

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



U.S. Customs and  
Border Protection

## AUDITOR INFORMATION

|                         |                     |                          |                           |
|-------------------------|---------------------|--------------------------|---------------------------|
| <b>Name:</b>            | (b) (6), (b) (7)(C) | <b>Company Name:</b>     | Creative Corrections, LLC |
| <b>Mailing Address:</b> | (b) (6), (b) (7)(C) | <b>City, State, Zip:</b> | (b) (6), (b) (7)(C)       |
| <b>Email Address:</b>   | (b) (6), (b) (7)(C) | <b>Telephone Number:</b> | (b) (6), (b) (7)(C)       |

## AGENCY INFORMATION

|                        |                                    |
|------------------------|------------------------------------|
| <b>Name of Agency:</b> | U.S. Customs and Border Protection |
|------------------------|------------------------------------|

## PROGRAM OFFICE

|                                |                    |
|--------------------------------|--------------------|
| <b>Name of Program Office:</b> | U. S Border Patrol |
|--------------------------------|--------------------|

## SECTOR OR FIELD OFFICE

|   |                                    |
|---|------------------------------------|
| <b>Name of Sector or Field Office:</b>            | Tucson                             |
| <b>Name of Chief or Director:</b>                 | (b) (6), (b) (7)(C)                |
| <b>PREA Field Coordinator:</b>                    | (b) (6), (b) (7)(C)                |
| <b>Physical Address:</b>                          | 2430 S Swan Road, Tucson, AZ 85711 |
| <b>Mailing Address: (if different from above)</b> |                                    |

## SHORT-TERM HOLDING FACILITY BEING AUDITED

|   |                                    |                          |                               |
|---|------------------------------------|--------------------------|-------------------------------|
| <b>Information About the Facility</b>             |                                    |                          |                               |
| <b>Name of Facility:</b>                          | Tucson Coordination Center         |                          |                               |
| <b>Physical Address:</b>                          | 2430 S Swan Road, Tucson, AZ 85711 |                          |                               |
| <b>Mailing Address: (if different from above)</b> |                                    |                          |                               |
| <b>Telephone Number:</b>                          | (b) (6), (b) (7)(C)                |                          |                               |
| <b>Facility Leadership</b>                        |                                    |                          |                               |
| <b>Name of Officer in Charge:</b>                 | (b) (6), (b) (7)(C)                | <b>Title:</b>            | Deputy Patrol Agent in Charge |
| <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 on-site audit for the Prison Rape Elimination Act (PREA) at the Customs and Border Protection (CBP) United States Border Patrol (USBP) Tucson Coordination Center (TCC) took place on February 8, 2024. (b) (6), (b) (7)(C), a Certified PREA Auditor contracted through Creative Corrections, LLC., of Beaumont, Texas, conducted the audit. The process included a pre-audit electronic review of CBP PREA policies and procedures, telephonic interviews with CBP Headquarters (HQ) Subject Matter Experts (SMEs), on-site direct observations, and post-audit triangulation of information to determine the outcome.

The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA Standards. The on-site audit followed the Auditor's electronic review of CBP's PREA policies and procedures, documents, and telephonic interviews with CBP HQ SMEs. Displayed in both detainee holding areas and staff areas, notifications of the PREA audit were posted in both English and Spanish throughout the facility prior to and during the on-site audit.

The Auditor arrived at approximately 0500 hours and was introduced to the TCC leadership team by (b) (6), (b) (7)(C) Supervisory Border Patrol Agent (SBPA) and (b) (6), (b) (7)(C), Program Manager, who also served as the point of contact throughout the audit. The Auditor reviewed the audit format and schedule with each member of the team. Immediately following the entry introductions, the Auditor was provided a private office to begin conducting staff interviews. The Auditor conducted 5 local SME interviews and 8 agent interviews throughout the different shifts at TCC. TCC has (b) (7)(E). The Auditor did not interview (b) (7)(E).

By approximately 0900 hours, the Auditor inspected all areas of the facility. The Auditor observed various areas, including sally ports, property keeping areas, personal hygiene product space, intake areas (b) (7)(E) break areas, operations, (b) (7)(E), intake area, waiting areas, and holding areas, the facility's layout, (b) (7)(E) staff supervision levels, hold room arrangements, placement of PREA posters, and other PREA informational resources. The Auditor also evaluated (b) (7)(E) and search procedures.

TCC is a short-term holding facility that accommodates detainees for less than 72 hours before they are released or transferred to another facility. The facility, housed in a single building, features two processing areas – north and south. There are (b) (7)(E) on the north side and (b) (7)(E) on the south side, with the north and south sides interconnected through doors. (b) (7)(E)

The Auditor observed all facility areas and revisited specific areas, as necessary. The facility comprises (b) (7)(E) (b) (7)(E) rooms are allocated for juveniles when needed and are equipped with games and toys.

On the day of the audit, there were approximately 26 detainees in the hold rooms, including adult males and females. There were no unaccompanied children (UC), or family units present at that time. The auditor conducted interviews with 11 detainees. The capacity of holding rooms varied, (b) (7)(E). The number of detainees varied throughout the day due to transfer, release, or removed from CBP custody. The agents escorted detainees into the facility through the sallyport which is a large warehouse-style outdoor area that also serves as property storage for detainee belongings, personal hygiene product boxes, (b) (7)(E) (b) (7)(E) and tables. (b) (7)(E) by contractors from ISS Action Private Security. Subsequently, the detainees were escorted by agents into the building and processed at the agents' stations. PREA signage was displayed in front of the agent stations, ensuring clear visibility to detainees sitting and waiting to be called for intake. After completing the intake process, detainees were placed in hold rooms. The hold rooms have windows to afford visibility to the agents (b) (7)(E) (b) (7)(E)

Agents use (b) (7)(E) which is a system that provides essential tools for agents to maintain continuity of care for the detainees where they can keep track of movement and activities for everyone, including wellness checks and risk assessments. (b) (7)(E) rooms were designated for showers. (b) (7)(E) hold rooms are designated for juveniles and family units if they were to be held. (b) (7)(E)

(b) (7)(E) If a detainee requires a shower, they were escorted by agents to the shower room, (b) (7)(E). The Auditor observed (b) (7)(E). The toilet areas in the hold rooms have partial walls that allows privacy for the detainees. The Auditor also (b) (7)(E)

(b) (7)(E) Opposite gender staff cannot view the toilet area when they are walking by.

PREA posters in both English and Spanish were prominently displayed outside hold rooms (b) (7)(E) (b) (7)(E) and throughout the processing center. Detainee reporting posters, including Keep Detention Safe, Zero Tolerance, and I-Speak, were observed in various areas, such as staff break rooms, staff bathrooms, detainee interview rooms, and administrative corridors. The Auditor also verified the functionality of telephones to ensure detainees could contact the DHS Office of Inspector General (OIG). Phones were available at processing center stations and in interview rooms for detainees to use and afforded privacy and confidentiality.

Scope of Audit: Prior to the on-site audit, the Auditor had the chance to review various documents, including HQ and local Pre-Audit Questionnaires (PAQs), HQ Responsive Documents and Data Requests, TCC local documents, HQ Participation documents, and communication with medical providers and victim advocacy websites.

The Auditor conducted interviews with HQ SMEs and had discussion with the Supervisor responsible for completing the local Pre-Audit Questionnaire (PAQ). TCC collaborates with the Banner University Medical Center Main Campus in Tucson for its medical services. The Auditor verified Sexual Assault Forensic Examinations (SAFE) and Sexual Assault Nurse Examiners (SANE) are available at the hospital through speaking with the emergency room nurse in charge.

The Auditor was provided with all relevant documents to assess the level of compliance with DHS standards at TCC. A roster was given to the Auditor for the random selection of staff for interviews. Nine random agent interviews and four local SME interviews, covering each shift, were conducted in a private and confidential manner. Additionally, the Auditor interviewed eleven detainees.

An exit briefing for TCC was held at approximately 1500 hours. The exit briefing was conducted by Creative Corrections Certified PREA Auditor (b) (6), (b) (7)(C). Those in attendance for the briefing were:

- (b) (6), (b) (7)(C), Special Operations Supervisor, TCC
- (b) (6), (b) (7)(C), PAIC, TCC
- (b) (6), (b) (7)(C), DPAIC, TCC
- (b) (6), (b) (7)(C), SBPA, TCC
- (b) (6), (b) (7)(C), BPA, Program Manager, TCC
- (b) (6), (b) (7)(C), HQ MPA PREA Coordinator (via TEAMS)
- (b) (6), (b) (7)(C), HQ MPA PREA Coordinator (via TEAMS)
- (b) (6), (b) (7)(C), Deputy Prevention of Sexual assault Coordinator, (DPSA) (via TEAMS)
- (b) (6), (b) (7)(C), Program Manager, Creative Corrections, LLC (via TEAMS)
- (b) (6), (b) (7)(C), Certified PREA Auditor, Creative Corrections, LLC

During the exit briefing, the Auditor discussed the observations made during the on-site inspection, provided a summary of staff and detainee interviews, and explained the triangulation process. The triangulation process involves combining information gathered from the pre-audit assessment, on-site audit, and post-audit review to ascertain the outcome of the findings.

**SUMMARY OF OVERALL FINDINGS:**

**Directions:** Discuss audit findings to include a summary statement of overall findings and the number of provisions which the facility has achieved compliance at each level: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

The Tucson Coordination Center on-site audit was completed on Thursday, February 8, 2024, and the findings report was submitted in March 2024.

The audit process included the pre-audit, on-site audit, and post-audit review of policies, protocols and documentation to determine compliance of 25 DHS Subpart B Standards at TCC. The Auditor reviewed all relevant policies, procedures, and documents in assessing the TCC through SharePoint and while on-site. The Auditor observed Notice of Audit postings throughout the facility in plain view for staff, detainees and the general public. The Auditor conducted a records review for a random selection of staff, which included information on background checks and staff PREA training records along with all submitted documentation review.

TCC met 23 standards: 115.111; 115.113; 115.114; 115.116; 115.117; 115.121; 115.122; 115.131; 115.132; 115.141; 115.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182; and 115.186.

Standard 115.118 was not applicable.

TCC did not meet standard 115.115.

| <b>SUMMARY OF AUDIT FINDINGS</b>   |  |
|--|--|
| Number of standards exceeded: 0  |  |
| Number of standards met: 23 + 1 not applicable.  |  |
| Number of standards not met: 1   |  |
| <b>OVERALL DETERMINATION</b>   |  |
| <input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards)   | <input type="checkbox"/> Low Risk                |
| <input type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period) | <input checked="" type="checkbox"/> Not Low Risk |
| <input checked="" type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)   |  |

## PROVISIONS

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

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

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

#### Notes:

(a): The facility meets the standard. CBP Directive 2130-030 – Prevention, Detection and Response to Sexual Abuse and/or Assault in CBP Holding Facilities dated January 19, 2018, establishes procedures for the prevention, detection, and response to sexual abuse in CBP Holding Facilities. During the interim of the issuance of the PREA Directive, other forms of communication were sent to staff to keep them educated and informed of the agency's zero-tolerance policy of sexual abuse and/or assault. The following national Directives and memorandums were issued to all staff to reinforce the agency's commitment of zero tolerance of all types of sexual abuse in all CBP holding facilities and outlining the agency's approach in the prevention, detection, and responding to sexual abuse: Commissioner's Memorandum dated July 15, 2014, Implementation of the Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Holding Facilities /Prison Rape Elimination Act (PREA); Commissioner's Memorandum dated August 12, 2014, Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in CBP Holding Facilities; and Commissioner's Memorandum dated March 11, 2015. Additional information was shared with all staff. The information included: Email from the Procurement Directorate with refresher information sent to all contractors who have or may have contact with holding facility detainees, as required by the DHS Standards, dated January 13, 2022; Employee Refresher Information (Payroll Notice Statements FY 2022); The Office of Air and Marine, Assistant Commissioner, message urging staff to read the Directives, Standards, and CBP's policy on Zero Tolerance of Sexual Abuse; and an Email from the CBP Postmaster informing staff of April being National Sexual Assault and Awareness Month (dated April 18, 2022). During the month of April which coincides with Sexual Awareness and Prevention Month, the Privacy and Diversity Office also posted through payroll and Central messaging identifying sexual abuse and reminding staff of the agency's Zero-Tolerance policy.

The Auditor observed posters promoting zero tolerance, which were accessible in both English and Spanish. The posters were displayed in processing areas, screening counters, and holding areas. During interview with local SMEs, they stated the training and information was their means of educating staff with the agency's zero-tolerance policy. The interviewed agents stated they received training and understood the agency's approach to zero-tolerance of sexual abuse and/or sexual assault. They further stated they received regular reminders about mandatory training, which is accessible through the CBP Acadis online training site. The Auditor interviewed 11 detainees. Most of the detainees, who were most Spanish speaking, were aware of the PREA signage which were displayed in English and Spanish. The detainees stated they understood the agency's zero tolerance of sexual abuse. The detainees also stated that the contractor who processed them (b) (7)(E) also made them aware by pointing to the displayed posters and encouraged them to read it.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires the facility provide sufficient supervision to help protect detainees from sexual abuse. The National Standards on Transport, Escort, Detention, and Search (TEDS) Policy states that agents shall check holding rooms in a regular and frequent manner. A memorandum was issued by the Chief of U.S. Border Patrol, dated October 8, 2015, to all Chief Border Patrol Agents and all Directorate Chiefs, notifying staff that in addition to transport, escort, detention, and search provisions, CBP TEDS, incorporated requirements related to sexual abuse and sexual assault prevention, care of at-risk individuals in custody and personal property. A memorandum dated October 8, 2015, from Chief of US Border Patrol, emphasizes that management and agents are responsible for ensuring compliance with CBP TEDS requirements during their duties. Local SMEs and agents stated that single male adults and single female adults are always separated and placed in separate hold rooms. They further reported that juveniles are held separately from adults and prior to placing with families, the relationship is vetted. While conducting the on-site inspection, the Auditor observed that every hold and processing area was within immediate view of staff (b) (7)(E). The facility utilizes (b) (7)(E) (b) (7)(E) (b) (7)(E) (b) (7)(E) The (b) (7)(E) alerts agents to conduct (b) (7)(E) checks. The local SME and agents stated that pat-down searches are conducted by contractors (b) (7)(E) placement in hold rooms. Agents (b) (7)(E) into multiple holding rooms due to the physical layout. The facility has (b) (7)(E) the waiting and processing area. (b) (7)(E)

(b)(c): The facility meets the standard provision. CBP Directive 2130-030, and a memorandum dated August 13, 2014, from the Chief, Border Patrol to all Chief Patrol Agents and all Division Chiefs, with an attachment of the memorandum from the Commissioner of Operations, CBP Policy on Zero Tolerance of Sexual Abuse requested the information be shared with all staff and for the policies to be followed. The memorandum mandates CBP to develop and document comprehensive detainee supervision guidelines to determine and meet the detainee supervision needs which has been accomplished through CBP TEDS. CBP Directive 2130-030 mandates an annual review of the detainee supervision guidelines at TCC, considering factors such as the physical layout, detainee composition, prevalence of substantiated and unsubstantiated instances of sexual abuse, findings from incident reviews, and other relevant factors. Following the results of the review, TCC is required to forward the annual review to the HQ Privacy and Diversity Office (PDO)/PSA Coordinator. Local SME stated that they conduct regular re-evaluations of staffing requirements, specifically during detainee influxes. They further stated that when needed, they seek assistance from other stations. The Auditor was provided with the most recent annual review of detainee supervision guidelines which was conducted on November 30, 2023. Upon review, the Auditor determined the facility has met the requirements mandated by the standard and CBP policies. A memorandum from the Chief of U.S. Border Patrol, dated May 30, 2023, to all Chief Border Patrol Agents and all Directorate Chiefs served as a policy reminder emphasizing CBP TEDS and the requirement of monitoring hold rooms by checking at least once every (b) (7)(E) and record the checks in the (b) (7)(E). During the onsite inspection, the Auditor observed the agents conducting their checks. The agents stated they document the (b) (7)(E) checks in the (b) (7)(E).

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

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

**Notes:**

(a): The facility meets the standard provisions. CBP TEDS, along with a memorandum dated October 8, 2015, from the Chief of US Border Patrol to all Chief Patrol Agents, Directorate Chiefs, and Directorate Executive Directors were distributed to all staff. The memorandum addressed the Standards to Prevent, Detect, and Respond to Sexual Assault in CBP Holding Facilities requiring TCC to place juveniles in the least restrictive setting appropriate to the juveniles' needs and consistent with the need to protect the juvenile's well-being and that of others. During interviews with agents, they stated that juveniles and UC, and family are placed in the least restrictive area. The hold rooms contain games and toys. Interviewed local SMEs stated they keep families together unless there are safety concerns for the

child. There were no UC or family units present during the on-site audit. Interviewed detainees stated they have not observed juveniles nor families in the building. The detainees also stated they have not been held in hold rooms with children during their time at TCC.

(b): The facility meets the standard provision. CBP TEDS mandates the separation of juveniles from adult detainees. TCC staff provide snacks, drinks, and warmer clothing to detained UC and juveniles as needed. Local SMEs and agents stated that juveniles are immediately separated from accompanying adults unless they have been properly vetted and a relationship is established. The staff further explained the vetting process which involves agency and State Department database searches, conducting separate interviews with the minor and accompanying adult. Additionally, they review accompanying documents provided by the detainee. During interviews with staff, they explained the techniques and skills used to vet the relationship between children and adults such as eye contact, the way they are speaking, and direct observations.

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

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

**Notes:**

(b)(c): The facility meets the standard provisions. CBP TEDS details the type and conditions under which searches can be performed to ensure the safety of agents, civilians, and detainees. The policy mandates that if these types of searches are performed, they must be documented in the (b) (7)(E). It explicitly prohibits cross-gender strip searches and cross-gender visual body cavity searches, except in exigent circumstances, such as considerations for agent safety or when conducted by medical practitioners. CBP TEDS specifies that agents must not conduct visual body cavity searches on juveniles, directing such searches to be performed by medical practitioners. At TCC, local SMEs confirmed that only medical personnel are authorized to conduct strip or visual body searches of juveniles. In the case of cross-gender searches, agents clarified that the conducting agent must be of the same gender as the detainee. Additionally, if a cross-gender search was to take place, supervisors must be informed beforehand, and the search must be documented. Body cavity searches are strictly prohibited at TCC. The detainee interviewed confirmed that he did not undergo a strip search (partial body) or visual body cavity search.

(d): The facility did not meet the standard provision. The CBP TEDS outlines requirements for detainees regarding showering, bodily functions, and changing clothes, emphasizing privacy from staff of the opposite gender, except in specific circumstances. At TCC, detainees held for over 48 hours have access to (b) (7)(E) shower rooms. According to local SMEs and agents, they are allowed to use the showers and are provided with hygiene products. Additionally, upon intake, detainees are provided with toothpaste and toothbrushes, as well as clothing if necessary. During the on-site audit, the Auditor did not observe anyone using the showers. Detainees can use toilets in the hold rooms without being viewed by staff. Agents stated that they announce their presence and knock when approaching a hold room.

(b) (7)(E)  
(b) (7)(E). However, during an interview with a female detainee, the Auditor was made aware of (b) (7)(E) (b) (7)(E). The female detainee stated that she was afforded an opportunity to shower but did not want to use the shower room because it was the same room where she was asked to change her shirt, and she had noticed there was (b) (7)(E). Upon the conclusion of the rest of the interview, the Auditor walked over to the shower room with an agent and the detainee so she could clarify what she saw. The Auditor observed the room, which consists of a toilet, sink, shower, and bench. The agent clarified that the room is used for detainees to change clothing, use the toilet, or shower. The shower is adjacent to the toilet area. The Auditor checked (b) (7)(E)

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(e): The facility meets the standard provision. Guidelines for Processing Transgender Applicants for Admission were issued during the week of December 10, 2018. A reminder on searching transgender, intersex, or gender non-conforming individuals was issued via Memorandum from the Deputy Chief of Border Patrol on January 17, 2023. The memorandum refers to CBP TEDS, which prohibits staff from searching or physically examining a detainee solely to determine their gender. CBP TEDS further states that if the detainee's gender is unknown, agents will ask the detainee about their gender or gender identity, and if the detainee declines to state their gender, it will be recorded as unknown in the (b) (7)(E). During interviews with agents, they reported they do not search detainees solely for gender determination, and the detainee would be searched by an agent as the detainee identified. There were no transgender or intersex detainees available for interview.

(f): The facility meets the standard provision. CBP TEDS mandates personnel to conduct searches professionally, thoroughly, and reasonably, adhering to the required type of search and ensuring the searcher matched the detainee's gender, gender identity, or declared gender. Interviewed local SMEs and agents, stated they had received training on pat searches, including cross-gender searches. At TCC, an initial pat-down search occurs (b) (7)(E) once individuals are being processed (b) (7)(E). The pat downs are conducted by contracted private security. The security contractor stated during the interview that they receive annual training and refresher training on search procedures. The contractor also stated they additionally receive refresher reminders via email.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 mandates staff in holding facilities to provide reasonable accommodations for detainees with disabilities, ensuring their equal participation in the prevention, detection, and response to sexual abuse. CBP issued a Guide to Communicating with Detainees with Disabilities which provides staff with definitions of the different types of disabilities, most prevalent types of disabilities and strategies to making PREA information accessible. During interviews, local SMEs and agents stated they had not held detainees with disabilities during the 12-month audit period, however, staff described different methods they utilize to accommodate detainees with disabilities. They stated they would read PREA notices to visually impaired detainees and arrange for sign language interpreters. There were no detainees with disabilities for the Auditor to interview.

(b): The facility meets the standard provision. CBP Directive 2130-031, Roles and Responsibilities of U.S. Customs and Border Protection Offices and Personnel Regarding Provision of Language Access, dated December 14, 20138, mandates TCC to take reasonable steps to provide Limited English Proficient (LEP) detainees with meaningful access to its operations, services, and other conducted activities without unduly burdening the Agency's fundamental mission. CBP Directive 2130-030 mandates that all holding facilities provide effective, accurate, and impartial interpretation services to LEP detainees. During the on-site audit, the Auditor observed both English and Spanish versions of all PREA posters in several areas of the facility. Staff interviews confirmed their awareness of recent guidance on for LEP detainees and stated the information was also shared during musters. Interviews with local SMEs and agents emphasized Spanish as the most frequently spoken language due to their proximity to the Mexico border. The presence of informational posters, such as "Zero Tolerance," "Keep Detention Safe," and "I Speak," was noted by the Auditor. According to interviews with local SMEs and agents, effective communication with LEP detainees is made possible using interpretation services if there is no one on shift who spoke the detainee's language. Staff further stated that if a detainee entered TCC without proficiency in English or a language staff members could speak, a translation service would be utilized after the detainee indicated their language on the "I-Speak" poster. Staff access to the translation service through the telephone by utilizing the "DHS CBP How to Request Services" document, which identifies contact information to provide appropriate translation and interpretive services. Detainees interviewed confirmed they had seen the posters as they entered the building and around the facility. The further stated they were aware and understood the zero-tolerance policy.



(c): The facility meets the standard provision. CBP Directive 2130-030 prohibits the use of detainees as interpreters when reporting alleged sexual abuse or in cases where they have been found to be sexually abused. Local SMEs and agents stated that they would not use another detainee to translate for them regarding a sexual abuse allegation.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 mandates the Office of Human Resources Management (HRM) to oversee compliance with hiring, promotion, and discipline requirements outlined in the standard provision. The Executive Director, Human Resources, issued a memorandum, dated February 29, 2016, establishing HRM Standard Operating Procedures (SOP). The HRM SOP includes Hiring and Promotion procedures mandating that CBP shall not hire or promote anyone who may have contact with detainees, and shall not enlist the services of any contractor or volunteer who may have contact with detainees, who has engaged in sexual abuse in a prison, jail, holding facility, community confinement center, 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; who has been civilly or administratively adjudicated to have engaged in such activity. An interview was conducted with the HQ HRM/Hiring Center SME and HQ Office of Professional Responsibility (OPR)/Personnel Security Division (PSD) SME. They both stated that that applicants for employment are asked a series of questions to determine their suitability for employment. They further stated that based on their responses, they may be screened out and deemed ineligible for employment.

(b): The facility meets the standard provision. The HRM SOP requires CBP HRM to ask specific questions related to staff misconduct. CBP HRM developed DHS Mission Specific Questions and a DHS PREA questionnaire which includes an inquiry about any history of convictions or adjudications as mandated in standard provision (a) of this standard. The HQ HRM/Hiring Center and the HQ OPR/PSD SME stated all applicants, to include contractors and volunteers, and those seeking promotions, are required to answer questions during their application process. The HQ HRM/Labor Employee Relations (LER) stated that staff are advised of a continuing affirmative duty to disclose any such misconduct during their onboarding process and annual training provided through the Acadis training portal.

(c)(d): The facility meets the standard provision. CBP Directive 2130-030 mandates background investigations for employment applicants with potential detainee contact, with updated checks every five years for relevant CBP personnel and contractors. The HQ OPR/PSD SME explained the background investigation process. It was reported that the agency has moved toward a continuous evaluation process which provides current and updated information on employees, thereby eliminating the need for five-year background information. The Auditor reviewed twenty randomly selected background checks of varying ranks including four contractors. The review concluded all background checks were conducted during initial employment.

(e): The facility meets the standard provision. A thorough review of the PREA Questionnaire Form, Suitability Assessment, a sample Notice of Results, and a notice of referral was conducted by the Auditor, describing the response an applicant can expect if material information is omitted. The HQ HRM/Hiring Center SME and HQ HRM/LER SMEs stated they withdraw a job offer or terminate employment for individuals who make a material omission or provide false information regarding their sexual abuse misconduct. This requirement is emphasized in the HRM SOP and included in the Table of Offenses.

(f): The facility meets the standard provision. CBP Directive 2130-030 documents the provision of substantiated allegations of sexual abuse regarding former employees upon request from an institutional partner, unless prohibited by law. The HQ HRM/LER SME stated that if an applicant applied for another job with another agency and had signed a release of information, the agency would provide the requested information.

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

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

**Notes:**

(a): The standard provision is not applicable. TCC has not undergone significant expansion or modification since the previous audit.

(b): The standard provision is not applicable. TCC has not upgraded (b) (7)(E) computer systems since the previous audit.

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

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

**Notes:**

(c): The facility meets the standard provision. CBP TEDS and CBP Directive 2130-030 require timely, unimpeded access to medical treatment and crisis intervention, including emergency contraception and sexually transmitted infections prophylaxis, to be provided to a detainee victim of sexual assault in accordance with professionally accepted standards of care. The Directive further requires that a forensic medical examination be conducted by qualified healthcare personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where practicable. During interviews with local SMEs, they stated that any victim of sexual abuse would immediately be transported to Banner University Medical Center Main Campus in Tucson, Arizona, for a forensic examination with a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE).

(d): The facility meets the standard provision. CBP Directive 2130-030 requires agents to allow detainee victims access to victim advocacy services, to the extent available and consistent with security needs, while at the hospital for forensic examinations due to sexual abuse/assault. The Auditor contacted the Banner University Medical Center Main Campus and spoke with the emergency room nurse who stated that community-based advocates for sexual abuse are accessible at their hospital. Local SME interviews confirmed that all victims of sexual abuse would be provided these services at no cost to the detainees.

(e): The facility meets the standard provision. The local SMEs confirmed the Tucson Police Department is responsible for investigating allegations of sexual abuse. They further stated notifications would also be made to CBP's Joint Intake Center (JIC). The Auditor was provided with letters requesting compliance with PREA Standards during investigations. This includes a letter dated November 29, 2023, from Acting Patrol Agent in Charge to the Chief of Police in Tucson, Arizona. The letter met the requirements of notifying investigative agencies to follow the requirements as established in standard provisions (a) through (d).

**§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): The facility meets the standard provisions. CBP Directive 2130-030 mandates the prompt reporting of all detainee sexual abuse allegations to the HQ PDO/PSA Coordinator, relevant agency offices, and DHS for oversight. CBP Directive 3340-025F, Reporting Significant Incidents to U.S. Customs and Border Protection WATCH, dated November 2, 2021, mandates that significant incidents involving sexual abuse and/or assault must report as promptly as possible to agency leadership to CBP Watch which is a unified reporting center that operates 24 hours a day, seven days a week. Interviewed local SMEs stated that in addition to reporting to CBP WATCH, the JIC and the HQ

PDO/PSA Coordinator would also be notified. The Supervisor on Duty is responsible for contacting and notifying the Tucson Police Department. Through an interview, the HQ PDO/DPSA Coordinator confirmed the reporting of sexual abuse allegations and stated that TCC had one allegation of sexual abuse in the last 12 months. The alleged incident occurred on (b) (6), (b) (7)(C)

(b) (6), (b) (7)(C)

**§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): The facility meets the standard provisions. CBP Directive 2130-030 mandates that all individuals, including uniformed agents, special agents, fact finders, contractors, and volunteers, with potential contact with detainees in CBP holding facilities receive training as required in Subpart B of the DHS Standards. The Auditor reviewed the training slides which includes (1) The agency's zero-tolerance policies for all forms of sexual abuse; (2) The right of detainees and employees to be free from sexual abuse and from retaliation for reporting sexual abuse; (3) Definitions and examples of prohibited and illegal sexual behavior; (4) Recognition of situations where sexual abuse may occur; (5) Recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing such occurrences; (6) Procedures for reporting knowledge or suspicion of sexual abuse; (7) How to communicate effectively and professionally with detainees, including LBGTQI+ and gender nonconforming detainees; and (8) The requirement to limit reporting of sexual abuse to personnel with a need to know in order to make decisions concerning the victim's welfare for law enforcement or investigative purposes. Additionally, CBP provides Quick Reference Cards to staff as a guide for first responders when witnessing or receiving reports of sexual abuse. The cards provide steps for reporting incidents, preserving evidence, seeking medical treatment, and coordinating with relevant agencies or facility administrators. While at the on-site audit, the Auditor reviewed the training records of twenty TCC staff and four contractors and verified staff had received the training as required by the Directive and the standard. During interviews with the agents and the contractor, it was notable they were well informed of the agency's zero-tolerance policy and their responsibilities. They stated they received the training through Acadis (an internal training portal). TCC does not engage the services of volunteers, however, they would be required to complete the same course as CBP employees through a website hosted by the federal Emergency Management Agency (FEMA) at <https://training.fema.gov/hidden/dhsvolunteerforce>.

(b)(c): The facility meets the standard provision. CBP Directive 2130-030 mandates the agency to maintain employee training records for employees for five years and training records for contractors must be maintained for five years and is the responsibility of the Contracting Agents Representative. The Auditor, during the review of TCC employee and contractor training records, confirmed that all active staff underwent training within two years of the effective date of the standards or upon their hire, if employed after the initial training. TCC staff and contractors have received sexual abuse and assault biannual refresher training, as confirmed by local SMEs and agent interviews.

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

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

**Notes:**

The facility meets the standard. CBP has established numerous methods to notify the detainees of the agency's zero tolerance policy. During the on-site tour of the facility, the Auditor observed posters displayed throughout the facility in English and Spanish on how to report sexual abuse and/or sexual assault. Although, they were displayed in two languages, staff indicated the information on the posters was available through their internal website in seventeen other languages which include: Arabic, Farsi, French, Gujarati, Hattian, Hindi, Japanese, Pashto, Portuguese, Punjabi, Romanian, Simplified Chinese, Tagalog, Urdu, and Vietnamese. CBP also designed colorful age-appropriate posters for tender age, (13 and below) and juveniles over the age of 14 depicting cartoon pictures to make the aware of the agency's zero tolerance policy. The agency's website, <https://www.cbp.gov/about/care-in-custody>, reinforces

the zero-tolerance policy. Interviews with local SMEs and agents stated the posters were displayed in areas to assure the detainees were made aware of the zero-tolerance policy. Interviews with detainees revealed that the agents and contractors at TCC had informed them that sexual abuse is not tolerated. The detainees also stated the information about sexual abuse was available in languages they speak.

**§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): The facility meets the standard provisions. CBP has developed policies to ensure that all detainees are provided with a risk assessment for victimization and abusiveness before being placed in a hold room. The policy and procedures include CBP Directive 2130-030, CBP TEDS, Commissioner’s memorandum dated March 11, 2015, PREA Risk Assessment Instrument through a memorandum from the Acting Executive Director, Strategic Planning and Analysis, dated June 6, 2022. These policies require a risk assessment of all detainees prior to placing them in a hold room. The factors considered are as follows: (1) whether the detainee has a mental, physical, or developmental disability; (2) the age of the detainee; (3) the physical build and appearance of the detainee; (4) whether the detainee has previously been incarcerated or detained; (5) the nature of the detainee’s criminal history; (6) whether the detainee has any convictions for sex offenses against an adult or child; (7) whether the detainee has self-identified as LGBQT+ or gender non-conforming, (8) whether the detainee has self-identified of having previously experienced sexual victimization; and (9) the detainees own concerns about his or her physical safety. Local SMEs and agents verified that detainees undergo assessments to evaluate the risk of sexual victimization. Based on these assessments, decisions are made regarding whether they should be placed alone or separated. During interviews, SMEs and agents clarified that if a detainee is deemed at high risk of sexual abuse, immediate steps are taken to separate them from anyone who poses a risk, as well as from other detainees. Continuous monitoring is then implemented to ensure their safety and well-being. The Auditor reviewed eleven randomly selected risk assessments among the 26 detainees in custody at the time. Each detainee had responded to all the risk assessment questions and recorded in the (b) (7)(E). The (b) (7)(E) includes information on concerns for physical safety, categorizing risks as High Risk of Sexual Victimization and High Risk of Being Sexually Abusive. The Auditor conducted interviews with detainees who reported they were questioned about their physical safety.

(d): The facility meets the standard provision. CBP Directive 2130-030 mandates heightened protection measures for detainees identified as high-risk for sexual abuse victimization. This involves continuous direct sight and sound supervision, placement in a single occupancy hold room, monitoring in open areas, or placement in a hold room actively (b) (7)(E) by an agent close enough to intervene unless no such option is available. Local SMEs and agents revealed that detainees deemed at higher risk for sexual abuse are segregated into a separate hold room away from other detainees. These high-risk individuals are monitored at (b) (7)(E) intervals, and these checks are recorded in their (b) (7)(E). During the audit, no detainees who had been identified or self-identified as high-risk were currently held.

(e): The facility meets the standard provision. CBP TEDS emphasizes that efforts should be made to conduct assessments in a manner that affords detainees the highest possible level of privacy. The Directive mandates that all CBP facilities implement appropriate controls on the distribution of private information provided by detainees under this section, and agents are instructed to disclose such information only to personnel with a need to know. During

interviews, local SMEs and agents emphasized that they would share information obtained during the risk assessment process only 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)(c): The facility meets the standard provisions. CBP has issued policies to ensure detainees are provided an opportunity to report allegations of sexual abuse. CBP Directive 2130-030 and CBP TEDS require detainees to 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. It further requires the facility to provide at least one way for detainees to report sexual abuse to a public or private entity not connected to the agency, and detainees must be able to report confidentially and anonymously if desired, as well as both verbally and in writing. Detainees can make reports either verbally or in writing to a CBP official on-site or through multiple external avenues, such as the toll-free Joint Intake Center Hotline, email (JointIntake@cbp.dhs.gov), postal mail, or DHS OIG. The contact details for the DHS OIG, including the telephone information, are posted on the Keep Detention Safe posters in areas throughout the facility, including the waiting areas and walls outside of the hold rooms, and staff areas. Local SMEs and agent interviews confirmed that detainees, when using the telephone, would not be questioned about the nature of their call, and would be provided privacy while being visually observed. Upon receipt of an allegation of sexual abuse, agents confirmed that they would immediately notify their supervisor of the complaint and subsequently document the incident as required by policy. The phones are located in the office spaces and the agent desks. Interviews with local SMEs and agents confirmed that detainees have multiple ways to report sexual abuse: they can either directly inform the staff, let someone else know, or use the reporting hotline. Phones were available at processing center stations and in interview rooms for detainees to use and afforded privacy and confidentiality. During detainee interviews, they acknowledged their awareness of procedures related to reporting sexual abuse. This information was provided by agents and was also posted in the facility. The reporting details were accessible in a language and manner that detainees could understand. The posted information informed them about the avenues to report. The Auditor also verified the functionality of telephones to ensure detainees could contact the DHS OIG.

**§115.154 – Third-party reporting.**

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

**Notes:**

The facility meets the standard. CBP Directive 2130-030 informs staff that third parties may report sexual abuse on behalf of detainees. The Directive further states another detainee may make the report on behalf of another detainee. During the on-site audit, the Auditor observed informational posters in English and Spanish which contained the reporting phone number to DHS OIG. Additionally, CBP has established a website which outlines public reporting procedures for sexual abuse at <https://www.cbp.gov/about/care-in-custody>. Local SMEs and agents stated they would accept verbal, anonymous, or third-party reports, including those from family members outside the facility. Local SME and agent interviews provided staff awareness that third-party reports are to be promptly reported and documented in writing. They further stated all sexual abuse or assault allegations are treated seriously and reported to supervisors, regardless of the reporting method.

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

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

**Notes:**

(a)(b): The facility meets the standard provisions. CBP Directive 2130-030 and CBP Policy Zero Tolerance of Sexual Abuse in CBP Holding Facilities, mandate prompt reporting of sexual abuse or assault, retaliation, or staff neglect which may occur at the facility. CBP Directive 51735-013B, Standards of Conduct, dated December 9, 2020, states that every CBP employee must promptly report allegations of misconduct and have an affirmative duty to report incidents of sexual abuse and/or sexual assault or retaliation against an employee or detainee who report such incidents. CBP Directive 3340-025F specifies that significant incidents must be reported through CBP WATCH, which is a unified hub that operates 24 hours a day and seven days a week. The reporting to CBP WATCH ensures critical information is relayed in real-time reporting to senior CBP and DHS leaders. CBP published "The DHS PREA Standards In-Focus on August 25, 2022, with key points of staff reporting responsibilities and prompt notification to their supervisor. The article states staff have a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred involving any detainee; retaliation against detainees or staff who reported or participated in an investigation about such an incident; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The article also provides staff with contact information to report to CBP Watch and the JIC and may also be able to report misconduct outside their chain of command. During interviews with staff, they stated they can also report to DHS OIG or anyone outside of their chain of command. Those interviewed expressed that they have the option to either notify any on-duty supervisor or file a report directly with the Joint Intake Center.

(c): The facility meets the standard provision. CBP Directive 2130-030 mandates that staff refrain from disclosing any information regarding a sexual abuse report unless it is necessary to assist the detainee, protect others, or make security and management decisions. Interviews with local SMEs and agents confirmed that all staff interviewed understood that such reports were confidential and would disclose this information on a need-to-know basis. The local SMEs also stated that confidentiality is emphasized during mandatory PREA training.

(d): The facility meets the standard provision. CBP Directive 2130-030 obligates staff to report sexual abuse and/or sexual assault allegations involving alleged victims under the age of 18 to make mandatory notifications in cases of alleged sexual abuse involving vulnerable adults or victims under 18 or those considered as vulnerable adults under state and local vulnerable adults' statutes to the designated to the State or local agency services under applicable mandatory reporting laws. A review of the PAQ reflects that TCC has not encountered any incidents necessitating such notifications within the past 12 months. Interviews with local SMEs and supervisors indicated their understanding and commitment to making mandatory notifications in cases of alleged sexual abuse involving vulnerable adults or victims under 18. The local SMEs and supervisors further stated they would report these allegations to the Tucson Police Department. The Auditor conducted an internet search and found that TCC can contact the Arizona Adult Protective Services for vulnerable adults and the Arizona Department of Child Safety at 888-SOS-CHILD, for juveniles. The report is made by the SBPA or PBAIC.

**§115.162 – Agency protection duties.**

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

**Notes:**

The facility meets the standard. CBP TEDS instructs TCC staff that if they have a reasonable belief that a detainee is at a substantial risk of imminent sexual abuse that action must be immediately taken. Interviews with local SMEs, supervisors, and agents stated that if a detainee is in danger of sexual abuse, agents will quickly remove them from the situation. They will ask questions to understand what happened and inform their supervisor immediately. All agents stated they would prioritize keeping the potential victim safe and separate from abuser. The local SMEs stated that, in the past 12 months, there were no instances where the agency identified a detainee as being at substantial risk.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires TCC that upon receipt of an allegation from a detainee that they were sexually abused and/or assaulted, while confined at another facility, staff must notify the appropriate office at the agency or administrator of the facility administrator where the alleged assault. The local SMEs confirmed that the Patrol Agent in Charge (PAIC) or their designee would be tasked with making this notification to the prior agency or administrator.

(b)(c)(d): The facility meets the standard provisions. The standard provisions require that upon receiving an allegation from a detainee of being sexually abused and/or sexually assaulted at another facility, notification must be made within 72 hours of receiving the allegation. CBP published DHS Standards in Focus, dated April 5, 2023, reiterating the standard requirements of making notifications of alleged assaults within 72 hours. The article also directs staff to refer the allegations for investigation. The local SMEs stated they would make the necessary notifications as soon as possible and prior to the required 72 hours, document the notification in the (b) (7)(E) while simultaneously referring the allegation for investigation. The local SMEs further stated they would also notify the JIC, DHS OIG, HQ OPR, and the HQ PDO/PSA Coordinator as required by their policies and procedures. The local SMEs reported they had not received allegations from detainees who had been confined at another facility during the last 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): The facility meets the standard provision. CBP Directive 2130-030 and CBP TEDS outline the responsibilities and actions that TCC staff must adhere when first responding to an allegation of sexual abuse and/or sexual assault allegation. CBP provides Preventing and Addressing Sexual Abuse in CBP Holding Facilities training biannually to all staff. The training includes First Responder training and how to respond if they are a first responder to a sexual abuse and/or sexual assault allegation. The Directive, TEDS, and the training provide detailed information on actions first responders must take which include separating the alleged abuse and the alleged victim, notifying their supervisor, preserve and protect the scene and evidence. During the interviews with local SMEs and agents, they stated they would immediately separate the alleged victim and the alleged abuser, protect the crime scene, and preserve evidence by requesting the alleged victim and directing the alleged abuser not to brush their teeth, wash their bodies, change clothing, or use the toilet, along with anything they deem necessary to preserve the evidence. The local SMEs confirmed they have not had any sexual abuse allegations in the past 12 months.

(b): The facility meets the standard provision. CBP Directive 2130-030 specifies that if the initial responder is not a law enforcement officer, they must instruct the alleged abuser not to destroy evidence, request the alleged victim, and then notify TCC staff. Although, contractor interaction with detainees is limited to outside of the facility since they only engage with them while they are (b) (7)(E) the interviewed contractor stated that they are trained to instruct both victim and abuser not to destroy evidence. They would notify the agents, supervisors, or a law enforcement staff person nearby to assist in the response.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 constitutes CBP's written coordinated institutional plan which explains the utilization of a multidisciplinary approach to respond to sexual abuse and/or sexual assault. The CBP Postmaster posted emails to all staff on February 5 and 12, 2018, advising staff of the issuance of the Directive making them aware that the Directive is the agency's written institutional plan responding to sexual abuse and sexual assault. The Directive coordinates actions for first responders, medical and mental health professionals, investigators and TCC leadership involvement when responding to incidents of sexual abuse and/or sexual assault. CBP developed a training aid which details responsibilities if a sexual abuse and/or sexual assault were to occur. This aid was provided to TCC agents. The aid includes first responder duties, requirement for forensic medical examinations, notifications, and how to report these allegations. The local SMEs and the agents stated they were aware of their requirement to promptly provide medical care.

(b)(c): The facility meets the standard provision. Local SME interviews confirmed their awareness of the requirements outlined in CBP Directive 2130-030 and their responsibility to notify the facility if a victim of sexual abuse is transferred to another DHS facility, indicating a possible need for medical or social services. They further stated that they have not made any notifications to another DHS facility or to JIC since TCC has not had these incidents occur at their facility.

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

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

**Notes:**

The facility meets the standard. CBP Directive 2130-030 mandates agency management to assess whether any staff, contractor, or volunteer accused of sexual abuse/assault should be removed from duties involving detainee contact pending the outcome of the investigation and shall do so if the seriousness and the plausibility of the allegation make removal appropriate. The Directive further states that contractors and volunteers would be removed from their duties pending the outcome of the investigation. Interviewed local SMEs stated contractors and volunteers who are suspected of perpetrating sexual abuse are removed from any contact with detainees. This standard is in place to safeguard detainees from immediate exposure to sexual abusers. According to the local SMEs, if any staff member faces allegations of sexual abuse or assault, they are temporarily relieved from duties involving detainee contact during the investigation. This precautionary measure is taken when the seriousness and credibility of the allegation warrant removal.

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

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

**Notes:**

The facility meets the standard. CBP Directive 2130-030, CBP Directive 51735-013B, and CBP TEDS explicitly prohibit any form of retaliation against individuals, including detainees, who file complaints, participate in misconduct investigations, or report instances of sexual abuse. A memorandum dated March 11, 2015, from the Commissioner to all CBP staff reinforces the agency's commitment against retaliation. Local SMEs stated that protection from retaliation is emphasized during their initial and refresher training. Interviewed agents stated they are aware and understand that any form of retaliation is strictly prohibited.

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

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



**Notes:**

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

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

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

**Notes:**

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

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 and CBP Directive 51735-013B, Standards of Conduct, informs all CBP personnel about potential disciplinary action for substantiated allegations of sexual abuse and/or assault. The Directives stipulate that for substantiated allegations of sexual abuse/assault or violations of sexual abuse policies, CBP personnel may face disciplinary action, up to and including removal from their position and Federal Service. Interviews with HQ HRM/LER SME confirmed the pursuit of disciplinary action, including removal, for substantiated cases of sexual assault or policy violations, with removal and exclusion from future Federal service being the presumptive action. She further stated that during the initial hire of an employee they are informed of disciplinary actions for substantiated allegations of sexual abuse and/or sexual assault and provided with a CBP Table of Offenses and Penalties. Local SMEs stated that immediate actions against staff facing sexual assault allegations include removing the employee from contact with detainees, reporting the employee HQ OPR, JIC, and DHS OIG for further action as deemed appropriate. Local SMEs report that staff would be subject to disciplinary action up to and including removal from Federal Service for a substantiated allegation of sexual abuse or violating the agency sexual abuse policy.

(c): The agency meets the standard provision. The HQ OPR/Sexual Assault and Abuse Investigative (SAAI) Coordinator interview confirmed that any investigations substantiating sexual abuse would be referred to the appropriate law enforcement agency by the on-duty supervisor, with notification coordination facilitated by the HQ OPR/SAAI SME.

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

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

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

**Notes:**

(a)(b): The facility meets the standard provision. CBP Directive 2130-030 and CBP policy on Zero Tolerance of Sexual Abuse and Assault states contractors and volunteers may be subject to disciplinary or adverse action up to removal from their position or their voluntary role for substantiated cases of sexual abuse, sexual assault, or violations of CBP's sexual abuse policies. The HQ OPR/SAAI SME confirmed that any substantiated allegations involving contractors or volunteers would prompt notification to proper law enforcement authorities. Pending an investigation into allegations of sexual abuse involving a detainee, all contractors and volunteers will be immediately relieved from any duties that

involve detainee contact. Once the investigation concludes, appropriate measures will be taken to report any contractor or volunteer found guilty of sexual abuse to the relevant licensing bodies and referred to law enforcement agencies. A review of a contractor's training file revealed that they had undergone training on the agency's zero-tolerance policy regarding the sexual abuse of detainees.

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

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

**Notes:**

(a)(b): The facility meets the standard provision. CBP Directive 2130-030 requires that when an alleged incident sexual abuse and/or sexual assault occurs, the alleged victim should be provided with timely, unimpeded access to medical and must be provided with access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in an accordance with professionally accepted standards of care. The Directive further states ,that these services are offered at no cost to the alleged victim, regardless of whether the alleged victim names the abuser or cooperates with any investigation which arises out of the incident. Local SMEs stated that, regardless of the detainee's level of cooperation in the sexual assault investigation, victims of sexual abuse are promptly transported to Banner University Medical Center Main Campus for emergency medical treatment and crisis intervention services at no cost.

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

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

**Notes:**

The facility meets the standard provision. CBP Directive 2130-030 requires than incident review be conducted by HQ BP within 30 days after the conclusion of an investigation. The HQ USBP SME stated that allegations are reviewed by the Incident Review Committee (IRC) which consists of three CBP HQ Program Managers and the local PREA Field Coordinator. The HQ USBP SME also stated that the review is conducted to better understand and address factors that may have contributed to the sexual abuse incident. It was further reported that the TCC would implement recommendations made by the IRC and would respond in writing whether the recommendations were or were not implemented. The HQ PDO/DPSA Coordinator stated they would receive sexual abuse incident reviews ordinarily within 30 days of the agency receiving the investitive results from the investigative authority. The local SME stated TCC has not had to respond to any recommendations made by the IRC as TCC as not had any such incidents occur at their facility.

**§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.

**ADDITIONAL NOTES**

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)**

05/30/2024

\_\_\_\_\_  
**Auditor's Signature**

\_\_\_\_\_  
**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 |
|------------------------|------------------------------------|

**PROGRAM OFFICE**

|                                |                    |
|--------------------------------|--------------------|
| <b>Name of Program Office:</b> | U.S. Border Patrol |
|--------------------------------|--------------------|

**SECTOR OR FIELD OFFICE**

|   |   |
|---|---|
| <b>Name of Sector or Field Office:</b>            | Tucson                                  |
| <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>   | 2430 S Swan Road, Tucson, Arizona 85711 |
| <b>Mailing Address: (if different from above)</b> |   |

**SHORT-TERM FACILITY BEING AUDITED**

**Information About the Facility**

|   |   |
|---|---|
| <b>Name of Facility:</b>                          | Tucson Coordination Center              |
| <b>Physical Address:</b>                          | 2430 S Swan Road, Tucson, Arizona 85711 |
| <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>            | Deputy Patrol Agent in Charge |
| <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 U.S. Customs and Border Protection (CBP), U.S. Border Patrol (USBP), Tucson Coordination Center (TCC) was conducted by (b) (6), (b) (7)(C), Certified PREA Auditor, contracted by through Creative Corrections, LLC., Beaumont, Texas on February 8, 2024, and the preliminary findings report was submitted on March 13, 2024. Following comments from CBP Headquarters and responses from the Auditor, the report dated March 13, 2024, was submitted as a Final Draft on May 30, 2024.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the TCC was found to be in compliance with 23 standards: 115.111; 115.113; 115.114; 115.116; 115.117; 115.121; 115.122; 115.131; 115.132; 115.141; 114.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182, and 115.186. Standard 115.118 was not applicable to TCC. TCC was found not to be in compliance with one standard: 115.115.

On March 25, 2024, TCC prepared a Corrective Action Plan (CAP) with a completion date of March 25, 2024. The CAP was received from the Privacy Diversity Office (PDO) Deputy Prevention of Sexual Abuse Coordinator (DPSA) on April 26, 2024. Along with the CAP, TCC submitted all the documentation supporting their compliance. The Auditor reviewed the CAP and determined the CAP to be satisfactory.

TCC is now compliant with all standards. All corrective action was completed within the 180-day period after the audit.

**PROVISIONS**

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

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

- 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 April 24, 2024, TCC submitted a CAP dated March 25, 2024, to comply with standard provision 115.115 (d). [REDACTED] (b) (7)(E) [REDACTED] TCC also submitted photographs verifying the action taken. The Auditor reviewed all submitted documents and has determined TCC demonstrates compliance with standard provision 115.115 (d). TCC is now compliant with standard 115.115.

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

May 30, 2024  
Date