with the data included in the completed PAQs. The documentation received incorporated agency policies and procedures, with corresponding attachments, training curricula, and other PREA-related materials provided to demonstrate compliance with the PREA standards.

The Auditor arrived at the CBP-Port of Cincinnati Headquarters 8:00 a.m. on June 4, 2019. At approximately 8:30 a.m., the Auditor was escorted to the Holding Facility located at CVG in Terminal B and proceeded with the audit in-briefing. (b)(6), (b)(7)(C) CBP PSA Coordinator, opened the entry briefing. Those in attendance were:

(b)(6)(b)(7)(C), CBP PREA Field Coordinator
(b)(6)(b)(7)(C), CBP Port Director
(b)(6)(b)(7)(C), Deputy CBP PSA Coordinator, PDO, HQ
(b)(6)(b)(7)(C), CBP PSA Coordinator, PDO, HQ
(b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ (by phone)

The Auditor provided an overview of the audit process and methodology used to demonstrate PREA compliance. The Auditor explained that the audit process not only assesses compliance through the review of policies and procedures but also determines whether such policies and procedures are reflected in the day-to-day practices of staff, at all levels. The Auditor further explained compliance with the PREA standards would be determined based on the review of policy and procedures, observations made during the facility tour, additional on-site documentation review, and conducting both staff and detainee interviews. The Auditor was provided a roster of all staff working during the on-site visit, totaling seven staff. The Auditor formally interviewed all seven staff. CBP Port of Cincinnati does not employ any contractors or volunteers; therefore there were no contractors or volunteers to interview. Also, the facility did not have any detainees for the Auditor to interview while on-site.

A tour of the facility began following the entry-briefing. The Holding facility at CVG utilizes Terminal B. The tour began in the CVG primary and secondary hold areas. The secondary area is where detainees from the terminal are taken when being processed or detained. The Auditor observed posted throughout the facility to include in the secondary hold area, interview rooms, and office areas, CBP reporting posters advising detainees on how they can make a report of sexual abuse. The Auditor also observed the notice of Audit posted in these same locations. It should be noted the area allowed for direct officer supervision from the officer station. The facility provided for both male and female bathrooms. The secondary processing area included lounge furniture, chairs and a TV. As mentioned, the area has an officer's station at the front of the secondary holding area that allows for direct supervision at all times. The Auditor observed interview rooms, pat-down search rooms. The Auditor was advised separate offices would be utilized if needed to separate juveniles from adults, and/or other detainees, or to hold family detainees. While touring the facility the Auditor paid particular attention to lines of sight and closely examined areas for potential blind-spots throughout. The Auditor observed no blind spots in any area a detainee would be. The facility does have (b)(7)(E) however the Auditor was advised by the Port Director the (b)(7)(E). The Auditor verified

through the review of documentation (b) (7)(E). The facility does not operate 24 hours a day and closes at 11:00 p.m. If there is a need to hold a detainee overnight, he or she would be transported to the Boone County Jail in Florence, Kentucky for holding. The facility does not have an operational (b) (7)(E) (b) (7)(E). At the conclusion of the tour, the Auditor proceeded with formal staff interviews. There was a total of seven staff on duty, covering both first and second shift. The Auditor interviewed all seven staff, (2 supervisors and 5 CBP officers). While on site there were no detainees for the Auditor to interview.

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.

On June 4, 2019, an exit-briefing was held at approximately 4:45 p.m. In attendance were:

(b)(6)(b)(7)(C), CBP PREA Field Coordinator
(b)(6)(b)(7)(C), CBP Port Director
(b)(6)(b)(7)(C), CBP Deputy PSA Coordinator, PDO, HQ
(b)(6)(b)(7)(C), CBP PSA Coordinator, PDO, HQ
(b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ (by phone)

The Auditor discussed observations made during the onsite portion of the audit and was able to give some preliminary findings. The Auditor informed those in attendance he was appreciative of the hospitality received, and for the professionalism provided by all staff during the visit. Staff interviewed had a good understanding of PREA and knew what mechanisms are in place to report incidents of sexual misconduct if needed. It was clear to the Auditor, staff take PREA seriously and have fostered a culture to better prevent, detect, and respond to sexual misconduct.

Of the 25 standards reviewed during the audit, the Auditor found 1 standard to be Not Applicable (N/A), 22 standards have been found to be compliant, and 2 standards have been found to be non-compliant. There are four additional standards (115.134, 115.171, 115.172, and 115.187) that were not reviewed during this facility audit which will be audited during an agency level audit that covers Sexual Abuse Investigation standards.

Standards not found compliant:

115.113 (b) CBP Directive 6.3.1 requires the facility to review the detainee supervision guidelines on an annual basis to determine whether adequate levels of detainee supervision and monitoring exist. The results of the development of comprehensive detainee supervision guidelines and annual review will be provided to the PSA Coordinator. Although the PREA Field Coordinator stated the facility does evaluate whether there is sufficient supervision of detainees on an ongoing basis, he confirmed he an annual review of the detainee supervision guidelines and their application had not been conducted to determine the facility's detainee supervision needs. Corrective Action required: Provide documentation of an annual review of the supervision guidelines that takes into account all elements required in the standard and that a copy was submitted to the PSA Coordinator.

115.115 (f) In review of both policy and the training curriculum Law Enforcement staff have not received specific training on conducting pat down searches of intersex and transgender detainees in a professional and respectful manner and as required per the Standard. The Standard is not compliant. Corrective Action required: Provide documentation all staff have been trained on the procedures for conducting pat searches of transgender and intersex detainees as required by the Standard.

115.116 (a)(b) Interview with the facility PREA Coordinator indicated there has never been a need to utilize interpretive services for a detainee who was deaf or hearing impaired. He further stated the facility does not have a text/telephone machine (TTY) to assist the deaf or hearing impaired and was unaware of any available services to assist with either a deaf, blind or hearing-impaired detainee. The standard is not compliant. Corrective Action required: Provide training to staff on available resources to assist a detainee who is blind, deaf or hard of hearing. Provide documentation of the training provided to staff.

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded: 0	
Number of standards met: 21 and 1 not applicable.	
Number of standards not met: 3	
OVERALL DETERMINATION	
<input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards) <input type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period) <input checked="" type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)	<input type="checkbox"/> Low Risk <input checked="" type="checkbox"/> Not Low Risk

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) CBP Directive 2130-030, Prevention, Detection, and Response to Sexual Abuse and/or Assault in CBP Holding Facilities mandates zero tolerance toward all forms of sexual abuse and sexual assault and outlines their approach to preventing, detecting, and responding to such conduct. On March 11, 2015 CBP Commissioner informed by memorandum all CBP employees of the zero-tolerance policy as well as the approach of CBP to prevent, detect, and respond to any such conduct. CBPs National Standards on Transport, Escort, Detention, and Search (TEDS), dated October 2015, sets forth nationwide standards that govern CBP's interaction with detained individuals, and also details the mandate of a zero tolerance toward all forms of sexual abuse. The PSA Coordinator confirmed that the information mandating zero tolerance has been provided to staff through email to all staff, musters and continual trainings, postings at the facility, availability on the agency web page. Interviews with random staff also confirmed they are knowledgeable of the policy and have received training on it through the DHS Performance Learning and Management System (PALMS) training, email directives, musters and postings within the facility.

§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)(b)(c) Directive 2130-030 section 6.3.1 requires the agency to ensure that each facility maintains sufficient supervision of detainees, including through appropriate staffing levels and where, applicable, (b) (7)(E), to protect detainees against sexual abuse. Additionally, each facility is required to review those supervision guidelines and application at least annually to determine whether adequate levels of detainee supervision and monitoring exist. The results of the development of comprehensive detainee supervision guidelines and annual review will be provided to the PSA Coordinator. CBP TEDS indicates that Officers will closely supervise hold rooms when in use, and that monitoring must occur in a regular and frequent manner. It further states that direct supervision and control of detainees must be maintained at all facilities that do not have secure areas. CBP TEDS also require regular hold room checks to be conducted and recorded to ensure safety. The (b) (7)(E). However, the Auditor was advised the (b) (7)(E) and if a detainee was going to be held they would be transported to the Boone County Jail. The Auditor did confirm through the review of documentation the (b) (7)(E) have (b) (7)(E). The Auditor was not provided with any local, facility-specific documents, including policies, memoranda, forms, or templates that relate to supervision of the detainee population for purposes of preventing sexual abuse. Interview with PREA Field Coordinator and Port Director indicated during the previous 12 months the facility has not held any detainees. Supervisory interviews indicated to the Auditor the facility handles staffing on a daily basis for both shifts. Supervisory staff also confirmed that staff numbers are attributed to daily operational needs. When asked about an arrival of a substantial amount of detainees the Auditor was informed that they would move staff from certain posts to other areas to meet demand, and or use supervisory staff if needed. They also stated that if the demand exceeds the amount of staff available overtime would be used. Although the PREA Field Coordinator stated the facility does evaluate whether there is sufficient supervision of detainees on an ongoing basis, he confirmed he has not developed and documented a comprehensive detainee supervision guideline to determine and meet the facility's detainee supervision needs, or has conducted a review of supervision guidelines and their application at the facility on annual basis as required per standard provision (b). **Corrective Action:** Provide documentation of

an annual review of the supervision guidelines that takes into account all elements required in the standard and that a copy was submitted to the PSA Coordinator.

§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)(b) Section 5.6 from TEDS requires that Officers/Agents place each at-risk detainee (juvenile) in the least restrictive setting appropriate to their age and special needs, provided that such setting is consistent with the need to ensure the safety and security of the detainee and that of others. Direct supervision and control of detainees must be maintained at all facilities that do not have secure areas. CBP TEDS also requires an Unaccompanied Alien Child (UAC) be held separately from adult detainees. It states that juveniles may temporarily remain with a non-parental adult family member as provided in section (b)(1)(2) of the PREA standard. In circumstances where siblings must be separated due to different immigration dispositions, such separation will be documented in the appropriate electronic system(s) of record. The juvenile may temporarily remain with the non-parental family member where the family relationship has been vetted and the agency determines remaining with the non-parental adult family member is appropriate under the circumstances. In instances where a parent or legal guardian and U.S. citizen children must be separated, social services may need to be contacted to take custody of the child. CBP will ensure parents have the opportunity to arrange for care of their children before contacting a social service agency. In those instances where a legal guardian and non-U.S. citizen child must be separated; the non-U.S. citizen child will be classified as a UAC and will be processed accordingly. In the past 12 months the facility has not held any unaccompanied juveniles. Staff interviews confirmed juveniles are kept in the least restrictive environment and in a setting appropriate to the juvenile's age and special needs. Staff further indicated that in most cases a juvenile would be placed in an office/area and under direct supervision at all times. Staff further indicated all children arriving at CVG are (b) (7)(E) (b) (7)(E) (b) (7)(E) (b) (7)(E) While onsite there were no juvenile detainees available for the Auditor to interview.

§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) TEDS - Section 3.4 Gender of Searching Officer/Agents states, whenever operationally feasible, officers/agents conducting a search or that are present at a medical examination, must be of the same gender, gender identity, or declared gender as the detainee being searched. Cross-gender strip searches or cross-gender visual body cavity searches must not be conducted except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners. When officers/agents of the opposite gender perform a strip search or are present at a medical examination such as a body cavity search, MBM, or X-ray, it is mandatory that two officers/agents be present. The facility reported no cross gender strip searches during the past 12 months. Interviews with supervisory and line staff indicated any and all strip searches and visual body cavity searches are required to be documented.

(d) TEDS - Section 4.6 Hold Room Monitoring states, reasonable efforts will be made to provide showers, soap, and a clean towel to detainees who are approaching 72 hours in detention. Officers/Agents will enable 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 cell checks or is otherwise appropriate in connection with a medical examination or MBM under medical supervision. Officers/Agents are required to physically check hold rooms on a regular and frequent manner. Physical inspections must be recorded in the appropriate electronic system(s) of record as soon as practicable. Interviews with supervisors and line staff confirmed that staff of the opposite gender would announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing.

(e) TEDS – Section 5.5 Search, states whenever operationally feasible, officers/agents conducting a search, or present at a medical examination, must be of the same gender, gender identity, or declared gender as the detainee being searched. In determining gender, Officers/Agents must not search or physically examine a detainee for the sole purpose of determining the detainee's gender-related characteristics. If the detainee's gender is unknown,

officers/agents will 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. Interviews with supervisory and line staff indicated gender identity could be determined through conversations with the detainee, by reviewing medical records (if available), or, if necessary, learning that information as part of a broader medical examination conducted in private, by a medical practitioner.

(f) In review of TEDS Policy and CBP Personal Search Handbook, Office of Field Operations, CIS HB 3300-04B training curriculum for law enforcement staff does not outline specific training for conducting pat down searches of intersex and transgender detainees in a professional and respectful manner and as required by the Standard. Interviews with staff indicated pat searches are performed in a professional and respectful manner and are always conducted by same gender staff, unless there is a personal safety concern. Some staff indicated they have received specific training on the appropriate pat search methods for both intersex and transgender persons while working with other law enforcement agencies prior to their employment with CBP. However, in review of the CBP training curriculum the Auditor did not see any specific training that included cross-gender pat-down searches and searches of transgender and intersex detainees. The Standard is not compliant. **Corrective Action:** Provide documentation indicating all staff have been trained on the procedures for conducting pat searches of transgender and intersex detainees as required by the Standard.

§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)(b) CBP-Protocol for Identifying LEP Persons and Providing Language Services & Prison Rape Elimination Act (PREA)

Guide to Communicating with Detainees with Disabilities, outlines how the agency takes the appropriate steps to ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. Such steps shall include, when necessary to ensure effective communication with detainees who are deaf or hard of hearing, providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. While on the facility tour the Auditor observed PREA informational posters, "Keep Detention Safe," and "I Speak Language Guide" both in multiple languages posted in the secondary processing area, Intake office, and next to (b) (7)(E). Interviews with supervisory and line staff indicated there are several staff who are bilingual and at times have assisted with interpretive services. It was evident staff are very familiar with the facility's protocols for utilizing interpretive services, as they can be used quite frequently. Staff further indicated detainees who have disabilities, including intellectual, limited reading skills, who may be deaf, blind or hearing impaired are afforded the same level of opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse, however, the resources they use was not identified. Interview with the facility PREA Coordinator indicated there has never been a need to utilize interpretive services for a detainee who was deaf, blind or hearing impaired. He further stated the facility does not have a text/telephone machine (TTY) to assist the deaf or hearing impaired and was unaware of any available services to assist with either a deaf, blind or hearing-impaired detainee. While onsite there were no detainees for the Auditor to interview.

Corrective Action: The facility will need to train staff on the use of available resources to assist a detainee who is deaf or hearing impaired. Provide documentation of the training provided to staff.

(c) TEDS Section 6 Sexual Abuse Victimization and CBP Directive 2130-030 8.1.1, outlines in matters relating to allegations of sexual abuse, the agency shall provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation, and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. Interviews with both supervisory and

random staff indicated that interpretive services would be utilized and the use of another detainee to interpret would only be used if the detainee prefers for another detainee to provide interpretation.

§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)(b) CBP Directive 2130-030 requires the Office of Human Resource Management (HRM) to establish policy and procedures and ensure CBP does not hire or promote personnel who have had previous substantiated allegations of engaging in sexual abuse and/or assault to positions where the employee may interact with detainees in CBP holding facilities. CBP Human Resources Operations, Programs, and Policy (HRM) dated 2/29/2016 outlines how the agency shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in such activity. Interview conducted with HQ HRM SME prior to the on-site visit corroborated the aforementioned. She further indicated employees have a continuing affirmative duty to disclose any such misconduct.

(c)(d) CBP Directive 2130-030) Section 6.4 requires the Office of Professional Responsibility (OPR) to ensure background investigations are conducted for applicants for employment and contractors having contact with detainees to determine suitability and that updated background investigations be conducted every five years for CBP personnel who may have contact with detainees. An interview with the HQ OPR Personnel Security Division (PSD) SME outlined the agency's process in place for conducting background investigations to determine whether candidates for hire are suitable for employment. The agency has a process for conducting background investigations every five years, and PSD SME indicated to the Auditor that all background checks will not be completed in its entirety within five years. The PSD SME further indicated the same background investigation process applies to contractors as well. From a list of seven staff members the Auditor was provided with verification of completion of the initial background investigation and the scheduled dates for their five (5) year recheck as required by this standard.

(e)(f) CBP HRM PREA SOP dated 2/29/2016 states material omissions by an applicant or current employee regarding such misconduct or the provision of materially false information shall be grounds for termination or withdrawal of an offer of employment. An interview with the HQ HRM SME indicated how the agency informs staff that material omissions or the provision of materially false information regarding misconduct described in paragraph (a) of this section are grounds for termination or withdrawal of an offer of employment. Staff are made aware of this upon hiring, promoting and through the standards of employee conduct. CBP HRM PREA SOP 2.6 states the Office of Internal Affairs (IA) shall provide information on substantiated allegations of sexual abuse involving a former employee upon request from an institutional employer for whom such employee has applied to work. Interview with HRM SME corroborated the aforementioned.

§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)(b) The Auditor was advised the CVG facility is not owned by CBP and has not undergone any substantial expansion or modifications, to include the addition of (b) (7)(E) since May 6, 2014; therefore, the standard is not applicable.

§ 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)(d) CBP Directive 2130-030 section 15 Medical and Mental Health Care requires medical treatment services provided to the alleged victim shall be without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. To the extent that the agency is responsible for investigating allegations of sexual abuse in its holding facilities, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developed in coordination with DHS and shall be developmentally appropriate for juveniles, where applicable. If the detainee is transported for a forensic examination to a medical facility that offers victim advocacy services, officers and agents shall permit the detainee to use such services to the extent available, consistent with security needs. Interview with the Facility PREA Field Coordinator indicated the facility will take the required steps to ensure that a forensic medical examination would be provided, if necessary, by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) or can be performed by a qualified health care professional. The Auditor was advised the facility would utilize the services of ST. Elizabeth Healthcare in Florence, Kentucky. The Auditor conducted a phone interview with an emergency room Registered Nurse (RN) at the hospital and confirmed the hospital does provide SAFE/SANE services and would also provide the services to CVG. St. Elizabeth Healthcare also provides trained staff for victim advocacy services.

(e) To the extent that the agency is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (d) of this section. The submitted local Pre-Audit Questionnaire did not contain any documents; including policies, memoranda, blank forms, or templates that relate to requesting that external investigating agencies follow the requirements of paragraphs (a) through (d) of this standard. The auditor was also not provided with a copy of the request to the investigative agency asking they follow the requirements of paragraphs (a) through (d) of this section. Interview conducted with the facility Port Director indicated the CVG police department would conduct any sexual abuse investigations if needed. He further stated he has contacted the CVG Chief of Police via email regarding the request that the investigating agency (CVG) follow the requirements of paragraphs (a) through (d) of standard 115.121 and stated he has not heard back from him. CVG Port Director provided a letter to the Auditor that was submitted to the Chief of Police (CVG) dated May 14, 2019, requesting as the investigating agency to follow the requirements of paragraphs (a) through (d) of this section.

§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)(d) CBP Directive 2130-030 section 6.3.6 states all sexual abuse and/or assault allegations shall be considered significant incidents and reported to the Commissioner's Situation Room, JIC and to local law enforcement. Interviews with facility supervisory staff indicate that the Watch Commander or Duty Chief would be responsible to make the notifications to the JIC and local law enforcement agency. The facility reported no sexual abuse allegations during the 12-month audit period; therefore, there was no documentation of sexual abuse allegations reported to the Joint Intake Center and local law enforcement for the Auditor to review. Interviews with the PSA Coordinator and HQ SAAI SME confirmed the facility has not reported any sexual abuse allegations requiring an investigation. Interviews also confirmed the agency may separately conduct its own investigation but are normally handled by local law enforcement.

§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)(c) CBP Directive 2130-030 Section 11.1 Training and Education, states all uniformed agents and officers, special agents, fact finders, contractors, and volunteers who may have contact with detainees in CBP holding facilities shall receive the training required in Subpart B of the DHS Standards. Submitted with the HQ Pre-Audit Questionnaire was numerous documents related to the agency's sexual abuse training for employees, relevant curricula, presentations, examinations, notifications to complete the training, and other materials related to training. It should be noted the facility does not employ any contractors or utilize the services of volunteers; therefore there was no documentation to review. Staff training records are maintained in PALMS. While onsite the Auditor was provided with 7 staff training certificates indicating the date of initial training and the dates of refresher training provided since initial training. The

training curriculum includes each of the (8) topics noted in section (a) of this standard. Interviews with supervisory and line staff indicated they have received and are knowledgeable on the subject of sexual assault and sexual abuse, and have received refresher training on sexual abuse and assault. Interviews further indicated all staff have received training on their responsibilities regarding sexual abuse and assault prevention, detection, and response, per agency policy and procedure.

§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:

CBP makes public its policy through the website located at <https://www.cbp.gov/about/care-in-custody>. While onsite the Auditor observed posters in numerous languages regarding CBP’s zero tolerance policy in the secondary processing area located in terminal B and also in the Intake interview office. The posters advised detainees that they can report an incident by telling a CBP official or by calling the Office of Inspector General (OIG) at 1-800-323-8603. Additional signage was posted outside of two holding cells. Interviews with supervisory and line staff indicated they are aware of the information posted that is available for detainees to report sexual misconduct. Staff further indicated should the facility receive a detainee who speaks a language not available in written format, interpretive services would be utilized. While onsite there were no detainees for the Auditor to interview.

§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)(e) CBP TEDS states that before placing any detainees together in a hold room, officers/agents shall assess the information before them to determine if the detainee may be considered an at-risk detainee or at risk of posing a threat to others. This assessment will include: whether the detainee has or demonstrates a mental, physical or developmental disability; the age of the detainee; the physical build and appearance of the detainee; whether the detainee has previously been incarcerated or detained (this should include the nature of the detainee’s criminal or violent history and whether the detainee has any convictions for sex offenses against an adult or child); whether the detainee has self-identified as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; the detainee’s own stated concerns about his or her physical safety; whether the detainee has self-identified as having previously experienced sexual victimization; the detainee’s risk of being sexually abused by other detainees; whether a detainee may be sexually abusive toward other detainees. CBP Directive 2130-030 requires OFO take reasonable steps to determine whether a detainee may be at a high risk of being sexually abused or of being sexually abusive before placing any detainees together in a holding facility. To the extent that the information is available, OFO will consider the criteria provided in Subpart B of the DHS standards. As described in Subpart B, where appropriate, OFO will take necessary steps to mitigate any identified danger to a detainee, and will ask the detainee whether the detainee has reason(s) for concern for their physical safety. Interviews with supervisory and random staff indicated before detainees are held together, staff at the facility assess whether a detainee is at a high risk of being sexually abused or of being sexually abusive toward other detainees. If this is determined, staff stated they would be separated in the secondary holding area and under constant staff supervision. Interviews further indicated each detainee is asked about his or her own concerns about their physical safety. While onsite there were no detainees for the Auditor to interview. The facility is not operated 24 hours a day and if a detainee was required to be detained for a longer period of time, he or she would be transported to the Boone County Jail. During the past 12 months, the facility has not identified any detainees who were at a high risk of being sexually abused. CBP TEDS requires all CBP facilities place controls on dissemination of sensitive information that the facility learns about detainees for purposes of assessing risk

of sexual abuse. The Auditor confirmed this through interviews with supervisory staff who stated all documentation is kept in secured area under lock and key or kept electronically.

§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)(b)(c) CBP Directive 2130-030 requires detainees be provided multiple ways to privately report sexual abuse and/or assault, retaliation for reporting sexual abuse and/or assault, or staff neglect or violations of responsibilities that may have contributed to such incidents. CBP TEDS requires that CBP staff provide instructions on how detainees may contact the DHS Office of Inspector General, requires they provide and inform the detainees of at least one way for detainees to report sexual abuse anonymously to a public or private entity or office outside of CBP. While onsite the Auditor reviewed information displayed at the facility to determine if detainees have multiple ways to privately report sexual abuse or retaliation. The Auditor placed a test call to the DHS Office of Inspector General (OIG) and found the method of reporting was operational. Interviews with supervisory and random staff confirmed detainees are provided with multiple ways in which to privately report allegations of sexual misconduct. If a detainee wanted to contact the OIG, staff would provide an office, dial the number for the call and then close the door to allow the detainee to have a private phone call. While onsite there were no detainees for the Auditor to interview. Interviews with supervisory and random staff confirmed they are required to accept reports made verbally, in writing, anonymously and from third parties. Staff further confirmed they are required to document all reports received. The facility has not received any allegation of sexual abuse during the previous 12 months; therefore there was no reporting documentation for the Auditor to review.

§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:

CBP Directive 2130-030 - Reporting an Allegation of Sexual Abuse and/or Assault, states detainees shall be provided multiple ways to privately report sexual abuse and/or assault, retaliation for reporting sexual abuse and/or assault, or staff neglect or violations of responsibilities that may have contributed to such incidents. Third parties not connected to a detainee may also report these allegations. Reports are confidential and may be made anonymously, if desired, both verbally and in writing. CBP's procedures for reporting alleged sexual abuse and/or assault shall be visible or continuously and readily available to detainees at holding facilities and posted on the CBP public Web site at <https://www.cbp.gov/about/care-and-custody/how-make-report>. All sexual abuse and assault allegations shall be considered significant incidents. All allegations of sexual abuse and assault as defined in the Standards must immediately be reported to the Commissioner's Situation Room and the Joint Intake Center. Calling the toll-free Joint Intake Center Hotline at 1-877-2INTAKE or sending a fax to (202) 344-3390, Sending an e-mail message to Joint.Intake@dhs.gov (<mailto:Joint.Intake@dhs.gov>); • Contacting your servicing CBP Internal Affairs (IA) Office; • Writing to the Joint Intake Center at P.O. Box 14475, 1200 Pennsylvania Avenue, NW, Washington, DC 20044; • Calling the DHS Office of Inspector General at 1-800-323-8603 ; or • Sending an e-mail message to OIG at DHSOIGHOTLINE@dhs.gov (<mailto:DHSOIGHOTLINE@dhs.gov>) or reporting online at <http://www.oig.dhs.gov>. Interviews with the random staff confirmed their knowledge of receiving, documenting and reporting all third party allegations to the appropriate personnel.

§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) CBP Directive 2130-030 requires CBP staff have a duty to make reasonable efforts to report as promptly as possible any knowledge, suspicion, or information of the following: an incident of sexual abuse and/or assault of a detainee in a holding facility; retaliation against any person, including a detainee, who reports, complains about, or participates in an investigation about an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All CBP staff shall report any incident meeting this criteria to the JIC and the

Commissioner's Situation Room. CBP Directive 51735-013A, Standards of Conduct, March 13, 2012, states staff is allowed to report allegations of misconduct outside of their chain of command to the JIC hotline, by email to the JIC, or by contacting OPR, or DHS OIG. The Auditor was able to confirm the aforementioned through interviews with supervisory and line staff. The HQ Pre-Audit Questionnaire indicated there were no reports of sexual abuse reported in the last 12 months. Interview with the HQ SAAI SME and facility PREA Field Coordinator corroborated this.

(c)(d) CBP Directive 2130-030 indicates, 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 security and management decisions contemplated by Subpart B of the DHS Standards. Interviews with random staff confirm they are aware of the appropriate controls required to the extent necessary to help protect the safety of the victim or prevent further victimization of other detainees or staff in the facility, or to make medical treatment, investigation, law enforcement, or other security and management decisions. CBP Directive 2130-030 indicates that 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 person's statute shall be reported to the designated State or local services agency under applicable mandatory reporting laws. If any CBP employee encountering a detainee is unsure whether the detainee is a "vulnerable adult" under an applicable State or local law, the employee should contact his or her OCC field counsel for consultation on whether the individual qualifies under applicable law. The facility did not receive any allegations that occurred in the last 12 months involving a minor under the age 18 or a vulnerable adult where there was a state or local law requiring reporting of an allegation of sexual abuse or assault. Interview with the Port Director confirmed he would make any notifications to the appropriate local State Agencies if required and would update JIC with this information.

§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:

CBP TEDS, states if an Officer/Agent has a reasonable belief a detainee may be subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee. Interviews with supervisory and random line staff indicated they would take immediate action to protect the detainee, such as separating the detainee from the alleged perpetrator, and ensuring the alleged victim is taken to a safe area and kept under close supervision.

§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)(b)(c)(d) CBP Directive 2130-030 states, upon receipt of an allegation that a detainee was sexually abused and/or assaulted while confined at another facility, notify the appropriate office of the agency or the administrator of the facility where the alleged sexual assault and/or abuse occurred. Interviews with supervisory staff indicated the notification is made in the same manner as any significant incident is reported and documented as required in CBP Directive 3340-025E. Notification to the facility would be immediate but not longer than 72 hours as outlined in the Acting Commissioner (OFO) letter (Standard to Prevent, Detect and Respond to Sexual Assault in CBP Holding Facilities) dated August 12, 2014. The facility has not received an allegation that a detainee was sexually abused while confined at another facility; therefore, there were not any notifications for the Auditor to review. Interviews with supervisory staff indicated if the facility received an allegation from another facility of sexual abuse that occurred at this facility, to the extent the facility is covered by this subpart, they would ensure that the allegation is investigated in accordance with these standards.

§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)(b) CBP Directive 2130-030 states, upon learning of an allegation that a detainee was sexually abused and/or assaulted, the first law enforcement staff member to respond to the report, or his or her supervisor, shall separate the alleged victim and the alleged abuser; preserve and protect, to the greatest extent possible, any crime scene until

appropriate steps can be taken to collect any evidence. Interviews with supervisory and random line staff confirmed the agency requires the first law enforcement responder to an allegation of sexual abuse to take specific actions, including separating the victim and the abuser and preserving and protecting evidence. Interviews further indicated they are aware of policy and it is communicated to agency staff during annual training, musters, email directive notifications, and facility postings. While onsite the Auditor did not observe any detainees interacting with non-law enforcement staff. Although staff indicated CBP does not place detainees in its holding areas in contact with non-law enforcement staff, TEDS Policy does address non-law enforcement first responder duties if they were ever to be around detainees in a holding room. They are required to request the alleged victim to avoid taking any actions that could destroy physical evidence and notify law enforcement staff immediately.

§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) CBP Directive 2130-030 stipulates this entire directive constitutes CBP's written institutional plan pursuant to 6 C.F.R. § 115.165 for utilizing a coordinated multidisciplinary team approach to respond to sexual abuse and/or assault. Submitted with the HQ PAQ was documentation confirming how the agency's written institutional plan was communicated to employees. The Auditor reviewed; Web Article - New Policy on DHS PREA Standards, 03-26-18, USBP Memo on Directive Implementation, 03-06-18, PDO e-Newsletter (FY 2018, Q2), OFO Signed 2-28-18 Memo-CBP Directive 2130-030, Notification of Directive Issuance to All Employees (CBP Central), 02-12-18, Memo to EACs and ACs (Dissemination and Implementation), 02-02-18.docs, and found facility staff have received the information on the agency's written institutional plan and use of a coordinated, multidisciplinary team approach to responding to sexual abuse. The aforementioned was also confirmed during interviews with supervisory staff.

(b)(c) CBP Directive 2130-030, states if the alleged victim of sexual abuse and/or assault is transferred to another DHS facility, they would inform the receiving DHS agency of the alleged incident and the alleged victim's potential need for medical or social services. If the alleged victim of sexual abuse and/or assault is transferred to a non-DHS facility, they would inform the receiving facility or agency, as permitted by law, of the incident and the alleged victim's potential need for such services, unless the alleged victim requests otherwise. Interviews with supervisory staff indicated either the PREA Field Coordinator or Port Director would be responsible for informing another facility of an allegation and the victim's potential need for medical or social services. During the previous 12 months the facility has not needed to make such a report.

§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:

CBP Directive 2130-030 13.2 states the agency management shall consider whether any staff, contractor, or volunteer alleged to have perpetrated sexual abuse and/or assault should be removed from duties requiring detainee contact pending the outcome of an investigation, and shall do so if the seriousness and plausibility of the allegation make removal appropriate. Interview with facility PREA Field Coordinator confirmed allegations of sexual assault or sexual abuse involving staff, contractors, or volunteers would result in the person being removed from detainee contact pending the outcome of the investigation.

§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:

CBP Directive 2130-030 13.2 states Agency employees shall not retaliate against any person, including a detainee, who reports, complains about, or participates in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of fear, coercion, threats, or fear of force. During the previous 12 months the facility received no documented complaints of sexual abuse, therefore there was no retaliation associated with investigations of incidents of sexual abuse at this facility. Interviews with both supervisory and line staff indicated their knowledge of

the agency's policy prohibiting retaliation against anyone who makes an allegation of sexual abuse or participates in an investigation, and indicated they are required to document and report it.

§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)

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) CBP Directive 2130-030 section 16 Discipline, states CBP personnel may be subjected to disciplinary or adverse action up to and including removal from their position and Federal service for substantiated allegations of sexual abuse and/or assault and/or for violating CBP's sexual abuse policies. During the last 12 months there were no substantiated allegations of sexual abuse perpetrated by staff members at the facility or other staff violations of agency sexual abuse policies. An interview with the HQ HRM SME indicated that proposed disciplinary actions, depending on the misconduct, could range from a letter of reprimand to removal from service. She further indicated sexual abuse/assault would be considered adverse action resulting in termination of employee with CBP.

(c)(d) CBP Directive 2130-030 section 6 states, each facility shall report all removals or resignations in lieu of removal to appropriate law enforcement agencies for violations of agency or facility sexual abuse and/or assault policies, unless the activity was clearly not criminal; and report removals or resignations in lieu of removal for violations of agency or facility sexual abuse policies to any relevant licensing bodies, to the extent known. During the previous 12 months, the facility reported no removals or resignations in lieu of removal for violations of agency sexual abuse policies. Furthermore, there were no removals reported or resignations in lieu of removal for violations of agency sexual abuse policies at the facility. Interview with the HQ OPR SAAI SME indicated that OPR investigator who handled the investigation would make notification to any licensing bodies if known.

§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)(b) CBP Directive 2130-030 requires any contractor or volunteer suspected of perpetrating sexual abuse and/or assault be removed from all duties requiring detainee contact pending the outcome of an investigation, as appropriate. Contractors do not have any unsupervised contact with detainees as indicated through interviews with supervisory and line staff. While onsite the Auditor did not observe any contractors in an area where a detainee could possibly be. The facility does not utilize the services of volunteers at this time. Interviews with the PREA Field Coordinator and the HQ OFO SME indicated reporting responsibilities to outside law enforcement and to the JIC for any allegation of sexual abuse would be handled by the Port Director. Interview with the HQ OPR SAAI SME indicated that the OPR investigator who handled the investigation would make notification to any licensing bodies if known.

§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) CBP Directive 2130-030 section 15 states, When an alleged incident occurs, timely, unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, shall be provided. Emergency medical treatment services provided to the alleged victim shall be without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. Interview with supervisory and line staff indicated that all detainees have access to emergency medical treatment and crisis intervention services without cost even if they do not name the abuser or cooperate with the investigation. The Auditor was advised the facility would transport the detainee to ST. Elizabeth Healthcare in Florence, Kentucky. The Auditor conducted a phone interview with emergency room staff at the hospital and confirmed St. Elizabeth Healthcare provides trained staff for victim advocacy services.

§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:

CBP Directive 2130-030 section 18 Data Collection And Review states, Sexual abuse and/or assault data collection, review, and reporting shall include: Conducting a sexual abuse incident review at the conclusion of every investigation of sexual abuse; Conducting the sexual abuse incident review ordinarily within 30 days of receiving the investigation results; Preparing a written report for every substantiated or unsubstantiated allegation; Documenting in the written report whether a change in policy or practice could better prevent or respond to sexual abuse; Implementing any recommendations for improvement OR documenting reasons for not doing so in a written response; and Forwarding the report and response to the PSA Coordinator. During the previous 12 months, the facility reported there were no investigations of sexual abuse completed. Interview with the HQ PDO SME stated she is required to receive all sexual abuse incident reviews ordinarily within 30 days of the agency receiving the investigation results from the investigative authority. She further corroborated the CVG facility has not received an allegation of sexual abuse for the previous 12 months.

§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 2, 2020
Date



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

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
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PROGRAM OFFICE

Name of Program Office:	Office of Field Operations
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SECTOR OR FIELD OFFICE

Name of Sector or Field Office:	Chicago
Name of Chief or Director:	(b)(6)(b)(7)(C)
PREA Field Coordinator:	(b)(6)(b)(7)(C)
Sector or Field Office Physical Address:	Cincinnati/Northern Kentucky International Airport, 3087-B Terminal Drive, Hebron, KY 41018
Mailing Address: (if different from above)	Same as Above

SHORT-TERM FACILITY BEING AUDITED

Information About the Facility	
Name of Facility:	Cincinnati/Northern Kentucky Port of Entry
Physical Address:	3087-B Terminal Drive, Hebron, KY 41018
Mailing Address: (if different from above)	Same as 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 Protections (CBP), Office of Field Operations (OFO), Cincinnati/Northern Kentucky International Airport Port of Entry (POE), was conducted on June 4, 2019, and the preliminary findings report was submitted on July 20, 2019. Following comments from CBP Headquarters and from the Auditor, the report was submitted in Final Draft on January 2, 2020.

At the time of the audit, the Auditor reviewed the compliance of 25 Subpart B standards and the Cincinnati/Northern Kentucky International Airport POE was found to be in compliance with 21 standards: (115.111; 115.114; 115.117; 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). One standard (115.118) was not applicable. The Cincinnati/Northern Kentucky International Airport POE was found to not be in compliance with three standards: (115.113; 115.115; and 115.116).

On February 4, 2020, the Cincinnati/Northern Kentucky International Airport POE submitted a preliminary Corrective Action Plan (CAP) through CBP Headquarters. Several documents were requested by the Auditor and several clarifications were sought and received by July 28, 2020. The CAP was reviewed by the Auditor and Program Manager for Creative Corrections. On February 4, 2020, the Cincinnati/Northern Kentucky International Airport POE submitted the Annual Review of Detainee Supervision Guidelines document to comply with standard 115.113. The Auditor reviewed the document and requested additional information. On July 28, 2020, the Cincinnati/Northern Kentucky International Airport POE submitted and amended Annual Review of Detainee Supervision Guidelines which satisfied all requirements of Standard Provisions 115.113 (b). On April 16, 2020, the Cincinnati/Northern Kentucky International Airport POE submitted documentation of staff musters and sign-offs satisfying the staff re-training requirements of standard provisions 115.115 (f) and 115.116 (a, b). Although there was regular communication between CBP and the Auditor, the CAP was not completed prior to the 180 day deadline.

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 replied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit.

§115.113

- 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, 04/10/2020, the Cincinnati/Northern Kentucky International Airport POE submitted an Annual Review of Detainee Supervision Guidelines document as required by Standard Provision (b). A review of the report revealed that several elements required by the Standard had not been satisfied and the report was returned for revision. An amended Annual Review of Detainee Supervision Guidelines document was submitted on 07/28/2020, to the reviewing Auditor and was found to satisfy all elements of the Standard Provision. The Cincinnati/Northern Kentucky International Airport Port POE is now compliant with Standard 115.113.

§115.115

- 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, 04/16/2020, the Cincinnati/Northern Kentucky International Airport POE submitted a muster dated April 11, 2020, outlining officer performance requirements regarding proper personal search techniques on transgender and intersex detainees. The muster referenced a memo issued in December 2018, "Processing Transgender Applicants for Admission memo," and referenced the CBP National Standards on Transport, Escort, Detention, and Search (TEDS). Also submitted were staff training muster sign-offs and acknowledgements. The Cincinnati/Northern Kentucky International Airport Port POE is now compliant with Standard 115.115 (f).

§115.116

- 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 04/16/2020, the Cincinnati/Northern Kentucky International Airport Port POE submitted proof of muster attendance and employee understanding from a muster conducted on April 11, 2020, on Providing PREA protections and services to Detainees who are deaf, blind, or hearing impaired. The muster referenced the CBP National Standards on Transport, Escort, Detention, and Search (TEDS) and contact information for Deaf Choice or other available interpretative services upon approval from a supervisor. The Cincinnati/Northern Kentucky International Airport Port POE is now compliant with 115.116 (a, b).

OVERALL DETERMINATION - AFTER IMPLEMENTATION OF THE CORRECTIVE ACTION PLAN	
<input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards) <input checked="" type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period) <input type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)	<input checked="" type="checkbox"/> Low Risk <input type="checkbox"/> Not Low Risk

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) _____
Reviewing Auditor's Signature

 August 7, 2020
Date