

**PREA Audit: Subpart B
DHS Immigration Detention Facilities
PREA Audit Report**



**Homeland
Security**

AUDITOR INFORMATION

Name of auditor:	Joseph Martin	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(b) (6), (b) (7)(C)

AGENCY INFORMATION

Name of agency:	U.S. Immigration and Customs Enforcement
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FIELD OFFICE INFORMATION

Name of Field Office:	Chicago Field Office
ICE Field Office Director:	Ricardo A. Wong
PREA Field Coordinator:	SDDO Keith Taylor
Field Office HQ physical address:	101 West Congress Parkway, Chicago, IL 60605
Mailing address: (if different from above)	

INFORMATION ABOUT THE FACILITY BEING AUDITED

Basic Information About the Facility			
Name of facility:	CHI-INS Airport Hold Room		
Physical address:	101 West Congress Parkway, Chicago, IL 60605		
Mailing address: (if different from above)			
Telephone number:	312-347-2400		
Facility type:	ICE Holding Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	(Acting) SDDO
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Keith T. Taylor	Title:	SDDO
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 of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The Prison Rape Elimination Act (PREA) audit of the CHI-INS Airport Hold Room (CHR) was conducted on September 12th and 13th, 2018, by Joseph Martin, a certified PREA Auditor contracted through Creative Corrections, LLC. This is the first PREA audit of the facility which is designated as a United States Immigration and Customs Enforcement (ICE) holding facility that temporarily holds male and female detainees for less than 12 hours.

The point of contact established for CHR was through the External Reviews and Analysis Unit (ERAU) Team Lead (b) (6), (b) (7)(C), (b) (6), (b) (7)(C) advised the Auditor prior to the on-site visit of the required standard documentation and Pre-Audit Questionnaire (PAQ) completion and upload on the ERAU SharePoint. The Auditor received no letters as a result of the audit notifications that were posted before the on-site visit. The Auditor observed these postings throughout the facility.

On September 12, 2018 at approximately 8:00 a.m., an entry briefing was held with the following in attendance:

(b) (6), (b) (7)(C)	Team Lead, Office of Professional Responsibility (OPR)/External Reviews and Analysis Unit (ERAU)
(b) (6), (b) (7)(C)	Supervisory and Detention Deportation Officer (SDDO)
(b) (6), (b) (7)(C)	SDDO
(b) (6), (b) (7)(C)	Assistant Field Office Director (AFOD)
Joseph Martin	PREA Auditor, Contractor/Creative Corrections, LLC.

Following the entry briefing, SDDO (b) (6), (b) (7)(C) led the Auditor, and ERAU Team Lead (b) (6), (b) (7)(C) on a tour of the facility. Areas toured included the sallyport, booking and processing area, hold rooms, control center, visitation area, courtrooms, and administrative offices. The Auditor spoke informally with staff and detainees during the tour.

The CHR has eight holding rooms with six being used for general housing for male detainees, one designated for female detainees, and one designated for segregation. Each of the hold rooms with exception to the segregation room, is designed to hold 32 detainees. Privacy partition walls are positioned between the toilet area and the sitting area in each hold room that provides sufficient coverage for detainees to perform bodily functions in privacy. The Auditor observed ICE Sexual Abuse & Assault information to include the agency's zero-tolerance policy, reporting hotlines to the Office of Inspector General (OIG) and Enforcement Removal Operations (ERO) and information about crisis intervention services posted inside of each holding room in English and Spanish.

The Auditor also observed cameras well placed (b) (7)(E). The facility has a total of (b) (7)(E) cameras. (b) (7)(E)

CHR reported the total number of detainees booked in the last 12 months was 3,996. CHR has a total detainee capacity of 192 with the average length of stay to be 10 hours. CHR has (b) (7)(E) staff assigned with (b) (7)(E) being male and (b) (7)(E) being female. CHR operates with (b) (7)(E) shifts that are scheduled (b) (7)(E)

Immediately following the tour, the Auditor begin the interview process. The Auditor interviewed a total of 13 detainees that consisted of 3 female and 10 male. Female interviews consisted of one that spoke Spanish, one that spoke English, and one that spoke Ukrainian Male detainee interviews consisted of six that spoke Spanish, one that spoke Russian, and three that spoke English. The Auditor used the Language Services Associates interpreter service to perform the interviews. The Auditor was provided an office with a door and large windows which provided sufficient privacy to provide confidentiality while allowing staff to observe the interview process.

The Auditor performed a total of (b) (7)(E) random sample of staff interviews and (b) (7)(E) specialized staff designee interviews. The Auditor used the staff indicated on the PAQ to determine which staff to interview for the specialized interviews.

NOTE: Due to unforeseen circumstances, the original Auditor was unable to complete all areas of the post audit phase to finalize the audit report process. For this reason, the report will include areas where another qualified auditor with Creative Corrections, LLC reviewed the report and all available information related to the audit and took the necessary steps to complete the audit report. A working copy of the report will be maintained if needed to indicate what additions, revisions, etc. were made to complete the audit report.

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 September 13th 2018 at approximately 3:00 p.m. an exit briefing was held with the following in attendance:

(b) (6), (b) (7)(C) Team Lead, OPR/ERAU
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) SDDO
(b) (6), (b) (7)(C) AFOD
Joseph Martin PREA Auditor, Contractor/Creative Corrections, LLC.

The Auditor described the process for determination that included reviewing the information gathered during the on-site visit along with further documentation review to determine compliance. The Auditor also discussed that all specialized staff designee interviews were unable to be completed during on-site due to SDDO [REDACTED] being absent during the visit. The Auditor followed up with completion of these interviews after the on-site visit.

The Auditor found that CHR met the following standards: 115.111, 115.113, 115.115, 115.117, 115.118, 115.121, 115.122, 115.131, 115.132, 115.134, 115.141, 115.151, 115.154, 115.162, 115.164, 115.165, 115.166, 115.167, 115.171, 115.172, 115.176, 115.177, 115.182, 115.186, and 115.201

The Auditor found that CHR did not meet the following standards: 115.116

The Auditor found the following standards to be Non-Applicable for CHR: 115.114, and 115.187

The justifications for compliance, non-compliance or non-applicability are detailed in each standard provision.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded:	0
Number of standards met:	24
Number of standards not met:	1
Number of standards N/A:	3

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 – Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE policy 11062.2 Sexual Abuse and Assault and Intervention, mandates zero-tolerance toward all forms of sexual abuse and outlines the approach to preventing, detecting and responding to sexual abuse. CHR reported zero allegations of sexual abuse within the audit period. The Auditor found that CHR has implemented the zero-tolerance policy and approach to preventing, detecting, and responding to sexual abuse.

§115.113 – Detainee supervision and monitoring.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a) ICE policy 11087.1 Operations of ERO Holding Facilities, directs that sufficient supervision of detainees must be used in the operation of each facility. The CHR ensures a sufficient number of staff are on duty to supervise detainees. The Designee on Detainee Supervision and Monitoring interview indicated that (b) (7)(E) officers are assigned to the facility and that ICE/ERO upper management evaluated the facility in determining sufficient supervision for the facility. Video monitoring is used to assist in this supervision. CHR has (b) (7)(E) cameras and operates (b) (7)(E) shifts and utilizes rosters and schedules to ensure sufficient staff are present at the facility. (b) (7)(E) officers are assigned to the facility at peak times of detainee movement. The (b) (7)(E) shifts are from (b) (7)(E)
- (b) ICE policy 11087.1 directs comprehensive detainee supervision guidelines. The CHR uses these guidelines and utilizes the agency Holding Facility Self-Assessment Tool (HFSAT) annually. The Auditor reviewed this tool that was provided as documentation. The documentation demonstrated the annual review of the tool was conducted on 11-29-2017.
- (c) The Designee on Detainee Supervision and Monitoring interview indicated that adequate levels of staff are used on both of the (b) (7)(E) shifts in operating the facility. The physical layout of the facility allows for staff to see directly into each of the holding rooms due to large windows in between the holding rooms and the officer's station which is located within a few feet of each other. Cameras are also strategically placed (b) (7)(E) to assist with supervision. The CHR reported zero allegations of sexual abuse within the last three-year audit period.

§115.114 – Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

CHR does not house juvenile detainees. The CHR PAQ and random staff interviews verified that the facility does not house juveniles or families.

§115.115 – Limits to cross-gender viewing and searches.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (b) ICE policy 11087.1 states that cross-gender strip searches or cross-gender visual body cavity searches are not conducted except in exigent circumstances, including consideration of officer safety or by medical practitioners. The Designee on Viewing and Searching Detainees by Staff of the Opposite Gender interview indicated there are no cross-gender strip searches or visual body cavity searches done at the facility. CHR does not house juveniles.
- (c) ICE policy 11087.1 states that all strip searches and visual body cavity searches shall be documented. Since the designee interview in section (b) reflected that CHR does not perform these searches, and ICE Policy 11087.1 states that only in exigent circumstances would such searches be conducted, and there were zero occurrences within the last 12 months as indicated on the PAQ, no such documentation was required.
- (d) ICE policy 11087.1 states that the Field Officer Director (FOD) shall ensure that detainees are permitted to shower, perform bodily functions and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine hold room checks, or is otherwise appropriate in connection with a medical exam or monitored bowel movement under medical supervision. The Auditor observed the holding rooms and the toilet area in each. Partial privacy walls provide sufficient coverage to allow detainees to perform bodily functions without being viewed by any staff. (b) (7)(E)
(b) (7)(E) Detainees housed at CHR do not shower or change clothing in the facility. CHR reports no allegations of staff voyeurism in the audit period. Random staff and detainee interviews indicated that staff announce their presence when entering into any of the hold rooms.
- (e) ICE policy 11087.1 states the detainees shall not be searched or physically examined for the sole purpose of determining the detainee's gender. The policy further states that conversations with the detainee, reviewing medical records or a broader medical exam by a medical practitioner may be used. The Designee on Viewing and Searching Detainees by Staff of the Opposite Gender and random sample of staff interviews indicated knowledge of this policy.
- (f) The Designee on Viewing and Searching Detainees by Staff of the Opposite Gender and random sample of staff interviews indicated staff had been trained on how to search detainees using the technique for male or female detainees. The Auditor reviewed the training curriculum provided and reviewed three examples of staff who had received the training from August of 2018. The documentation reviewed demonstrated compliance.

§115.116 – Accommodating detainees with disabilities and detainees who are limited English proficient.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

- (a) ICE policy 11087.1 states that detainees with disabilities including deaf or hard of hearing, blind or low vision, or those who have intellectual, psychiatric or speech disabilities have the opportunity to participate in or benefit from the agency's effort to prevent, detect and respond to sexual abuse. CHR has PREA information posted in the processing area and in each of the holding rooms that includes information about the agency's zero tolerance for sexual abuse and assault, how to report sexual abuse by using a toll-free hotline, and understanding victim reactions and crisis intervention services that are available. This information is posted in English and Spanish, and the reporting information is in several languages. The random staff interviews indicated that this information is not discussed when detainees are brought into the facility unless a detainee asks. The interviews also indicated that if knowledge was obtained of a detainee having a disability that staff would ensure the detainee received the information in a manner he or she could understand. This would include providing in-person, telephonic or video interpretive and translation services. A text telephone (TTY) device is also available.
- (b) ICE policy 11087.1 states that each facility shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse to detainees who are Limited English Proficient (LEP). The Auditor found that the random staff interviews indicated that detainees who do not understand English or Spanish do not benefit from the posted PREA information as staff do not use the interpretive service to read the information to them. Therefore, this section of the standard is non-compliant. A corrective action could be to train staff to understand that when detainees come in who do not understand English or Spanish that the PREA information is read to them through the interpretive service that the facility already uses to communicate with them about their processing information.
- (c) The Designee on Accommodating Detainees with Disabilities or who are LEP and random staff interviews indicated there have been no occurrences within the last 12 months who reported sexual abuse but if it was to occur, other detainees including alleged abusers, detainee witnesses, minors and detainees who have a significant relationship with the alleged abuser would not be used as an interpreter for a detainee who wanted to report sexual abuse and needed an interpreter. A follow-up interview was conducted on Feb 20, 2019 with the current Designee on Accommodating Detainees with Disabilities or who are LEP, who was asked if the detainee preferred another detainee provide interpretation in matters relating to allegations of sexual abuse, would such a provision be allowed. The Designee stated that it would be allowed unless the other detainee met the above referenced exclusions or was known to have any involvement in the allegation.

§115.117 – Hiring and promotion decisions.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a,b) ICE policy 6-7.0 ICE Personnel Security and Suitability Program directs the requirements of these standard sections to include asking required questions to applicants for new-hires or promotions. Any new-hire for the agency to include contractors and volunteers who may have contact with detainees are investigated to ensure they have not engaged in any acts that are prohibited in this standard. This policy also includes the continuing affirmative duty requirement for all staff to disclose information of sexual abuse that occurred in a confinement facility, juvenile facility or other institution. Through communication with (b) (6), (b) (7)(C) who is the Unit Chief of the Personnel Security Unit (PSU) of the OPR, documentation was provided of two examples of staff that received their initial background investigation and an updated one was completed for each one's promotion.
- (c) ICE policy 6-7.0 states all new employees shall receive the required background investigation and shall be updated every five years. Through communication with Unit Chief (b) (6), (b) (7)(C), documentation was provided of (b) (6), (b) (7)(C) examples of staff that received their initial background investigation and an updated one was completed for each one's promotion. SDDO Keith Taylor reported that no staff at the facility had been there five years or longer to require an updated background investigation and (b) (6), (b) (7)(C) confirmed through email communication that no employees that have approached the five year update for backgrounds. The Auditor determined with this information that examples could not be shown of where staff receive their five year updated investigation.
- (d) ICE policy 6-8.0 ICE Suitability Screening Requirements for Contractor Personnel states that background investigations are conducted on contracted staff before they have contact with detainees. CHR does not employ any contracted staff that has contact with detainees. Due to the policy 6-8-0 giving required procedures for contracted staff and the fact the facility does not employ any contracted staff this section is found to be compliant.
- (e) ICE policy 6-7.0 directs for the investigation process to include written information to the applicant that material omissions or providing false information shall be grounds for termination or withdrawal of an offer of employment. There were no instances during this audit period. Due to this agency process this section is found to be compliant.
- (f) The Auditor has contacted Unit Chief (b) (6), (b) (7)(C), who stated that if a federal agency requests background investigation material involving a former employee then it is provided. The Auditor contacted (b) (6), (b) (7)(C), OPR Prevention of Sexual Assault Coordinator, and she stated there is a protocol in place to provide such information to facilities that are non federal agencies. An institutional employer would need to send a request and the information on substantiated allegations of sexual abuse would be provided.

§115.118 – Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

- (a, b) The CHR design provides high observation and monitoring of detainees which demonstrates keeping detainees safe was considered when being constructed. The physical structures allow for direct and constant visual observation as the sallyport, processing area (b) (7)(E) to keep detainees safe from sexual abuse. (b) (7)(E)

§115.121 – Evidence protocols and forensic medical examinations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a, b) ICE policies 11087.1 and 11062.2 outlines procedures and protocols that maximize the potential for obtaining usable physical evidence by separating the alleged victim and abuser, securing the crime scene and that evidence is appropriately secured and preserved pending an investigation by federal, state or local law enforcement, DHS Office of Inspector General (OIG) and/or OPR. The Auditor determined that

through agency policy there is a process in place to ensure that sexual abuse allegations that occur at CHR are handled within the guidelines of these sections of the standard. CHR reported no allegations or investigations within the audit period. CHR uses FPS as the local law enforcement agency for investigating detainee sexual abuse and uses victim advocacy services that are provided by local hospitals. These services along with facility efforts demonstrates CHR uses community resources that are available.

- (c, d) The Designee on Provision for Forensic Medical Examinations interview indicated that detainee victims of sexual abuse would be taken to a local hospital for a forensic medical examination at no cost to the detainee when evidentiarily or medically appropriate and that SAFE or SANEs are employed at the local hospital which provides crisis intervention services. The PAQ lists Rush University Medical Center as the hospital the facility would utilize for forensic medical examinations. However, there was no evidence presented that indicated the facility has established a Memorandum of Understanding (MOU) with any local hospital, to include Rush University Medical Center, or has had any contact to establish one. There have been no sexual abuse allegations within the audit period. It is recommended by the Auditor for the facility to establish contact with the hospital and to reach an understanding detainees would be taken there in the need of a forensic exam and offered victim advocacy services. A follow-up interview with the Designee provided was conducted on February 21, 2019 through email correspondence. The interview responses confirmed that CHR, where evidentiarily or medically appropriate, would take any alleged detainee victim to an outside medical facility that provided SANE/SAFE services. Although CHR currently had no MOU or arrangement with a specific hospital, the designee stated according to Illinois Law 410 ILCS 70/ Sexual Assault Survivors Emergency Treatment Act, all hospitals in the State of Illinois have SANE services. After the follow-up interview, the Auditor contacted Rush University Medical Center and confirmed they do provide SANE/SAFE services.
- (e) CHR provided no documentation that it has requested the local law enforcement agency responsible for investigating allegations of sexual abuse to adhere to the requirements of this standard specifically section a through d. While on-site SDDO Keith Taylor contacted the applicable staff at the Federal Protective Service (FPS) and requested that they follow the sections a through d of this standard. The Auditor received this documentation that indicated the request had been made.

§115.122 – Policies to ensure investigation of allegations and appropriate agency oversight.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a) ICE policy 11062.2 states immediately following notice of an alleged sexual abuse the FOD shall ensure the appropriate law enforcement agency having jurisdiction for the investigation has been notified by the facility administrator, notify the ICE ERO Assistant Director for Field Operations telephonically within 2 hours of the alleged abuse or as soon as practical, notify the ICE Joint Intake Center (JIC) telephonically within 2 hours and in writing within 24 hours through the ICE Notification Database. The Designee on Referring Sexual Abuse Allegations for Investigation interview verified this process.
- (b) ICE policy 11062.2 states that OPR shall coordinate with the FOD and facility staff to ensure evidence is appropriately secured and preserved pending the investigation. OPR shall coordinate with the DHS OIG to effect timely acceptance of the case by OIG or referred to OPR for investigation. The Designee on Referring Sexual Abuse Allegations for Investigations interview corroborated this required protocol. ICE policy 11062.2 directs documentation and maintenance of all reports and referrals for 10 years. There have been no allegations of sexual abuse at CHR within the audit period.
- (c, d, e) ICE policy 11062.2 states that all allegations of sexual abuse are reported to OPR, the JIC, local law enforcement when involving criminal behavior, and the ICE PSA Coordinator. In addition, this policy directs that any alleged detainee victim of sexual abuse that is criminal in nature is provided timely access to relevant informational materials printed by U.S. Citizenship and Immigration Services. CHR has had no allegations of sexual abuse and therefore no investigations. The Designee on Referring Sexual Abuse Allegations for Investigation interview indicated that it was unclear if the facility staff would actually perform an administrative investigation but it did indicate criminal investigations are performed by appropriate law enforcement agency which is the FPS.

§115.131 – Employee, contractor and volunteer training.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a) ICE policy 11062.2 includes all the components of this section as required training. The random staff interviews indicated all have received the this training. The Auditor reviewed the training curriculum that is used to train agency staff and it encompasses all the components required. CHR employs no contractors or volunteers however the Auditor did review the agency training curriculum which includes all required components.
- (b, c) The Auditor reviewed the SAAPALMS completion report and reviewed three examples of CHR staff that had completed the annual training. CHR employs no volunteers or contractors that have contact with detainees.

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

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE makes public its zero-tolerance policy by means of its website (www.ice.gov). The Auditor observed the website to ensure it was easily accessible. CHR has key information continuously and readily available to detainees by posting information in the processing area and hold rooms that contains information about the agency's zero-tolerance policy, information on reporting sexual abuse and crisis intervention services being readily available. This information is posted in English and Spanish.

§115.134 – Specialized training: Investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a) ICE policy 11062.2 states OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault, as well as Office of Detention Oversight staff, and other OPR staff, as appropriate. The training should cover at a minimum, interviewing sexual abuse and assault victims, sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. The Auditor reviewed the agency qualified investigator checklist which includes the definition of a qualified investigator as an agency employee who has successfully completed both the general and specialized sexual abuse and assault trainings recognized by the agency, as well as any additional trainings identified by the agency or program office, in order to satisfactorily meet the agency's PREA mission. The Auditor reviewed the specialized investigator training curriculum and it includes topics of; Implementing DHS PREA Investigative Requirements, Introduction to Advanced Forensic Techniques in Crime Scene Investigations, Investigating Incidents of Sexual Abuse and Assault, Legal Issues

in PREA Administrative Investigations, Lesson Learned Through Postive PREA Outcomes, Preventing, Detecting and Responding to Sexual Abuse and Assault, and Requirements and Best Practices-LEP and Disability Accomodations and PREA.

- (b) The Auditor reviewed sign-in sheets of investigation specialized training conducted on January 9th and 10th, 2017. CHR had one staff present for this training. CHR had no allegations or sexual abuse investigations in this audit period for the Auditor to reference the investigator's name to ensure the investigator had received specialized training.

§115.141 – Assessment for risk of victimization and abusiveness.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a, b, c) ICE policy 11087.1 states the requirements of agency staff to consider if a detainee may be high risk of being sexually abused and when necessary taking steps to mitigate such danger. The Designee on Detainee Risk Assessment and random sample of staff interviews indicated staff conduct risk assessments by using electronic information that the agency has obtained that includes: prior arrests, convictions, age, criminal history, prior sexual victimization, medical and mental health history, gender identify to include; lesbian, gay, bi-sexual, transgender, and gender non-conforming. In addition, staff use personal observations and asking the detainee about concerns with his or her physical safety to assist in determining detainees who may be high-risk for sexual victimization or sexual abusiveness. All of this information categorizes detainees into security levels. CHR houses different security levels in different hold rooms to mitigate sexual danger to detainees. The Auditor reviewed three examples of assessments performed by CHR and all three demonstrated compliance on this standard including considering all the required components when determining the risk of sexual victimization.
- (d) ICE policy 11087.1 states for detainees identified as being high-risk for victimization, the FOD shall provide heightened protection including continuous direct sight and sound supervision, single-housing, or placement in a hold room actively monitored by video or by a staff member sufficiently proximate to intervene, unless no such option is feasible. The Designee on Detainee Risk Assessment and random staff interviews indicated staff use a heightened protection once a detainee is considered to be high-risk for sexual victimization. Staff stated they would separate the individual by placing him or her in a hold room by themself and that the facility capacity would allow for this option as it has several hold rooms available.
- (e) ICE policy 11087.1 states that appropriate controls shall be in place on the dissemination of sensitive information provided by the detainees. Random staff interviews indicated each knew his or her responsibility in keeping sensitive information confidential.

§115.151 – Detainee reporting.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a) ICE policy 11087.1 states the FOD shall ensure detainees have multiple ways to privately report sexual abuse, retaliation for reporting sexual abuse, or staff neglect or violations of responsibilities that may have contributed to such incidents. This policy also states the FOD shall ensure instructions are provided to detainees on how to contact the DHS OIG to confidentially and, if desired, anonymously report these incidents. CHR has posted information in each holding room on how to report incidents involving a detainee or a staff person by, notifying a staff person, telling an ICE official, or calling a toll free number to DHS OIG that allows anonymous reporting. The Designee on Detainee Reporting of Sexual Abuse and random staff interviews indicated verbal reports made to staff are reported immediately to the appropriate supervisor and first responder duties would be immediately conducted. Random detainee interviews indicated most had saw information posted about how to report sexual abuse.
- (b) CHR uses the DHS OIG as an external entity for detainees to report sexual abuse by way of toll-free telephone numbers or by writing that allow for the detainee to remain anonymous. The Auditor observed this information posted in the processing area and each of the holding rooms. This poster contains information on reporting sexual abuse and provides this information in seven different languages to assist detainees who are LEP. This reporting mechanism is posted in each holding room. The random staff and Designee on Detainee Reporting of Sexual Abuse interviews indicated any detainee would be allowed to call or write the DHS OIG confidentially.
- (c) ICE policy 11087.1 states that ICE ERO staff shall accept reports made verbally, in writing, anonymously, and from third parties and to promptly document verbal reports. The random sample of staff interviews indicated each of these reporting methods would be accepted and acted upon immediately.

§115.154 – Third-party reporting.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE has established a method to receive third-party reports by using a toll-free hotline called the Detention Reporting and Information Line (DRIL). This hotline reporting method is published on the ICE website for public viewing and use when needed.

§115.161 – Staff reporting duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a, b) ICE policy 11062.2 requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred to any detainee; retaliation against detainees or staff who reported or participated in an investigation; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. ICE memorandum released from July 2, 2004 instructs all staff that they must report employee misconduct to the DHS OIG, JIC, or to an ICE OPR Field Office. These avenues of reporting offer staff a method of reporting outside of their chain of command. Random staff interviews indicated each understood his or her responsibility of reporting under the requirements of this standard. CHR reported zero allegations within the audit period.
- (c) ICE policy 11062.2 states the requirements of this section to include staff not revealing any information related to sexual abuse other than to anyone necessary. The Designee on Staff Reporting Duties and the random sample of staff interviews indicated each knew the requirements of confidentiality in regards to allegations of sexual abuse. CHR reported no sexual abuse allegations within the last audit period.
- (d) This section is not applicable as CHR does not house juveniles.

§115.162 – Agency protection duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE policy 11062.2 states that if an ICE employee has a reasonable belief that a detainee is subject to a substantial risk of imminent sexual abuse he or she shall take immediate action to protect the detainee. The random sample of staff interviews indicated each knew their responsibility in protecting detainees by isolating and continuous observation and that each would take immediate action in doing so.

§115.163 – Report to other confinement facilities.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a, b, c) ICE policy 11062.2 states that if an alleged assault occurred at a different facility from the one where it was reported, the administrator at the facility where the assault is alleged to have occurred is notified as soon as possible, but no later than 72 hours after receiving the allegation, and document such notification. The Designee on Receiving Allegations From, and Reporting To, Other Confinement Facilities interview indicated if such an allegation were to occur at CHR the ICE duty supervisor would be notified and he or she would report the allegation to the appropriate ICE administrator of where the allegation occurred. This interview indicated no incidents of this nature had occurred within the audit period.
- (d) ICE policy 11062.2 states that immediately following notice of an alleged sexual abuse or assault allegation when the incident occurs in ERO custody the FOD shall ensure the appropriate law enforcement agency having jurisdiction for the investigation has been notified; the FOD shall ensure the Assistant Director for Field Operations and JIC are notified. The Designee on Receiving Allegations From, and Reporting To, Other Confinement Facilities interview indicated that if CHR was to receive such a notification then it would be reported immediately following agency protocol.

§115.164 – Responder duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a) ICE policy 11087.1 directs the requirements of this standard ensuring separation of the alleged victim and abuser, preserving and protecting the crime scene, and preserving physical evidence on the alleged victim and abuser. The random sample of staff interviews indicated they knew to separate the alleged victim from the abuser, preserving and protecting the crime scene, and preserving physical evidence. CHR reports no allegations of sexual abuse within the audit period.
- (b) ICE policy 11087.1 directs that if a first responder is not a law enforcement staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify law enforcement staff. CHR does not employ any non law enforcement staff members.

§115.165 – Coordinated response.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a, b, c) ICE policy 11087.1 states the FOD shall ensure a coordinated, multidisciplinary team approach to responding to allegations of sexual abuse and assault occurring in holding facilities and describes using agency staff as well as community services. This policy also states if a detainee victim is transferred from a holding facility to a detention facility or to a non-ICE facility the FOD shall inform the receiving facility of the incident and the victim's potential need for medical or mental health care or victim services. CHR reports no sexual abuse allegations within the audit period. The Designee on the Facility's Coordinated, Multidisciplinary Response to Sexual Abuse interview indicated the facility's upper management staff communicate verbally and electronically following the established policy protocol for allegations of sexual abuse. In addition, if a detainee victim of sexual abuse is transferred the receiving facility would receive information about the allegation and the victim's potential need for medical or social services.

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

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE policy 11062.2 states the FOD shall ensure that an ICE employee, facility employee, contractor, or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation. The Designee on Protecting Detainees from Contact with Alleged Abusers interview indicated that immediate separation would occur between the alleged victim and alleged abuser. CHR reported no allegations in the audit period involving staff, contractors or volunteers.

§115.167 – Agency protection against retaliation.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE policy 11062.2 states that 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 force, coercion, threats, or fear of force. The Designee on Preventing or Responding to Retaliation interview indicated that staff would not let alleged abusers interact with detainee who made an allegation. However, this interview also indicated that she did not know who was responsible for monitoring for retaliation. The Auditor finds that the facility meets this standard due to an agency policy which clearly outlines this standard and since the facility has had no allegations to monitor within the audit period. The standard does not require appointing a staff member for retaliation however, the Auditor recommends that facility leadership take a proactive best practice approach and name a staff member who is charged for monitoring for retaliation and not wait for an incident to occur before charging staff with the responsibility.

§115.171 – Criminal and administrative investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

- (a, b) ICE policy 11062.2 states the FOD shall ensure that sexual abuse investigations are prompt, thorough and objective. This policy directs that the investigations are to be performed by qualified OPR staff in coordination with the facility staff of the occurrence and local law enforcement agencies for the facility of the alleged sexual abuse when criminal behavior has been alleged. This policy also states the FOD shall pursue internal administrative investigations in coordination with the assigned criminal investigative entity. The outside law enforcement agency

responsible for investigating allegations of sexual abuse is the FPS as indicated in standard 115.121. There have not been any allegations in the last 36 months.

- (c, d) ICE policy 11062.2 states that the investigator specialized training shall cover, at a minimum, interviewing sexual abuse and assault victims sexual abuse and assault evidence collection in confinement settings, the criteria and evidence required for administrative action or prosecutorial referral, and information about effective cross-agency coordination in the investigation process. This policy also directs that the departure of the alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation. The Auditor reviewed the investigator specialized training curriculum and all topics outlined in sections c and d are covered.
- (e) ICE policy 11062.2 states the FOD shall ensure facility staff cooperate with outside investigators and endeavor to remain informed about the progress of outside investigations. CHR reported no allegations of sexual abuse in the audit period. The Designee on Coordinating with Outside Investigators interview indicated the facility would cooperate with FPS and the FOD would remain informed about the progress of the investigation.

§115.172 – Evidentiary standard for administrative investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

ICE policy 11062.2 states that when an administrative investigation is undertaken, that no standard higher than a preponderance of the evidence is imposed in determining whether allegations of sexual abuse are substantiated. CHR has had no allegations or administrative investigations in this audit period for the Auditor to review.

§115.176 – Disciplinary sanctions for staff.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a,b,c) ICE policy 11062.2 states that staff suspected of perpetrating detainee sexual abuse are removed of duties from detainee contact pending the outcome of the investigation. This policy also states upon receiving information from a FOD or Special Agent in Charge (SAC) of the removal or resignation in lieu of removal of staff for violating agency or facility sexual abuse and assault policies, OPR shall report that information to appropriate law enforcement agencies, unless the activity was clearly not criminal and make reasonable efforts to report that information to any relevant licensing bodies, to the extent known. CHR has had no allegations or investigations regarding staff to detainee sexual abuse during the audit period.

§115.177 – Corrective action for contractors and volunteers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a, b) ICE policy 11062.2 states the FOD shall ensure that an ICE employee, facility employee, contractor or volunteer suspected of perpetrating sexual abuse or assault is removed from all duties requiring detainee contact pending the outcome of an investigation. The FOD also notifies the FPS, ERO's Assistant Director for Field Operations, and notifies JIC. This policy also states the OPR is responsible for making reasonable efforts to report information to any relevant licensing bodies, to the extent known. CHR does not have or employ any volunteers or contractors that have contact with detainees.

§115.182 – Access to emergency medical services.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a, b) ICE policy 11062.2 states detainee victims of sexual abuse shall have timely, unimpeded access to emergency medical treatment and crisis intervention services, including contraception and sexual transmitted infections prophylaxis, in accordance with professionally accepted standards of care and shall be without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. CHR reported no allegations of sexual abuse in the audit period. The Designee on Access to Emergency Medical Services for Detainee Victims of Sexual Abuse interview indicated if a detainee were to report being sexually abused the policy protocols would be followed. This interview also indicated medical services would be provided by one of the local hospitals however no one specific hospital had been named.. The Auditor recommends the facility take a proactive approach and plan on which hospital would be used and to make contact with them.

§115.186 – Sexual abuse incident reviews.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a) ICE policy 11087.1 states the FOD shall conduct a sexual abuse and assault incident review at the conclusion of every investigation of sexual abuse or assault occurring at a holding facility, and unless the allegation was determined to be unfounded, prepare a written report recommending whether the allegation or investigation indicates that a change in policy or practice could better prevent, detect, or respond to sexual abuse and assault. Such review, shall ordinarily occur within 30 days of ERO's receipt of the investigation results from the investigating authority. The FOD shall implement the recommendations for improvement, or shall document its reasons for not doing so, in a written justification. Both the report and justification shall be forwarded to the ICE PSA Coordinator. ICE has established a departmental Incident Review form to help ensure capturing all the required components of this standard. CHR reported no allegations of sexual abuse in the audit period.

§115.187 – Data collection.

Outcome: Not Applicable (provide explanation in notes)

Notes:

This standard is not applicable as there are no records of sexual abuse at the facility, records are maintained by Headquarters. SDDO Keith Taylor stated that Headquarters maintains case records related to sexual abuse allegations.

§115.193 –Audits of standards.

Outcome: Not low risk

Notes:

CHR is not at low risk for sexual abuse. The facility characteristics allow for constant and direct supervision of the detainees. The facility also allows enough space for total separation of detainees determined to be high-risk for sexual victimization from those determined to be high-risk for sexual abusiveness. Video monitoring is used in assisting detainee supervision. The facility has had no allegations or incidents of sexual abuse within the audit period. The facility was non-compliant with only one standard which places them at not low risk for detainee sexual abuse.

§115.201 – Scope of audits.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The Auditor had access to and the opportunity to observe all areas of the facility, review relevant documentation to complete a thorough audit of the facility, and conduct private interviews with staff and detainees. The Auditor was able to receive confidential information or correspondence from detainees and staff during the audit process. The Auditor received no correspondence from a detainee or staff member during the audit process.

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.

Joseph Martin/Bryan Henson February 25, 2019
Auditor's Signature & Date

**PREA Audit: Subpart B
DHS Holding Facilities
Corrective Action Plan Final Determination**



**Homeland
Security**

AUDITOR INFORMATION			
Name of auditor:	Bryan K. Henson	Organization:	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(b) (6), (b) (7)(C)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Chicago Field Office		
ICE Field Office Director:	Ricardo A. Wong		
PREA Field Coordinator:	Keith Taylor		
Field Office HQ physical address:	101 West Congress Parkway, Chicago, IL 60605		
Mailing address: (if different from above)			
INFORMATION ABOUT FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	CHI-INS Airport Hold Room		
Physical address:	101 West Congress Parkway, Chicago, IL 60605		
Mailing address: (if different from above)			
Telephone number:	(312) 347-2400		
Facility type:	ICE Holding Facility		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	Title:	(Acting) Supervisory Detention and Deportation Officer (SDDO)
Email address:	(b) (6), (b) (7)(C)	Telephone number:	(b) (6), (b) (7)(C)
Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	Keith T. Taylor	Title:	SDDO
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.

The Prison Rape Elimination Act (PREA) Audit of the CHI-INS Airport Hold Room (CHR), Chicago, IL was conducted September 12-13, 2018, by Joseph Martin, a certified PREA auditor with Creative Corrections, LLC. The Audit Report noted one standard (115.116) in non-compliance. A Corrective Action Plan (CAP) was initiated and evidence of corrective action was submitted over the preceding months.

NOTE: Due to unforeseen circumstances, the original Auditor (Joseph Martin) was unable to complete all areas of the post audit phase to finalize the audit report and CAP process. For this reason, a second certified PREA Auditor (Bryan K. Henson) with Creative Corrections, LLC finalized the audit report process and reviewed the CAP documentation submitted for the one standard that had been found non-compliant. Based upon a review of this documentation, the one standard is now in compliance and this serves as the CAP Final Determination for CHR.

115.116: Information provided in the CAP confirms that all staff at CHR have received training that when encountering a detainee with a language barrier, PREA information will be conveyed through the use of a language line service in order to benefit from the PREA posted information. This standard is now in compliance.

115.193: As a result of the corrective action for standard 115.116, CHR now meets all requirements for 115.193 and is now deemed at low risk.

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 select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit.

§115.116 - Accommodating detainees with disabilities and detainees who are limited English proficient

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

During the on-site portion of the audit, the auditor found that detainees who do not understand English or Spanish do not benefit from the posted PREA information as staff do not use the interpretive service to read the information to them. Through the CAP, documentation was submitted that demonstrated all staff at CHR had successfully completed an online Performance and Learning Management System (PALMS) course entitled "ICE Language Access Training". Training records, as well as a memorandum from the Officer in Charge of CHR was submitted that confirmed the training received will ensure that when CHR staff encounter a detainee with a language barrier, PREA information will be provided through an interpretive service to ensure the detainee benefits from the posted PREA Information. Based upon a review of the CAP documentation provided, this standard is now found to be compliant.

§115. Choose an item.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

§115. Choose an item.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

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Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

§115. Choose an item.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

§115. Choose an item.

Outcome: Choose an item.

§115.193

Outcome: Low Risk

Notes:

During the on-site review, the auditor found that CHR was non-compliant with only one standard (115.116) which indicates the facility was not low risk for detainee sexual abuse. The auditor found the facility met all other requirements for low risk in 115.193. During the CAP, the facility provided documentation that was reviewed and brought standard 115.116 into compliance. Due to the facility now being in compliance of all standards and the favorable physical characteristics, the facility is now at low risk for detainee sexual abuse.

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.

Bryan K. Henson

Auditor's Signature & Date

March 24, 2019