

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



U.S. Customs and  
Border Protection

## AUDITOR

<b>Name of Auditor:</b>	(b)(6)(b)(7)(C)	<b>Organization:</b>	Creative Corrections, LLC
<b>Email Address:</b>	(b)(6)(b)(7)(C)	<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

## AGENCY

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

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

<b>Name of Sector or Field Office:</b>	San Francisco, CA Field Office
<b>Name of Chief or Director:</b>	(b)(6)(b)(7)(C)
<b>PREA Field Coordinator:</b>	(b)(6)(b)(7)(C)
<b>Sector or Field Office Physical Address:</b>	San Francisco, CA International Airport
<b>Mailing Address: (if different from above)</b>	

## SHORT-TERM HOLDING FACILITY BEING AUDITED

### Information About the Facility

<b>Name of Facility:</b>	San Francisco International Airport
<b>Physical Address:</b>	555 Battery Street, San Francisco, CA 94111
<b>Mailing Address: (if different from above)</b>	
<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

### Facility Leadership

<b>Name of Officer in Charge:</b>	(b)(6)(b)(7)(C)	<b>Title:</b>	Area Port Director
<b>Email Address:</b>	(b)(6)(b)(7)(C)	<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

## AUDIT FINDINGS

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

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

The initial Prison Rape Elimination Act (PREA) audit of the Customs and Border Protection (CBP), Office of Field Operations (OFO), San Francisco International Airport (SFO) Port of Entry (POE) was conducted on April 9-10, 2019, by PREA certified Auditor (b)(6)(b)(7)(C), a contractor for Creative Corrections, LLC. The Holding Facility is located within SFO in Terminal A and Terminal G. It is utilized by CBP for short-term detention of individuals pending release from custody, returning to their country of origin, or transferring to a court, jail, prison, other agency, or a long-term detention facility within the Department of Homeland Security (DHS).

The PREA audit is to determine compliance with the DHS PREA standards. (b)(6)(b)(7)(C), Prevention of Sexual Assault (PSA) Coordinator, Privacy and Diversity Office (PDO), Headquarters (HQ); (b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ;

(b)(6)(b)(7)(C), Personnel Security Division (PSD), HQ; (b)(6)(b)(7)(C), Sexual Abuse and Assault Investigations Coordinator (SAAI), HQ; (b)(6)(b)(7)(C), Labor and Employee Relations (LER), HQ; (b)(6)(b)(7)(C), Hiring Center, HQ, and, (b)(6)(b)(7)(C), PREA Field Coordinator, SFO POE, supplied information to provide the HQ and Local Pre-Audit Questionnaires (PAQ) along with supporting documents for SFO POE on the secure CBP SharePoint website approximately three weeks prior to the on-site portion of the audit. During the pre-audit phase, the Auditor conducted interviews of six HQ SME's from OFO, PSD, SAAI, LER, Hiring Center, and the PSA Coordinator, all who deal with Hiring and Promotional Decisions, Investigations and related matters, and Disciplinary and Corrective Actions for Staff and Contractors. Also, during the Pre-Audit phase, a thorough review was conducted of all supplied documentation and supporting materials provided by the HQ and facility along with the data included in the completed PAQs. The documentation received included agency policies with corresponding attachments, procedures, forms, training curricula, and other PREA-related materials provided to demonstrate compliance with the PREA standards.

The Auditor arrived at SFO POE at 6:00 a.m. on the 9<sup>th</sup> of April, 2019, and proceeded to the office of the backup PREA Field Coordinator. The Auditor was provided a roster of staff working during the on-site visit. The Auditor used this roster to select the random list of staff to be interviewed. There were no contractors or volunteers listed or observed in contact with detainees at SFO POE. Once the logistics for the on-site visit was completed, the Auditor proceeded to the facility conference room at 8:00 a.m. where the entry-briefing was conducted. Those in attendance were:

(b)(6)(b)(7)(C) Watch Commander, SFO POE  
(b)(6)(b)(7)(C), Chief Supervisory CBP Officer (SCBPO), SFO POE  
(b)(6)(b)(7)(C), Chief SCBPO, SFO POE  
(b)(6)(b)(7)(C), Chief SCBPO, SFO POE  
(b)(6)(b)(7)(C) Chief SCBPO, Backup PREA Field Coordinator, SFO POE  
(b)(6)(b)(7)(C), PSA Coordinator, PDO, HQ  
(b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ (by phone)

After introductions, the Auditor provided an overview of the audit process to include the on-site visit. There was a brief question and answer period that concluded the entry-briefing. A tour of the facility began following the entry-briefing. The CBP OFO facility at SFO POE is made up of terminals A and G. The tour began in the SFO POE Secure on-site Waiting Facility. This is the area detainees from either international terminal are kept overnight. It has male and female bathrooms (locked when not in use), lounge furniture for detainees to rest overnight and an Officer station which allows for direct supervision. During the rest of the tour, the Auditor was able to observe the primary and secondary processing areas in each of the two international terminals. The terminals mirrored each other and each contained the same areas. The primary processing area consists of the initial area where all international passengers are checked for admissibility into the United States, as well as a common baggage claim area shared by each of the two terminals where passengers are sent after Officers have checked them for admissibility. The secondary processing areas included a main lounge (these areas have an Officer's station at the front which allows for direct supervision), interview rooms, pat-down search rooms, male and female bathrooms, a secondary lounge area (used when needed to separate juveniles from adults or to hold family detainees), and (b)(7)(E); only used for detainees who are disruptive or non-compliant). The (b)(7)(E) a half wall provided for privacy. The cells have (b)(7)(E) with the toilet areas pixelated on the monitors to ensure adequate privacy. There

are no showers in the terminals. (b) (7)(E)  
(b) (7)(E) by the Rover Command Center. The Rover Command Center is a secure station where an Officer is assigned whose primary responsibility is to (b) (7)(E)

**Scope of the Audit:** The Auditor reviewed all relevant policies, procedures and documents in assessing SFO POE. A sampling of dates of completed personnel background investigations (15) and staff training files (26) at SFO POE were reviewed to determine necessary standard compliance. The Auditor had access to all parts of the facility to include access to the (b) (7)(E). Although not allowed to retain certain documentation, the Auditor was allowed to review all documentation to make necessary determinations for the audit. While on-site, the Auditor was able to conduct necessary interviews in a secure, confidential and private setting. The Auditor interviewed 15 staff (11-CBP Officers, 4-Supervisors to include the backup PREA Field Coordinator), and 7 detainees (5-Korean, 1-Tiawanese, 1-Nigerian). All detainees were adults; three were male and four female. There were no UACs, disabled or transgender detainees during the on-site visit to be interviewed. The Auditor used Language Services Associates to provide interpretative services for the detainee interviews. The Auditor spoke with representatives from two local hospitals (Mills-Peninsula Medical Center and San Mateo Medical Center) to discuss SFO POE access to appropriate forensic medical examinations, crisis intervention and victim advocacy services. Audit notices were posted at the facility. No correspondence was received from SFO POE prior to or during the on-site visit.

The HQ and facility staff report there had been no allegations of sexual assault at SFO POE within the 12-month audit period. The HQ SAAI SME reports there is currently one allegation pending the completion of an investigation and due to it being an open case, no information related to this allegation was released during the audit.

## 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 April 10, 2019, an exit-briefing was held at approximately 4:00 p.m. in the Assistant Port Director's Office. In attendance were:

(b)(6)(b)(7)(C), Assistant Port Director, SFO POE  
(b)(6)(b)(7)(C), Watch Commander, SFO POE  
(b)(6)(b)(7)(C), Watch Commander, SFO POE  
(b)(6)(b)(7)(C), Chief SCBPO, Backup PREA Field Coordinator, SFO POE  
(b)(6)(b)(7)(C), PSA Coordinator, PDO, HQ  
(b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ (by phone)

The Auditor discussed observations made during the on-site visit and gave preliminary findings of the audit. He informed those present of those PREA Standards that presented initial concerns but indicated he would not be able to make any final determination until further reviews were conducted of all on-site notes from the tour, interviews, and policies. The Auditor found staff to be very interactive and professional with detainees. The Auditor observed the level of supervision of detainees very high, and in most cases direct supervision. Of the 25 standards reviewed during this audit, 1 standard was found to be not applicable (N/A), 0 were found to exceed the standards, 19 standards were found to be compliant, and 5 standards were found non-compliant. Standards found to be non-compliant are summarized below:

**115.113 (b)(c):** The standard as well as CBP Directive 2130-030 Prevention, Detection, and Response to Sexual Abuse and/or Assault in CBP Holding Facilities, dated January 19, 2018, require an annual review of these supervision guidelines taking into account physical layout of the facility, composition of detainees, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, findings and recommendations of incident reviews and any other relevant factors, including but not limited to the length of time detainees spend in agency custody. The Auditor was not provided documentation to support an annual review of such supervision guidelines during the audit period.

**115.115(f):** Documentation and staff interviews did not demonstrate law enforcement staff have been trained on the proper procedures for conducting cross-gender pat-down searches or pat-down searches of transgender and intersex detainees.

**115.116(a)(b):** Detainees with disabilities do not 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. Interviews with facility supervisory staff as well as Officers indicate information regarding sexual abuse is communicated to detainees only through posting of signage, and even when detainees are identified with a disability that would limit communications or identified as limited English proficient (LEP), they would not cover the information in any additional method other than the posting of signage.

**115.121(c)(e):** Documentation provided and responses to interview questions indicate SFO POE utilizes a medical facility (Mills-Peninsula Medical Center) that does not conduct forensic examinations. Additionally, the Auditor interviewed the HQ SAAI SME, who indicates a memorandum has been provided to the facilities to submit to local law enforcement requesting they follow sections (a-d) of this standard. The facility failed to provide documentation demonstrating they had made such a request to the local law enforcement.

**115.141(b):** During interviews with random staff, when asked if the assessment process included asking detainees about their concerns for their own safety at the processing/holding area, none of the Officers indicated this question is asked of detainees. Random interviews with detainees confirm none of the seven detainees were asked about their own safety at the processing/holding area.

<b>SUMMARY OF AUDIT FINDINGS</b>	
Number of standards exceeded: 0	
Number of standards met: 19 + 1 not applicable	
Number of standards not met: 5	
<b>OVERALL DETERMINATION</b>	
<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 mandates zero tolerance toward all forms of sexual abuse and sexual assault and outlines CBPs approach to preventing, detecting, and responding to such conduct. On March 11, 2015, the CBP Commissioner signed a memorandum titled CBP Policy on Zero Tolerance of Sexual Abuse and Assault, informing all CBP employees of CBP's 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 details the mandate of a zero tolerance toward all forms of sexual abuse. Responses provided during staff interviews described many aspects of CBP's approach to prevent, detect, and respond to acts of sexual abuse.

### §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) CBP TEDS requires Officers must closely supervise hold rooms when in use, and monitoring must occur in a regular and frequent manner. It states direct supervision and control of detainees must be maintained at all facilities that do not have secure areas. CBP TEDS requires regular hold room checks be conducted and recorded to ensure detainee safety. During the on-site visit, the Auditor observed a high level of supervision throughout the secondary processing area, and in most cases direct supervision was being maintained with detainees. At SFO POE, each of the

(b) (7)(E). Staff interviews reflect detainees are consistently held in the processing main lobby and are only placed into a holding cell if detainees are disruptive or non-compliant. Staff interviews with both facility supervisors and the backup PREA Field Coordinator provided a description of how SFO POE manages the staffing levels on a daily basis. The interviews indicate there are no minimum staffing numbers and staffing numbers for the terminals are determined by the number of scheduled daily international flights coming in, and staffing for secondary processing is guided by the number of detainees brought into the secondary processing area. They indicate any shortage of staff or sudden influx of detainees is managed through shifting staff from one terminal to another or through mandatory overtime to ensure adequate staffing levels are present. Facility supervisors interviewed indicate all (b) (7)(E) is owned by the Airport Authority and any changes to (b) (7)(E) is requested by CBP to the Airport Authority. While on-site, the Auditor (b) (7)(E). The Auditor observed the Rover Command Center which Officers use to observe (b) (7)(E) throughout the terminals and the secondary processing areas.

(b)(c) The standard and CBP Directive 2130-030 states OFO is to develop and document comprehensive detainee supervision guidelines to determine and meet each facility's supervision needs and review those supervision guidelines and application at each facility at least annually to determine whether adequate levels of detainee supervision and monitoring exist taking into account 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 states a copy of the annual review be submitted to the PSA. The auditor did observe a high level of supervision and the interviews indicated they had the ability to appropriately staff the facility during sudden influx of detainees in order to maintain supervision. Additionally, the CBP SFO Standard Operating Procedure (SOP) Secure On-Site Waiting Facility, dated May 19, 2017, provides supervision guidelines for the Secure On-Site Waiting area where overnight detainees are placed with supervision; however, SFO did not provide the auditor documentation that the comprehensive detainee supervision guidelines were reviewed annually

resulting in non-compliance. **Corrective Action:** Provide documentation of an annual review of the guidelines described above demonstrating consideration was given to each of the factors listed in standard provision (c) of the standard and CBP Directive 2130-030. Provide documentation a copy of the annual review is submitted to the PSA per the Directive.

**§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) CBP TEDS requires officers/agents place at-risk detainees in the least restrictive setting appropriate to their age and special needs, provided such setting is consistent with the need to ensure the safety and security of the detainee. CBP TEDS also requires an Unaccompanied Alien Child (UAC) be held separately from adult detainees. It states UACs may temporarily remain with a non-parental adult family member as provided in the PREA standard. Staff interviews support UACs are detained in the least restrictive setting by placing UACs and family units in seating areas in the main lobby which allows for close supervision. Staff indicate UACs can also be placed in a separate lobby area without other adult (non-family) detainees where they remain under direct supervision of Officers. Although staff interviewed did not indicate they had experienced a UAC, they went on to say if they were to detain a UAC, the UAC would be directly supervised by an Officer to ensure safety and required separation from all adult detainees. The Auditor was able to observe the placement of detainees in the main lobby to include placement and supervision of family units to confirm appropriate separation from other adult detainees. Staff interviews described in detail the steps taken during the vetting process to determine if having an UAC remain with a non-parental adult family member is appropriate. These steps include use of consulates, legitimate documentation, interviews, telephone calls to the parents, and observing the body language of the UACs. There were no juveniles or UACs 14 years of age or older at SFO POE during the on-site audit.

**§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) CBP TEDS states 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. It also states all strip searches and body cavity searches must be recorded in the appropriate electronic system(s) of record. The Auditor was provided the results of the SFO POE electronic search records which reflect no cross-gender strip or body cavity searches had been conducted during the review period. CBP TEDS prohibits officers/agents from conducting body cavity searches of juveniles or adults and requires all such body cavity searches to be conducted by a medical practitioner. Interviews with facility supervisors support no strip searches and body cavity searches are conducted at SFO POE; any body cavity search would have to be approved by the Assistant Port Director and would only be conducted by a medical practitioner at an outside hospital.

(d) CBP TEDS requires 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 monitored bowel movement under medical supervision. CBP TEDS requires officers/agents 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 viewing is incidental to routine cell checks. SFO POE does not have showers and none were observed during the on-site visit. Due to the short time at SFO POE, detainees do not generally change clothing. Bathrooms used in the main lobby are set up similar to a public restroom and have stalls to allow for adequate privacy when using the bathroom or the potential of changing clothes. There are (b) (7)(E) in these bathrooms. The (b) (7)(E) around the toilets to allow for adequate privacy. (b) (7)(E) in the holding cells confirms the toilets are pixilated on the monitors to ensure adequate privacy. Staff and detainee interviews also support detainees are able to use the bathroom or change clothing without being viewed by staff of the opposite gender. Interviews with Officers and supervisors support staff of the opposite gender announce themselves prior to entering a holding cell. Although the use of holding cells is uncommon, Officers confirm they knock on the holding cell door or window and announce upon

entering the cell doors. At least two of the Officers even mentioned when they clear the primary areas of the terminal at the end of the day, they knock and announce themselves prior to entering the opposite gender public bathrooms. No detainees at SFO POE were placed in holding cells during the on-site visit.

(e) CBP TEDS prohibits staff from searching or physically examining a detainee for the sole purpose of determining the detainee's gender-related characteristics. If the detainee's gender is unknown, officers/agents are 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. Staff interviews support they are aware of the prohibition on searching detainees to determine their gender. No transgender detainees were reported at SFO POE during the on-site visit.

(f) A review of the policy provided as well as the CBP Personal Search Handbook did not reflect Law Enforcement staff have received specific training on conducting cross-gender pat-down searches or pat-down searches of intersex and transgender detainees in a professional and respectful manner as required by the standard. Staff interviews reflect all have received training on pat-down searches in general, but there was a mix of responses when asked questions about cross-gender pat-down searches. Most staff indicate they were only trained on how to conduct same gender pat-down searches and could not properly describe how they would conduct a cross-gender pat-down search. All staff indicated in interviews they had not received training specific to conducting pat-down searches of transgender and intersex detainees. When asked how they would conduct a pat-down search on someone who identifies as transgender or intersex, there was a wide range of responses from searching half by one gender and searching the other half by another gender, to searching them based upon who they are biologically no matter how they identify. There was obvious confusion among the Officers about how to correctly conduct the search. It should also be noted the CBP Personal Search Handbook states, "In rare cases where personal searches will be conducted on transsexuals (including those undergoing treatment for a gender change operation, but not transvestites), the following shall apply: CBP shall accommodate the traveler and provide different gender officers to search those areas of the body that are appropriate for the same gender." Based upon no documentation to support compliance and staff interviews demonstrating staff have not been trained on the proper procedures for conducting cross-gender pat-down searches or pat-down searches of transgender and intersex detainees, this section of the standard is found non-compliant. **Corrective Action:** Provide a training curriculum to train all law enforcement staff on how to conduct cross-gender pat-down searches and pat-down searches of transgender and intersex detainees as described in this standard, to include specifications on searching the breast and groin area. Once the curriculum is developed, provide documentation all law enforcement staff at SFO POE have been trained.

**§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 TEDS and CBP Directive 2130-030 require detainees with disabilities (e.g., detainees who are hearing impaired, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have access to CBPs efforts to prevent, detect, and respond to sexual abuse and/or assault. When necessary to ensure effective communication with detainees who are hearing impaired, steps are to include 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, any written materials related to sexual abuse are to be provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The documentation provided in the pre-audit phase included a CBP PREA Guide to Communicating with Detainees with Disabilities. The guide was not mentioned by supervisors or staff when asked during interviews about methods to help communication with a detainee identified with a disability. However, it should be noted that job aid folders were located in the control room, hard secondary in Terminal G, and hard secondary in Terminal A which contains the PREA pocket card and the guidance for communicating effectively with detainees with disabilities and detainees who are LGBTI. During the tour, the Auditor observed two posters in multiple areas of the secondary processing. One was a poster to help determine the language used by a detainee, and the second poster contained a notice of zero tolerance toward sexual abuse, as well as information regarding how and to whom to report an incident of sexual abuse. This sign was posted in both English and Spanish. However, a majority of the detainees at SFO POE were from countries that speak languages other than English and Spanish. By the end of the on-site visit, the facility had put up additional PREA signage to include a few in the most common languages used by detainees at SFO POE. Interviews with supervisory staff as well as Officers indicate information regarding sexual abuse is communicated to

detainees only through posting of signage, and even when detainees are identified with a disability that would limit communications or identified as LEP they do not cover the information in any additional method other than the posting of signage. For interpretive services, staff indicate they use Google Translate, or Connect TransPerfect, but state these are generally used only to communicate information related to a detainee's immigration processing. Based upon this information, sections (a) and (b) of this standard are found non-compliant. **Corrective Action:** Train SFO POE staff on facility specific use of the CBP Guide to Communicating with detainees with disabilities and provide documentation of such training.

(c) CBP TEDS and CBP Directive 2130-030 indicate in matters relating to allegations of sexual abuse, officers/agents will 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 supervisor determines such interpretation is appropriate and consistent with the operational office's policies and procedures. 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 supervisory staff and Officers support in matters related to allegations of sexual abuse, SFO POE utilizes in-person and telephonic interpretative services to ensure effective interpretation by someone other than another detainee.

**§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) 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 HRM Standard Operation Procedures (SOP), dated February 29, 2016, prohibits CBP from hiring or promoting any employee, or enlisting 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 confinements facility, juvenile facility, or other institution; 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. The Auditor interviewed the HQ PSD SME, as well as the HQ Hiring Center SME, prior to the on-site visit, who both confirm the restrictions listed in the HRM SOP is the current practice in prohibiting individuals from hire, promotion, or enlistment of services through contract. The HQ Hiring Center SME states any applicant being considered for hire or staff being considered for promotion are asked during interviews specific questions about any previous misconduct described in section (a) of this standard. The HQ LER SME stated staff are informed of their continuing affirmative duty to disclose any such misconduct each time they complete a training application and during their on-line annual training.

(c)(d) CBP Directive 2130-030 requires the Office of Professional Responsibility (OPR) ensure background investigations are conducted for applicants for employment and contractors having contact with detainees to determine suitability, and updated background investigations are to be conducted every five years for CBP personnel who may have contact with detainees. The Auditor interviewed the HQ PSD SME prior to the on-site visit, who described in detail the process in place to conduct background investigations to determine suitability of candidates for hire or before enlisting the services of any contractor. She described the process in place to conduct updated background investigations for agency employees every five years. Each description made supports the standard. The Auditor submitted 15 random SFO POE staff names to PSD to review for background investigation information. The documentation provided indicates each one had an updated background investigation initiated or completed within the past five years.

(e)(f) CBP HRM SOP states material omissions by an applicant or current employee regarding such misconduct or the provision of materially false information are grounds for termination or withdrawal of an offer of employment. The Auditor reviewed the CBP Table of Offenses and Penalties and found they specifically state material and intentional falsification requires removal from service. Staff interview of the HQ LER SME reflect staff are informed material omissions or the provision of materially false information regarding misconduct are grounds for termination during annual web-based training. The HRM SOP also states unless prohibited by law, the Office of Internal Affairs (IA) is to 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. Although there was no indication this would not occur, the interview of the HQ Hiring Center SME indicated she was not sure what the process would be or who would be involved in providing such information. Although the specific process was unknown to the SME, she confirmed it was not prohibited

by law and since the information is prompted by a request from another institution, and the HRM SOP guides who provides the information to the requesting institution.

**§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 PREA Field Coordinator reports there have been no substantial expansions or modifications to SFO POE since May 6, 2014. He also indicates [REDACTED] (b) (7)(E) have not been installed or updated 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 requires forensic medical examinations be done by qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where practicable and without financial cost to the detainee. If SAFEs or SANEs cannot be made available, the examination may be performed by other qualified health care personnel. In connection with an allegation of sexual abuse, if the detainee is transported for a forensic examination to a medical facility that offers victim advocacy services, officers and agents are to permit the detainee to use such services to the extent available, consistent with security needs. Interviews with facility supervisory staff indicate when necessary to refer detainee victims for forensic exams, they would be sent to Mills-Peninsula Medical Center. The Auditor contacted a representative from the hospital, and the hospital confirmed they do not conduct forensic exams and any victim of sexual abuse/assault brought to Mills-Peninsula Medical Center would be stabilized and then transferred to San Mateo Medical Center where such services are provided. The Auditor contacted San Mateo Medical Center and they did confirm availability of SAFE/SANE services as well as Victim Advocate services at their facility. SFO POE reports no incidents occurred during the 12-month audit period requiring referral of a detainee to a medical facility for a forensic examination. Based upon documentation provided and responses to interview questions which indicate SFO utilizes a medical facility (Mills-Peninsula Medical Center) that does not conduct forensic examinations, section (c) of this standard is found to be non-compliant. **Corrective Action:** Provide documentation SFO POE will arrange for or refer an alleged victim of sexual abuse and/or sexual assault to San Mateo Medical Center or another local medical facility that conducts forensic examinations performed by a SAFE or SANE, or qualified health provider. As noted above, in response to interview questions, staff currently would arrange for or refer alleged victims of sexual abuse and/or assault to Mills-Peninsula Medical Center, which does not conduct forensic exams. Therefore, unless assessed differently for medical reasons by the EMS, SFO needs to arrange for or refer the victim to a medical facility that does conduct forensic exams. Once SFO POE has revised the medical facility they will arrange for or refer victims of sexual abuse and/or assault in order to undergo a forensic examination, provide documentation of the revised medical facility and documentation that the appropriate staff have been trained of the medical facility to be referred in such cases.

(e) The standard requires if the agency is not responsible for investigating allegations of sexual abuse; the responsible investigating agency is to be asked to follow the requirements of the standard. The Auditor interviewed the HQ SAAI SME who indicates CBP requests they comply with the standard. She states a memorandum has been provided to facilities to submit to local law enforcement requesting they follow sections (a-d) of this standard. However, no documentation was provided to demonstrate SFO POE has made such a request to local law enforcement resulting in non-compliance. **Corrective Action:** Provide documentation SFO POE or HQ submit a request to the local law enforcement agency that would be contacted to investigate an allegation of sexual abuse at SFO POE.

**§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 requires all sexual abuse and/or assault allegations be reported to the Joint Intake Center

(JIC) and local law enforcement. Interviews with facility supervisory staff indicate the Watch Commander or Duty Chief SCBPO would be responsible to make the notifications to JIC and local law enforcement. The Directive states as part of oversight, the PSA Coordinator is to receive copies of allegations of sexual abuse and/or assault and OPR and the Office of Intergovernmental Public Liaison have responsibilities to report such allegations to the PSA Coordinator. The facility had no sexual abuse allegations during the 12-month audit period; therefore, no notifications were required. This was confirmed through an interview with the HQ PSA Coordinator and the HQ SAAI SME.

**§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 requires all uniformed agents and officers, special agents, fact finders, contractors, and volunteers who may have contact with detainees in CBP holding facilities receive the training required in Subpart B of the DHS Standards. Training is to be provided and records maintained through the DHS Performance and Learning Management System (PALMS) every two years for CBP personnel identified above. The Auditor reviewed the training curriculum provided to staff at SFO POE through PALMS. The curriculum includes each of the topics required in section (a) of this standard. Interviews with random staff reflect additional periodic refresher information is provided through musters where supervisors inform staff of updated information on PREA. However, 4 out of 11 interviewed responded they have not received any of the required training. The Auditor conducted a check of training records for those staff which confirmed three out of the four had not received the required training; the record check for the fourth staff was unable to be completed. The Auditor requested additional training records to determine if substantial compliance had been met. After a review of the additional training records, it was determined 21 out of 26 staff had completed the required 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:**

CBP makes public its zero tolerance policy through the website located at <https://www.cbp.gov/about/care-in-custody/cbp-policy-zero-tolerance-sexual-abuse-and-assault>. SFO POE ensures key information regarding CBP’s zero tolerance policy is continuously available to all detainees through posters located in the secondary processing areas located in terminals A and G. The posters observed were initially found in English and Spanish. Since many of the detainees at SFO POE are limited in their ability to speak English and Spanish, prior to the end of the on-site visit, staff placed additional posters in some of the more common languages spoken by detainees at SFO POE.

**§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) CBP TEDS states before placing any detainees together in a hold room, officers/agents are to 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 is to 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, and whether a detainee may be sexually abusive toward other detainees. CBP Directive 2130-030 also 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 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 is to take necessary steps to mitigate any identified danger to a detainee, and ask the detainee whether they have reason(s) for concern for their physical safety. Interviews with random staff confirm the detainee assessment is completed on each detainee in the secondary holding area. The assessment form evaluates each detainee's safety and whether they may be considered an at-risk detainee or at risk of posing a threat to others. The responses to the interviews further state if the assessment indicates any vulnerability of a detainee, the detainee is to be provided with heightened protection through separation from other detainees and closer supervision. Closer supervision may include seated alone on the front row of the main lounge, or move to a smaller lounge, but it always includes direct supervision by at least one Officer. It should be noted during the interviews with random staff, when asked if the assessment process included asking detainees about his or her own concerns about his or her own safety at the processing/holding area, 8 out of the 10 interviewed that had conducted assessments indicated this question is not asked of detainees. Random interviews with detainees supported each of the seven were not asked about their own safety at the processing/holding area; therefore, finding section (b) of this standard non-compliant. **Corrective Action:** Provide documentation each detainee is being asked about his or her concerns about his or her own safety at the processing/holding area, and provide documentation to demonstrate all staff at SFO have been notified of the revised process.

(e) CBP TEDS requires all CBP facilities implement appropriate controls on the dissemination of private and/or sensitive information provided by detainees during this risk assessment. Staff may disclose this information only to those personnel with a need to know. Random staff interviews support appropriate controls are in place at SFO POE and dissemination of this information is on a need to know basis.

**§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) 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 CBP staff provide instructions on how detainees may contact DHS Office of Inspector General (OIG), and it goes on to require 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. This outside reporting entity for all of CBP is DHS OIG. The Auditor observed postings throughout each of the processing areas that provide detainees with multiple methods to report an incident of sexual abuse. These methods include informing any staff member or contacting OIG with the number provided. Interviews with facility supervisors and random staff support there are multiple ways for detainees to report incidents of sexual abuse. Those interviewed were aware of postings provided for detainees as well as the methods listed on the postings. In the supervisor and random staff interviews, the method for a detainee to contact the OIG was reported as follows: the detainee would inform staff they wanted to contact OIG. Staff would place the detainee in a private setting, dial the number for the call and then close the door to allow the detainee to have a private call. The Auditor was informed by the leadership of SFO POE this procedure is in place to ensure the security of the facility. The postings are not only in English and Spanish, but are now posted in the more common languages spoken by detainees at SFO. The Auditor interviewed seven detainees while on-site. Only one of the detainees interviewed was aware of the postings with the reporting information. Most understood if an incident occurred, they could report it to a staff member.

(c) CBP Directive 2130-030 requires staff to accept and promptly document in a Significant Incident Report any allegation of sexual abuse of detainees made verbally, in writing, anonymously, and from third parties. Interviews of random staff support any verbal allegations of sexual abuse or sexual assault made to them would be documented as noted above.

**§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 states detainees may utilize third party individuals to report allegations of sexual abuse. The Directive also states CBP's procedures for reporting alleged sexual abuse and/or assault are to be visible or continuously and readily available to detainees at holding facilities and posted on the CBP public website. The Auditor verified this method to report is posted on the website at <https://www.cbp.gov/about/care-and-custody/how-make-report>. The information on the webpage provides a toll-free telephone number, USPS address and email address to JIC; and a toll-free telephone number, direct complaint link and USPS address for OIG for anyone wishing to make an allegation on behalf of a detainee. Interviews of detainees reflect four out of seven indicate they were aware of being able to have someone report sexual abuse allegations on their behalf. Interviews of random staff reflect Officers are aware they must accept reports from a third party.

**§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 staff 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 staff are to report any incident meeting these criteria to JIC and the Commissioner's Situation Room. CBP Directive 51735-013A, CBP Standards of Conduct, dated March 13, 2012, requires staff to report any allegation of misconduct, and allows for multiple methods outside the chain-of-command to report such, to include JIC, IA, OPR, and OIG. Interviews of random staff reflect most staff understand their requirement to report and options of reporting outside the chain-of-command.

(c) CBP Directive 2130-030 states except as necessary to report the incident, CBP and its staff are not to 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 of random staff reflected an understanding that information related to an incident cannot be shared with anyone other than on a need to know basis.

(d) CBP Directive 2130-030 requires staff or supervisors 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 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 Office of Chief Counsel for consultation on whether the individual qualifies under the applicable law. The Auditor confirmed the reporting requirements during interviews conducted with facility supervisory staff.

**§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 when an officer has a reasonable belief a detainee is subject to a substantial risk of imminent sexual abuse, he or she is to take immediate action to protect the detainee. When the Auditor conducted interviews of random staff, each of the Officers properly described steps they would take to protect the detainee such as separation from any potential perpetrator, and moving the alleged victim to a safe location under direct supervision of Officers.

**§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) CBP Directive 2130-030 requires staff upon receipt of an allegation 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. The standard requires such notification to be made "as soon as possible but no later than 72 hours". Interviews with the backup PREA Field Coordinator confirm these notifications would be made immediately, and be reported by either the Watch Commander or the Chief on duty. Although the backup PREA Field Coordinator was not aware of the 72 hour requirement in the standard, when the Auditor discussed with him the contrast between what was required in the standard "as soon as possible but no later than 72 hours" versus what the Directive stated "promptly as possible", the backup PREA Field Coordinator indicated reported promptly as possible would always be sooner than 72 hours. There were no notifications made by this facility during the 12-month audit period as no alleged incidents at other facilities have been reported to any staff. After the on-site visit, the Auditor was provided an August 12, 2014, a memorandum from the Acting Assistant Commissioner, OFO, titled Standards to Prevent, Detect, and Respond to Sexual Abuse in CBP Holding Facilities. This memorandum specifies the requirement to notify another confinement facility when an allegation of sexual abuse is received in reference to another facility. The memo states the notification is to occur as soon as possible, but no later than 72 hours after receiving the allegation.

(c) CBP Directive 2130-030 requires all allegations of sexual abuse be documented in a Significant Incident Report. Interviews with the backup PREA Field Coordinator confirm these notifications would be documented. There have been no notifications made by this facility as there have not been any alleged incidents reported to any staff during the 12-month audit period.

(d) CBP Directive 2130-030 outlines the steps to take in response to any allegation a detainee was sexually abused. Interviews with the backup PREA Field Coordinator reflect if the facility received a report from another agency/facility; it would follow the same appropriate steps as if it were reported by someone at the facility. This would include reporting it to JIC and Commissioner's Situation Room to ensure the proper steps were taken for the allegation to be investigated. There have been no notifications received by this facility from another agency/facility during the 12-month audit period.

**§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 requires upon learning of an allegation a detainee was sexually abused and/or assaulted, the first law enforcement staff member to respond to the incident, or his or her supervisor, is to 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, and if the alleged sexual abuse and/or assault occurred within a time period that still allows for the collection of evidence, request the alleged victim, and ensure the alleged abuser, do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The Directive also requires if the first staff responder is not a law enforcement staff member, the responder is to request the alleged victim not take any actions that could destroy physical evidence and then notify law enforcement staff. During the on-site visit the Auditor did not observe anyone who was not law enforcement in the processing areas without close supervision of CBP Officers. Interviews of random staff allowed staff to properly detail their responsibilities as first responders. Each staff told the Auditor they would separate the alleged victim from the alleged abuser, protect the alleged victim with direct supervision, preserve evidence to the extent possible and notify their supervisor.

**§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 utilizing a coordinated multidisciplinary team approach to respond to sexual abuse and/or assault. The Auditor reviewed the Directive and found it to properly coordinate actions in response to an incident of sexual abuse. Interviews of facility supervisors provided feedback on how the Directive is used as a guide or checklist if an incident occurs.

(b)(c) CBP Directive 2130-030 states if the alleged victim of sexual abuse and/or assault is transferred to another DHS facility, staff are to 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, staff

are to 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. In discussing this question, the backup PREA Field Coordinator informed the Auditor during the 12-month audit period, SFO has had no cases requiring any such notification to a DHS or non-DHS facility. When discussing such notifications from SFO POE, he indicated any notification of this type to another facility would be made by the Watch Commander or Duty Chief.

**§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 requires Agency management 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 is to do so if the seriousness and plausibility of the allegation make removal appropriate. SFO POE currently has no contract staff or volunteers that have unsupervised contact with detainees. The interview with the backup PREA Field Coordinator indicates any allegation of sexual assault or sexual abuse involving staff, contractor or volunteer 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 prohibits agents, officers, and other CBP personnel from retaliating against any person, including a detainee, who reports, complains about, or participates in an investigation of sexual abuse and/or assault. Interviews of both facility supervisors and random staff reflect awareness of the policy prohibiting retaliation against anyone who makes an allegation of sexual misconduct or participates in the investigation, and staff indicate they would be required to report it the same as any allegation of sexual abuse. The backup PREA Field Coordinator informed the Auditor there have been no allegations of retaliation made at SFO POE during the 12-month 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) CBP Directive 2130-030 informs CBP personnel they may be subject 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. The Auditor interviewed the HQ LER SME who described the review

process to determine disciplinary actions for reports of misconduct. She indicated reports of investigation are reviewed by those who have the authority to take such disciplinary action. The proposed actions could range from a letter of reprimand to removal from service. Staff may respond to any proposed action with a letter of response for consideration prior to the proposed action being finalized.

(c) CBP Directive 2130-030 requires OPR 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. The agency documentation provided indicates there have been no removals or resignations in lieu of removals from SFO POE during the 12-month audit period. Interviews with the HQ SAAI SME indicates CBP at the facility or the OPR agent assigned to investigate would notify law enforcement of all removals or resignations in lieu of removal for violations of sexual abuse policy.

(d) CBP Directive 2130-030 requires OPR to report all removals or resignations in lieu of removal to any relevant licensing bodies for violations of agency or facility sexual abuse and/or assault policies, to the extent known. The interview with the HQ SAAI SME indicates the OPR agent who worked the investigation would notify any licensing bodies, if known, of all removals or resignations in lieu of removal for violations of the agency zero tolerance policy. The agency documentation provided indicates there have been no removals or resignations in lieu of removals from SFO POE during the 12-month audit period.

**§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. As was reported to the Auditor by the backup PREA Field Coordinator and as observed by the Auditor, SFO POE does not currently have any volunteers, and the contractors at SFO have no unsupervised contact with detainees. Interviews with the backup PREA Field Coordinator indicated if SFO had contractors or volunteers with direct contact with detainees, and they were alleged to have sexually abused a detainee, they would be removed pending the outcome of an investigation. Interviews with the backup PREA Field Coordinator and the HQ OFO SME both indicate reporting responsibilities to outside law enforcement as well as JIC for any allegation of sexual abuse is done by the Assistant Port Director, but could be delegated to the Watch Commander or even done at the Chief level. The interview with the HQ SAAI SME indicates the OPR agent who worked the investigation would notify any licensing bodies, if known, of all removals or resignations in lieu of removal for violations of sexual abuse policy.

**§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 requires alleged sexual assault victims be provided 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. The Directive also requires emergency medical treatment services be provided to the alleged victim without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. Interviews with facility supervisors, to include the PREA Field Coordinator, support 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. Interviews with facility supervisors, to include the PREA Field Coordinator, support 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 interviews indicate detainees would be transported to Mills-Peninsula Medical Center for such emergency care and crisis intervention services. The Auditor spoke with a representative from Mills-Peninsula Medical Center and was informed that although they provide emergency medical treatment, Mills-Peninsula Medical Center does not provide crisis intervention services for any victim of sexual abuse, however they went on to state any victim of sexual abuse and/or assault brought to their hospital would be stabilized by staff and then transferred to San Mateo Medical Center where such services are provided.

**§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:**

(a) CBP Directive 2130-030 requires at the conclusion of every investigation of sexual abuse and/or assault, a sexual abuse incident review is to be conducted within 30 days. Where the allegation is not determined to be unfounded, a written report is to be prepared recommending whether the allegation or investigation indicates a change in policy or practice could better prevent, detect, or respond to sexual abuse. Recommendations for improvement are to be implemented, or document the reasons for not doing so in a written response and forward both the report and the documented response to the PSA Coordinator. The Auditor interviewed the HQ OFO SME who described the process for conducting a sexual abuse incident review. He confirmed the process as stated in the Directive above. He went on to say once OPR completes the investigation, they would contact him and he would form an incident review team and schedule a time to meet with the team and conduct the review within 30 days of receiving the investigative results from OPR. The incident review would generate a report, unless the investigation was unfounded. The report would be disseminated to all the necessary entities to include the PSA Coordinator with oversight to ensure any recommendations are implemented, or if not implemented, ensure it is documented with reasons for not doing so. There were no completed investigations during the 12-month review period; therefore, no incident reviews have been conducted.

**§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 10, 2020

Date

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



U.S. Customs and Border Protection

**AUDITOR**

<b>Name of Auditor:</b>	(b)(6)(b)(7)(C)	<b>Organization:</b>	Creative Corrections, LLC
<b>Email Address:</b>	(b)(6)(b)(7)(C)	<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

**AGENCY**

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

<b>Name of Program Office:</b>	Office of Field Operations
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**SECTOR OR FIELD OFFICE**

<b>Name of Sector or Field Office:</b>	San Francisco, CA Field Office
<b>Name of Chief or Director:</b>	(b)(6)(b)(7)(C)
<b>PREA Field Coordinator:</b>	(b)(6)(b)(7)(C)
<b>Sector or Field Office Physical Address:</b>	San Francisco, CA International Airport
<b>Mailing Address: (if different from above)</b>	Same as Above

**SHORT-TERM FACILITY BEING AUDITED**

**Information About the Facility**

<b>Name of Facility:</b>	San Francisco International Airport
<b>Physical Address:</b>	555 Battery Street, San Francisco, CA 94111
<b>Mailing Address: (if different from above)</b>	Same as Above
<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

**Facility Leadership**

<b>Name of Officer in Charge:</b>	(b)(6)(b)(7)(C)	<b>Title:</b>	Area Port Director
<b>Email Address:</b>	(b)(6)(b)(7)(C)	<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

## 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 Office of Field Operations (OFO), San Francisco International Airport Port of Entry (POE), was conducted on April 9–10, 2019, and the preliminary findings report was submitted on May 14, 2019. Following comments from CBP Headquarters and from the reviewing Auditor, the report was submitted in Final Draft on January 10, 2020.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the San Francisco International Airport POE was found to be in compliance with 19 standards: (115.111; 115.114; 115.117; 115.122; 115.131; 115.132; 115.151; 115.154; 115.161; 15.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182 and 115.186). The San Francisco POE was found to not be in compliance with five standards: (115.113; 115.115; 115.116; 115.121; and 115.141). One standard (115.118) was not applicable at the San Francisco International Airport POE.

On February 4, 2020, the San Francisco International Airport POE submitted a preliminary Corrective Action Plan (CAP). As part of the CAP, an Annual Review of Detainee Supervision Guidelines document was also submitted, however, the Reviewing Auditor requested additional information be included. An amended Annual Review of Detainee Supervision Guidelines was submitted to the Reviewing Auditor on May 26, 2020 which satisfied all requirements of standard 115.113. Also attached to the CAP, the San Francisco International Airport POE submitted a letter sent to local law enforcement to satisfy the procedural requirements and evidence associated with Standard 115.121. Other documents were also provided to satisfy standard 115.115 and 115.116. The Reviewing Auditor requested additional documentation and clarification on the submissions to include requesting documents for standards 115.121 and 115.141. The CAP was reviewed by the Reviewing Auditor and Program Manager for Creative Corrections. On May 26, 2020 and July 1, 2020, the Reviewing Creative Corrections Certified PREA Auditor, (b)(6)(b)(7)(C), received the final required documentation. All required Corrective Action was 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 February 4, 2020 the San Francisco International Airport Port of Entry (POE) submitted a record of the Annual Review of the Detainee Supervision Guidelines as required by standard provision (b). A review of the record determined additional information was needed. An updated Annual Review of the Detainee Supervision Guidelines was submitted on May 26, 2020, and was found to satisfy all elements of the standard provision. The San Francisco International Airport POE is now compliant with standard provisions (b) and (c).

### §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 February 4, 2020, the San Francisco International Airport POE provided documentation to support the standard. The Auditor reviewed the documents and requested additional information. On May 26, 2020, the San Francisco International Airport POE submitted training rosters verifying staff had been re-trained in proper techniques of determining gender identification and proper procedures for the pat search of detainees identifying themselves as transgender people. On July 1, 2020, the San Francisco International Airport POE submitted documents and training rosters verifying staff had been re-trained in proper cross-gender pat search procedures. These documents referenced both the current CBP National Standards on Transport, Escort, Detention and Search (TEDS) personal search handbook and Flores vs Reno settlement which outlines agent performance requirements regarding proper personal search techniques, cross-gender searches and announcements, determination of detainee gender identification and proper procedures for the pat search of identifying transgender detainees. The San Francisco International Airport POE is now compliant with Standard 115.115.

### §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 February 4, 2020, the San Francisco International Airport POE submitted a PREA Quick Reference card which provides guidance to staff on accommodating detainees with disabilities and communicating with detainees who are Limited English Proficient (LEP). Upon review, the Reviewing Auditor requested additional information. On May 26, 2020, the San Francisco International Airport POE submitted documentation of the re-training of all station personnel on CBP National Standards on Transport, Escort, Detention and Search

(TEDS) requirements with regard to the provision of services to ensure PREA rights and services for all detainees who have disabilities or who are LEP. The documentation consisted of a CBP job aid titled "CBP Guide to Communicating with Detainees with Disabilities," and a signed roster providing verification of re-training. The San Francisco International Airport POE is now compliant with Standard 115.116.

**§115.121**

- 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 February 4, 2020, the San Francisco International Airport POE provided the Auditor with a submitted letter sent to local law enforcement to satisfy the procedural requirements and evidence associated with standard provision 115.121(e). The Reviewing Auditor determined the letter satisfied the standard provision. On July 1, 2020, the San Francisco International Airport submitted documentation advising staff to inform Emergency Medical Services of a victim's status to assure the detainee is transported to a facility who performs medical forensic evaluations by a qualified medical examiner, a Sexual Abuse Forensics Examiner (SAFE), or a Sexual Abuse Forensics Nurse (SANE). The Reviewing Auditor required clarification which was provided by CBP headquarters. The documentation and information provided supports standard provision (c). The San Francisco International Airport POE is now compliant with Standard 115.121.

**§115.141**

- 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 May 30, 2020, the San Francisco International Airport POE provided a document, titled, "Detainee Assessment" which includes a question posed to detainees regarding concerns for their physical safety while at their facility. The Detainee Assessment also includes staff documenting any at-risk indicators. Upon review, the Reviewing Auditor determined and requested additional information. On July 1, 2020, the San Francisco International POE provided additional information as requested by the Reviewing Auditor. The Reviewing Auditor reviewed the documentation provided by the San Francisco International Airport POE documenting the re-training of all Station staff of the requirement to follow the agency risk assessment guidelines to include the officer verbally asking the detainee prior to placement in a hold room with other detainees if they have any concerns for their personal safety at that time. This re-training included the issuance of a memorandum to all staff reminding them of their responsibilities in performing the risk assessment as prescribed by the Agency. The San Francisco International Airport POE is now compliant with Standard 115.141.

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**

July 10, 2020  
**Date**