

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



U.S. Customs and  
Border Protection

## AUDITOR

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

## AGENCY

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

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

<b>Name of Sector or Field Office:</b>	Laredo Field Office
<b>Name of Chief or Director:</b>	(b)(6)(b)(7)(C), Director
<b>PREA Field Coordinator:</b>	(b)(6)(b)(7)(C), Chief CBP Officer
<b>Sector or Field Office Physical Address:</b>	109 Shiloh Dr., Suite 300 Laredo, TX 78045
<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>	Eagle Pass Point of Entry		
<b>Physical Address:</b>	160 Garrison St.		
<b>Mailing Address: (if different from above)</b>	Eagle Pass, TX 78852		
<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>	Assistant Port Director
<b>Email Address:</b>	(b)(6)(b)(7)(C)	<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

## AUDIT FINDINGS

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

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

The initial Prison Rape Elimination Act (PREA) audit of the Customs and Border Protection (CBP), Office of Field Operations (OFO), Eagle Pass Point of Entry, was conducted on June 25, 2019, by PREA certified Auditor (b)(6)(b)(7)(C), a contractor for Creative Corrections, LLC. The Holding Facility is located at 500 South Adams St., in Eagle Pass, TX, and is utilized by CBP for short-term detention of individuals pending release from custody, return to their country of origin, or transfer to a court, jail, prison, other agency, or a long-term detention facility within Department of Homeland Security (DHS).

The PREA audit is to determine compliance with the DHS PREA Standards. (b)(6)(b)(7)(C), CBP's Prevention of Sexual Assault (PSA) Coordinator, Privacy and Diversity Office (PDO), Headquarters (HQ); (b)(6)(b)(7)(C), Deputy Director, Personnel Security Division (PSD), HQ; (b)(6)(b)(7)(C), Employee Relations Specialist, Labor and Employee Relations (LER), HQ; (b)(6)(b)(7)(C), Branch Chief, CBP Hiring Center, HQ; (b)(6)(b)(7)(C), Sexual Abuse and Assault Investigations (SAAI) Coordinator; (b)(6)(b)(7)(C), National OFO PREA Coordinator, HQ provided the HQ Pre-Audit Questionnaires (PAQ) along with supporting documents, except the local PAQ, for the facility on the secure CBP SharePoint website approximately three weeks prior to the on-site portion of the audit. Pre-audit preparation included a thorough review of all supplied documentation and supporting materials provided by the facility along with the data included in the completed PAQs. The documentation received included agency policies with corresponding attachments, procedures, forms, training curricula, and other PREA-related materials provided to demonstrate compliance with the PREA standards.

The Auditor arrived at Bridge #2 at 6:00 a.m., on June 25, 2019, and proceeded to the Supervisory Office and was provided with a roster of staff working during the on-site visit. The Auditor used this roster to select the random list of staff to be interviewed. There were no contractors or volunteers listed or observed in contact with detainees at Eagle Pass. The Auditor was advised upon arrival that there were currently seven detainees being held in secondary hold. Once the logistics for the on-site visit was completed, we proceeded to the Port Director Conference Room at 8:00 a.m., where the entry-briefing was conducted. Those in attendance were:

(b)(6)(b)(7)(C), Port Director  
(b)(6)(b)(7)(C), Assistant Port Director  
(b)(6)(b)(7)(C), Chief CBP Officer (Laredo Office)  
(b)(6)(b)(7)(C), Supervisor CBP Officer  
(b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ (via phone)

After introductions, the Auditor provided an overview of the audit process to include the on-site visit. There was a brief question and answer period that concluded the entry-briefing. A tour of the hold facility began following the entry-briefing. The CBP OFO facility is located at Bridge #2 at 500 South Adams St., in Eagle Pass, TX. There are two ports of entry managed by CBP OFO. The first is Bridge 31 located at Garrison Street, Eagle Pass, Texas. This entry is operated daily from 7:00 am until 11:00 pm. The second entry is located at South Adams Street, Eagle Pass, Texas. These bridges are less than two miles apart. Primary processing occurs at both locations. Those needing additional processing are all handled at secondary processing located at Bridge #2 (South Adams Street). The Supervisory CBP Officer took the Auditor through the primary and secondary processing areas, explaining how travelers are processed. Those requiring additional screening beyond primary are moved to the secondary area for processing. On an average daily basis 4,000 vehicles and 900 pedestrians are processed per day per bridge. Nearly 100 individuals per bridge each day receive secondary screening. Of those, 2-10 individuals are detained due to adverse action each day. The typical hold time is 2-3 days. The secondary processing areas include a main lounge-type sitting area with officer's station at the front that allows for direct supervision, interview rooms, pat-down search rooms, separate male and female bathrooms, (b)(7)(E) (used when needed to separate juveniles from adults or to hold family detainees), (b)(7)(E) used for detainees who may be disruptive or non-compliant. The holding cells have a bed, sink, and toilet with a half wall for privacy when using the toilet. These are the only hold areas with toilets. For those detainees that would have to change in the cell, there would be privacy, except for incidental viewing through the glass window in each door during checks and rounds. These holding cells do not have (b)(7)(E). There are (b)(7)(E) in the UAC rooms (no

bathroom) and the large waiting area in this secondary processing area has an (b) (7)(E) detailing the sitting area in secondary processing. These (b) (7)(E) only in the Supervisory Office. The male and female bathrooms are available for detainees for unsupervised use. The Auditor observed (b) (7)(E) at Eagle Pass. There are no showers for detainees in the secondary hold area. If a detainee needs to utilize a shower, typically after 24 hours, he/ she would be escorted to a shower area at Bridge #1 on Garrison Street.

Scope of the Audit: The Auditor reviewed all relevant policies, procedures and documents in assessing Eagle Pass. A sampling of background files (10), detainee files (4), and staff training records (all) at Eagle Pass were reviewed to determine necessary standard compliance. The Auditor had access to all parts of the facility to include access to the (b) (7)(E). Although not allowed to retain certain documentation, the Auditor was allowed to review all documentation to make necessary determinations for the audit. While on-site, the Auditor was able to conduct necessary interviews in a secure, confidential and private setting. The Auditor interviewed 10 staff (eight CBP Officers, two Supervisors/Local SME), three adult female detainees and two adult male detainees who spoke Spanish. The Auditor utilized Language Services Associates for interpretation services for the detainee interviews. The Auditor interviewed the Emergency Room Supervisor from the Fort Duncan Regional Medical Center. She indicated patients requiring forensic examinations are transferred to Val-Verde Medical Center after being stabilized at their facility. The Auditor verified that Val Verde Center utilizes only SANE Nurses to perform forensic examinations on victims of sexual abuse. This hospital has no advocacy services available on-site. Audit notices were posted at the facility. No correspondence was received prior to or during the on-site visit. The Auditor checked the reporting phone line to ensure it was working and did not verify the reporting was operational. The Auditor was informed that the telephone number to the OIG was operational. Those detainees needing to utilize the phone for any reason, according to staff, would only need to request to use the telephone and not specify the reason.

The HQ and facility staff reported that there had been no allegations of sexual abuse/assault at Eagle Pass within the 12-month audit period.

**SUMMARY OF OVERALL FINDINGS:**

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

On June 25, 2019, an exit briefing was held in the Port Director Conference Room at 4:20 p.m. Those in attendance were:

- (b)(6)(b)(7)(C), Port Director
- (b)(6)(b)(7)(C), Assistant Port Director
- (b)(6)(b)(7)(C), Chief CBP Officer (Laredo Office)
- (b)(6)(b)(7)(C), Supervisor CBP Officer
- (b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ (via phone)

The Auditor discussed observations made during the on-site audit and gave preliminary findings of the audit. He informed those present of initial concerns but would not be able to make any final determination until he reviewed the on-site notes from interviews, policies and Standard requirements.

The Auditor did not find compliance with three Standards: 115.113(b) and (c), no annual review for supervision guidelines as required; 115.115 (f) no specific transgender search training as required; and 115.121(e) that requires those conducting sexual abuse investigations (Eagle Pass Police Department) be asked to comply with sections (a) through (d) of the Standard; the Auditor was not provided documentation this was done. Twenty-two standards were found to be in compliance.

<b>SUMMARY OF AUDIT FINDINGS</b>	
Number of standards exceeded:	
Number of standards met: 21 + 1 (Not Applicable)	
Number of standards not met: 3	
<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 not meet Standard (requires corrective action)

#### Notes:

CBP issued to all employees the March 11, 2015, CBP Commissioner's memorandum mandating zero-tolerance toward all forms of sexual abuse and the approach to preventing, detecting, and responding to this kind of conduct. CBP Directive 2130-030, Prevention, Detection, and Response to Sexual Abuse and/or Assault in CBP Holding Facilities, issued January 19, 2018, is the most current policy directive mandating zero-tolerance toward all forms of sexual abuse and sexual assault. The policy outlines CBP's approach to preventing, detecting, and responding to any such conduct. This directive is supplemented by CBP's National Standards on Transport, Escort, Detention, and Search (TEDS), dated October 2015. These documents set forth nationwide standards governing CBP's interaction with detained individuals and reinforces the mandate of zero-tolerance toward all forms of sexual abuse. The PSA Coordinator confirmed to the Auditor that the agency's zero-tolerance policies and direction has been provided to all staff through email, attachments to staff leave and earning statements, ongoing staff training, postings at each facility, and provided on the agency web page. Interviews with random staff confirm staff's knowledge of the policy and its availability.

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

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

#### Notes:

(a) CBP is required to develop and document comprehensive detainee supervision guidelines to determine and meet the supervision needs at Eagle Pass as mandated by CBP Directive 2130-030. CBP TEDS indicates that Officers closely supervise hold rooms when in use, and that monitoring must occur in a regular and frequent manner. It further states that direct supervision and control of detainees must be maintained at all facilities that do not have secure areas. CBP TEDS also require regular hold room checks to be conducted and recorded to ensure safety. The facility is also required by policy to review those supervision guidelines and, at least annually, determine whether adequate levels for detainee supervision and monitoring exist. The review, per policy, must take into consideration the physical layout of the facility, the composition of detainees, the prevalence of substantiated and unsubstantiated instances of sexual abuse, findings and recommendations of incident reviews and any other relevant factors. The PSA Coordinator is to be provided the results of this annual review. Supervision guidance is also provided through CBP TEDS. This guidance requires facility hold rooms be closely supervised by Officers in a regular and frequent manner. There are **(b) (7)(E)** at Eagle Pass located in the secondary holding area located on Adams Street. Staff indicated these cells are only used in cases where a detainee becomes combative and/or belligerent. The secondary waiting area consists of a large room with sitting areas for those needing additional screening. While on-site, the Auditor found the secondary holding areas where individuals are detained with adverse action adequately staffed with direct supervision by Officers.

(b)(c) CBP Directive 2130-030 requires the Office of Field Operations to implement an annual review process for all holding facilities under its control. The Auditor questioned the local SMEs about supervision of the detainees. He provided the Auditor with a basic overview on how Eagle Pass handles staffing of both bridges on a daily basis. He indicated staffing numbers are consistent. When questioned specifically about a time where the influx of the number of detainees would significantly increase the Auditor was informed Supervisors have the ability to move staff from other one of the other bridge areas to meet demand. The Auditor was also informed when the staff demand exceeds staff assigned, overtime would be used. Eagle Pass does not have a formal annual supervision guideline review process. Eagle Pass staff described how they operate on a daily basis to meet the influx of the number of detainees; however, there is neither

formal discussion nor documentation of the annual review. **Corrective Action:** Provide documentation of an annual review of the supervision guidelines (b) taking into account all areas listed in subsection (c) of the standard and a copy provided to the PSA.

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

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

**Notes:**

(a)(b) Detainee supervision guidelines found in CBP TEDS requires that Officers place each juvenile detainee in the least restrictive setting appropriate to their age and special needs, provided that such setting is consistent with the need to ensure the safety and security of the detainee and that of others. Direct supervision and control of detainees must be maintained at all facilities that do not have secure areas. Juveniles may temporarily remain with a non-parental adult family member where the family relationship has been vetted and the agency determines remaining with the non-parental adult family member is appropriate under the circumstances. The Officers and local SMEs informed the Auditor that juvenile detainees are never kept in any of the cells and always kept separate from non-family adults. When necessary, the juvenile would be placed in one of the family/juvenile rooms under direct staff supervision of an Officer. Officers confirmed all children arriving in secondary hold areas are questioned about the relationship of the individual(s) they are traveling with. The Officers, to the extent feasible, vet family relationships through a review of available legal documents, telephone calls to family members or information provided by consulates. There were no juvenile detainees available to interview during the site visit.

**§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) Cross-gender strip searches and cross-gender visual body cavity searches cannot be conducted except in exigent circumstances including consideration of officer safety, or when performed by medical practitioner as outlined in CBP policy. This same guideline requires strip searches and body cavity searches be recorded/documented in the appropriate electronic system(s) of record. Random Officers and the local SMEs that were interviewed confirmed staff at Eagle Pass are not allowed to conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. The local SME's also indicated none were performed during the previous 12 months.

(d) Officers are required to allow detainees to shower (when available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement under medical supervision. This guideline is found in CBP TEDS. It also requires Officers of the opposite gender are to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing, except in exigent circumstances or when viewing is incidental to routine cell checks. The secondary holding area at Eagle Pass has no detainee showers available due to the short time detainees are held. Officers confirmed detainees are taken to the Garrison Street Bridge for showers, typically 24 hours after arrival. The (b) (7)(E) have half walls around the toilets to allow for adequate privacy and have (b) (7)(E)

(b) (7)(E) Interviews with Officers and local SMEs confirm staff of the opposite gender announce themselves prior to entering one of the (b) (7)(E).

(e) Staff are prohibited from searching or physically examining any detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, officers are to ask the detainee their gender or gender identity. If the detainee declines to state their gender, the gender will be recorded in the appropriate electronic system(s) of record as unknown. During interviews with random staff, they confirmed they are aware of the prohibition on searching detainees to determine their gender, and if the information was needed it could be obtained during conversation or through a review of medical records, if available. This operational direction is found in CBP TEDS.

(f) During a review of the training curriculum from the Performance and Learning Management System (PALMS), for all



staff at Eagle Pass, the Auditor could not find specific training on conducting pat down searches of intersex and transgender detainees in a professional and respectful manner as required by the Standard. Officers interviewed indicated all pat searches are performed by them in a professional manner. They stated same sex pat searches are the norm; however, in a situation involving the safety of the Officer and female staff unavailable to conduct the search, opposite gender Officers may conduct pat searches. Staff (4) informed the Auditor they did not receive pat search training specific to transgender and intersex detainees, but were trained to conduct cross-gender emergency searches. Also, the Search policy provided to the Auditor and CBP TEDS are in conflict with who should perform the transgender and intersex searches. The Standard is not compliant. **Corrective Action:** Provide documentation of specific training on cross-gender and transgender pat searches by Eagle Pass staff.

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

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

**Notes:**

(a)(b) Detainees with disabilities (e.g., detainees who are hearing impaired, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) are required to have access to CBP efforts to prevent, detect, and respond to sexual abuse and/or assault. This requirement is outlined in CBP Directive 2130-030, and CBP TEDS. For effective communication with detainees who are hearing impaired, steps by staff include providing access to in-person, telephonic, or video interpretive services. For those detainees who may be deaf, written material is provided. In addition, the policy requires any written materials related to sexual abuse be provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The Auditor observed two posters in multiple areas in the secondary processing area. One was a poster to provide help in determining the language used by a detainee, and the second poster contained a notice of zero-tolerance toward sexual abuse, as well as information regarding how and whom to report any incident of sexual abuse. The zero-tolerance signs were posted in both English and Spanish with a note in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog and Urdu informing detainees to report sexual abuse. During interviews with random Officers, the Auditor was informed should they receive a detainee who speaks a language not listed; the Officer would provide written information to the detainee available from the CBP intranet or utilize translations services available including google translate. The PSA Coordinator also confirmed to the Auditor that the PREA poster has been translated into ten foreign languages based upon frequency of encounters with limited English proficient travelers nationwide and that facilities may access these posters in the PREA Resource Center located on the agency's Intranet website for printing and posting as needed. Should staff experience a detainee not from these predominant languages, the Officer/Agent has options available to provide the detainee with the information. The Auditor questioned Officers about providing services to a detainee with hearing or reading disability and was informed blind detainees would have information read to them and deaf detainees would have information presented to them in written format They also indicated psychiatric and/or low-level functioning detainees would be referred to the Supervisor on shift. The Supervisors, when questioned, confirmed these type detainees, although not the norm, would be handled on an individual basis depending on the need.

(c) CBP Directive 2130-030 and CBP TEDS requires in matters relating to allegations of sexual abuse, Officers provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee. Interviews with staff confirmed the provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate and not allowed. If a detainee expresses a preference for another detainee to provide interpretation, a Supervisor would make the final determination to allow interpretation by another detainee consistent with operational policies and procedures. During interviews with random Officers, each confirmed interpretive service would be utilized and detainees would only be used if the detainee expressed a preference for another detainee to provide interpretation, and the Supervisor approves the use.

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

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

**Notes:**

(a)(b)(e)(f) The Office of Human Resource Management (HRM) is required by CBP Directive 2130-030 to establish policy and procedures to ensure CBP does not hire or promote personnel who have had previous substantiated allegations of engaging in sexual abuse and/or assault to any positions where the employee may interact with detainees in CBP holding facilities. The Auditor questioned the HQ HRM SME about hiring and promotion decisions within CBP. She confirmed during her interview the agency is prohibited from hiring or promoting any employee, contractor or enlisting the service of any volunteer, who has been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the Standard and agency policy. She further stated prospective employees are asked on numerous occasions during the application and hiring process, and by staff being considered for promotion, about any previous sexual abuse misconduct. The Auditor was informed by her that HRM PREA SOP 2-29-16 states any material omissions by any applicant or current employee regarding this type of misconduct or providing materially false information are grounds for termination or withdrawal of an offer of employment. CBP staff have an affirmative duty to disclose any such misconduct as required by this same SOP. This information is provided to each employee, upon hiring, in his or her copy of the Employee Code of Conduct. It is also reviewed annually during training on PALMS.

(c)(d) The Office of Professional Responsibility (OPR) is required to ensure background investigations are conducted on all applicants for employment and contractors having contact with detainees to determine suitability as found in CBP Directive 2130-030. This same policy requires an updated background investigation be conducted every five years for every CBP employee who may have contact with detainees. The Personnel Security Division (PSD) SME informed the Auditor that CBP investigations (Tier 4 and Tier 5) are the most thorough investigations performed for DHS. Questions about prior incidents of sexual abuse or misconduct begin with the job announcement and continue throughout the suitability and eligibility determinations made for each applicant and contractor. Field interviews are conducted for contractors and employees with the questions specifically asked about sexual abuse misconduct. CBP utilizes five Investigative Service Providers to perform all field investigations. The PSD SME informed the Auditor that question number three asked by all credentialed background investigators is, "Have you ever engaged in or have you ever been charged with sexual abuse?" An affirmative response to this question results in the individual not being hired. The PSD SME informed the Auditor background rechecks are initiated every five years. The Auditor was informed by local SMEs that Eagle Pass currently has contractors who have contact with any detainees. The Auditor did not observe anyone but law enforcement staff in the secondary hold areas. The word initiated is used by CBP instead of conducted. The Auditor submitted 10 names to OPR to review for background rechecks. Documentation provided by HQ demonstrated the five year rechecks for each of the 10 staff were completed or initiated within five years, resulting in compliance.

**§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)
- X Not Applicable (provide explanation in notes):

**Notes:**

(a)(b) The auditor was informed by the local SMEs and Washington Headquarters staff that there has been no substantial expansion or modification to the Eagle Pass during the audit period. The electronic surveillance system has not been added to or improved upon either. Accordingly, the Standard is not applicable.

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

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

**Notes:**

(c)(d) Alleged sexual abuse victim detainees must receive medical treatment services without financial cost and regardless of whether the victim detainee names the alleged abuser or cooperates with any investigation arising out of the incident as mandated by CBP Directive 2130-030. The policy requires that a forensic medical examination be done by qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where practicable. In addition, the policy requires if the detainee is transported for a forensic examination to a medical facility that offers victim advocacy services, Officers permit the detainee to use such services to the extent available, consistent with security needs. The Auditor interviewed the Emergency Room Supervisor from



the Fort Duncan Regional Medical Center. She indicated patients requiring forensic examinations are transferred to Val Verde Medical Center after being stabilized at their facility. The Auditor verified that Val Verde Medical Center utilizes only SANE Nurses to perform forensic examinations on victims of sexual abuse. This hospital has no advocacy service available on site.

(e) DHS OIG has the right of first refusal for all investigations of sexual abuse. If they decline OPR has the right to investigate the allegation according to the HQ SAAI SME interview. The HQ SAAI SME informed the Auditor that local law enforcement would, in most cases, handle the criminal investigation. The Local SMEs informed the Auditor the local law enforcement agency Eagle Pass would use would be the Maverick County Sheriff Office. The Auditor made three attempts to speak with the person who would be in charge of investigations, but was unable to make contact. Upon questioning of a Deputy, the Auditor was informed the Sheriff Office would be responsible for all alleged criminal activity at Eagle Pass. The facility did not provide documentation requesting either agency comply with sections (a-d) as required of the Standard resulting in non-compliance. **Corrective Action:** The facility must request Maverick County Sheriff's Office comply with subparts (a) through (d) of the Standard.

**§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) All allegations of sexual abuse/assault in any CBP facility are considered significant incidents and must be immediately reported to the Commissioner's Situation Room as required by the CBP Directive 3340-25E, Reporting Significant Incidents to the Commissioner's Situation Room, dated May 21, 2018, and CBP Directive 2130-030. The CBP Directive 2130-030 requires Eagle Pass staff to notify both the Joint Intake Center (JIC) and the Commissioner's Situation Room. The local SMEs informed the auditor that the shift supervisor would make these notifications if required. The HQ SME (SAAI) confirmed that the Office of the Inspector General (OIG) has first refusal/acceptance on the conduct of criminal investigations. If refused, then OPR would have second refusal. She further stated criminal investigations are routinely handled by local law enforcement. In the case of Eagle Pass, this would be Maverick County Sheriff Office. The PSA Coordinator would receive the allegations from the Commissioner's Situation Room (electronic) as soon as the SIR is entered in the SIR reporting system as stipulated in CBP Directive 3340-025E, and CBP Directive 2130-030. The facility has had no incidents to verify these notifications.

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

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

**Notes:**

(a)(b)(c) All uniformed agents, officers, special agents, fact finders, contractors, and volunteers who may have contact with detainees in CBP holding facilities are required to receive PREA training as outlined in Subpart B of the DHS Standards and mandated by CBP Directive 2130-030. The CBP Commissioner's memorandum dated March 2016, (Mandatory General PREA Training) documents this mandated training curriculum to include the agency's zero-tolerance policy for all forms of sexual abuse; the definitions and examples of prohibited and illegal sexual behavior; the right of detainees to be free from sexual abuse; information on where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse; methods of preventing and responding to such occurrences; and how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming detainees. Staff are instructed on how to avoid inappropriate relationships with detainees. The Auditor reviewed the PREA training curriculum provided through PALMS for all staff. This curriculum not only discusses the topics above, but also details the right of staff and detainees to be free from retaliation for reporting allegations of sexual abuse. Random interviews conducted with Agents and local SMEs confirmed the training as required by policy and the standard. These individuals also confirmed refresher training is provided every two years. The PALMS system provides an up-to-date listing of all staff trained and those still requiring training. The Auditor was provided documentation that all individuals currently assigned to Eagle Pass have had the required PREA training. The Auditor was informed training records for staff are maintained for their entire employment and an additional five years. As previously noted, there are no contractors or volunteers in contact with detainees at Eagle Pass requiring this training. The Auditor was informed that if contractors or volunteers were to come in contact with detainees, they would be required to attend the PREA training as required by policy. As noted earlier, the agency's zero tolerance policy and

CBP Directive 2130-030 were initially provided to all staff through the agency email program referred to as CBP Central. These policies were also attached to paychecks and are currently available on the agency web page. As noted, the Auditor interviewed 10 random staff members (8 Officers and 2 Local SME/Supervisors). The Auditor questioned them about the content of the training they received, and it was clear from their responses the training included each of the subpart topics.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- X. 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 CBP webpage (<https://www.cbp.gov/about/care-in-custody>) provides key information regarding its zero-tolerance policy. Key information regarding the agency's zero-tolerance is provided to detainees at Eagle Pass through signage placed throughout the facility and a PREA video. Two posters were observed in multiple locations of the holding area. One was a poster to provide help in determining the language used by a detainee, and the second poster contained a notice of zero-tolerance toward sexual abuse, as well as information regarding how and whom to report any incident of sexual abuse. The zero-tolerance signs were posted in both English and Spanish with a note in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog and Urdu informing detainees to report sexual abuse. During interviews with random Officers, the Auditor was informed should they receive a detainee who speaks a language not listed; the Officer would provide written information to the detainee available from the CBP intranet or utilize translations services available including Google translate. The PSA Coordinator also confirmed to the Auditor that the PREA poster has been translated into ten foreign languages based upon frequency of encounters with limited English proficient travelers nationwide and that facilities may access these posters in the PREA Resource Center located on the agency's Intranet website for printing and posting as needed. These posters detail CBP's zero-tolerance for sexual abuse/assault; reporting can be anonymous and confidential; be safe and get help; tell a CBP official; call the DHS OIG (toll free number provided), and telecommunication devices available by calling a toll-free number (provided). The PREA video is in English and Spanish and provided only to detainees who speak and understand these languages. The Auditor interviewed five detainees, all Spanish speaking. They were aware of the posters and had a general understanding of the information provided to them. Each of the detainees were limited English proficient, but indicated they were aware of the signs, could understand the information provided and would know how to report an allegation of sexual abuse if they needed to.

**§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)
- X 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)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does not meet Standard (requires corrective action)

**Notes:**

(a)(b)(c)(d): As noted earlier, the process at Eagle Pass is vehicles processed through primary screening and any concerns are moved from each bridge to the South Adams Street Secondary screening lobby area to be reviewed by a Quality Control Officer. If during this screening a determination is made that the person needs to be detained, based on adverse action, he/she is moved to one of the secondary hold rooms. Once the detainee is moved to Secondary holding, each Officer is responsible for assessing the information before him/her to determine if the detainee may be considered an at-risk detainee, or at risk of posing a threat to others. This risk determination is required by CBP TEDS and is accomplished through the Eagle Pass detainee assessment form. This assessment form includes: whether the detainee has exhibited a mental, physical or developmental disability; the age of the detainee; their physical build; any prior arrests or incarcerations; is the detainee identified as LGBTI or gender non-conforming; any prior sexual victimization and the detainee's own concerns about his/her physical safety. Training to provide this assessment is provided at the same

time as the zero-tolerance training and is part of that curriculum through PALMS. Random Officer interviews confirmed that they received the training to conduct assessments and utilize the form. The Officer asks each detainee that is being held about their own concerns for their physical safety as part of the assessment. Only those detainees held for Secondary holding (Adverse Action) are assessed for risk of potential vulnerability and potential abusive behavior. If the assessment indicates any vulnerability or abusive behavior with any detainee, he/she is provided with heightened protection. This is accomplished by placement in separate rooms if available, placement in the family room if available or placement in close proximity to the Officer providing direct sight and sound supervision. The random interviews with the five detainees, already being held prior to the Auditor's arrival, confirmed each was questioned about their own physical safety concerns upon being detained under adverse action. At the time of the site visit, there were no detainees being taken into custody and processed for secondary holding for review of this intake process.

(e) CBP TEDS (Privacy) requires Eagle Pass implement appropriate controls on the dissemination of private and/or sensitive information provided by detainees under this section. Officers confirmed completed written assessments are placed in the detainee folder and all information that they became aware of would only be disclosed on a need-to-know-basis, to their supervisor or to an investigator.

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

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

**Notes:**

(a)(b) CBP Directive 2130-030, requires detainees be provided multiple ways to privately report sexual abuse and/or assault, retaliation for reporting sexual abuse and/or assault, or staff neglect or violations of responsibilities that may have contributed to such incidents as required by the standard. This directive further requires each CBP facility provide at least one way for detainees to report sexual abuse to a public or private entity not connected to the agency. Detainees must be able to report confidentially and anonymously, if desired, as well as both verbally and in writing. CBP's procedures for reporting alleged sexual abuse and/or assault are to be visible or continuously and readily available to detainees at holding facilities. Local SMEs and random Officer interviews confirmed detainees are provided PREA reporting information through the posters displayed throughout the secondary holding areas. As previously noted in standard 115.116, The Auditor observed two posters in multiple areas in the (b) (7)(E). One was a poster to provide help in determining the language used by a detainee, and the second poster contained a notice of zero-tolerance toward sexual abuse, as well as information regarding how and whom to report any incident of sexual abuse. The zero-tolerance signs were posted in both English and Spanish with a note in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog and Urdu informing detainees to report sexual abuse. During interviews with random Officers, the Auditor was informed should they receive a detainee who speaks a language not listed the Officer would provide written information to the detainee available from the CBP intranet or utilize translations services available including Google translate. The PSA Coordinator also confirmed to the Auditor that the PREA poster has been translated into ten foreign languages based upon frequency of encounters with limited English proficient travelers nationwide and that facilities may access these posters in the PREA Resource Center located on the agency's Intranet website for printing and posting as needed. Should staff experience a detainee not from these predominant languages, depending on the agency, the Officer/Agent has options available to provide the detainee with the information. At the time of the site visit, the Auditor interviewed five Spanish speaking detainees and questioned them on how to report sexual assault, retaliation and staff failure to perform their duties while remaining confidential and anonymous if they had to. Each informed the Auditor through an interpreter they were aware of a telephone number (OIG) available to them, and they could inform staff of any allegation of sexual abuse confidentially if they needed to. DHS utilizes OIG as the public agency that is not part of CBP for detainees to report allegations of sexual abuse. Complete reporting information is available in Spanish/English including: Telephone number (toll free), email address and physical address to JIC, email address and physical address and telephone number to the OIG. While on-site the Auditor checked the reporting telephone number for the OIG. It was operational. The Auditor also asked random Officers about the process for making anonymous and confidential reports to OIG, as there are no telephones in the secondary staging area. The Officers stated a detainee only needs to ask the Officer to use the phone. If he/she wished to report something, they would not have to disclose the reason for using the telephone and would be escorted to one of the private interview rooms and allowed to make a call. The Officers stated they would step out of the room and close the door observing the detainee through the glass in the door allowing privacy for the call.

(c) CBP Directive 2130-030 requires staff accept and promptly document in a significant incident report any allegation of sexual abuse of a detainee made verbally, in writing, anonymously, and from third parties. Random Officers confirmed verbal allegations of sexual abuse or sexual assault made to them, including third party reports, would be documented as

required by policy and the standard.

**§115.154 – Third-party reporting.**

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

**Notes:**

CBP Directive 2130-030, states detainees may utilize third party individuals to report allegations of sexual abuse. CBP provides reporting information for anyone wishing to report any allegation on behalf of a detainee on their webpage <https://www.cbp.gov/about/care-and-custody/how-make-report>. The Auditor verified the webpage provides a toll free telephone number, USPS address and email address to the JIC, and a toll free telephone number, a direct complaint link and USPS address for DHS OIG for anyone wishing to make an allegation on behalf of a detainee. Posters throughout the processing area inform detainees of the DHS OIG reporting telephone number for them to report an allegation. The Auditor, as required, ensured the reporting telephone line was working. Interviews with all five of the detainees confirmed their knowledge of the identified reporting telephone numbers. Interviews with the random Officers confirmed their knowledge and obligation of receiving, documenting and reporting all third-party allegations and reporting the information to their supervisors.

**§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) Staff at Eagle Pass are required to report as promptly as possible any knowledge, suspicion, or information of the following: an incident of sexual abuse and/or assault of a detainee in a holding facility; retaliation against any person, including a detainee, who reports, complains about, or participates in an investigation about an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation as required by CBP TEDS. Staff are allowed to report allegations of misconduct, outside their chain of command to the JIC hotline, email to the JIC, contacting CBP OPR or contacting DHS per OIG CBP Directive 51735-013A. Officers interviewed confirmed they are to immediately report all knowledge, suspicion or information about sexual abuse, retaliation, and staff neglect of responsibilities to their supervisors and if the situation required it outside their chain of command.

(c)(d) CBP Directive 2130-030 requires CBP staff to not reveal any information related to the incident, except as necessary to their Supervisor, to aid the detainee, to protect other detainees or staff, or to make security and management decisions. Random Officers interviewed confirmed they are aware of this requirement not to disclose any information they become aware of and that this requirement is reinforced to all staff in the mandatory PALMS PREA training. Staff at Eagle Pass are required by CBP Directive 2130-030 to report sexual abuse and/or assault allegations involving alleged victims under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute to the designated State or local services agency under applicable mandatory reporting laws. If CBP employees encounter a detainee and are unsure whether the detainee is a "vulnerable adult" under an applicable State or local law, the employee should contact his/her Office of Chief Counsel (OCC) for consultation on whether the individual qualifies under applicable law. During interviews, the Local SME and the PREA Field Coordinator informed the Auditor that should a vulnerable adult or person under eighteen be sexually assaulted at Eagle Pass, the Watch Commander would submit an Incident Report to the JIC and the Commissioner's Situation Room as required by CBP Directive 3340-025E. Notifications would be completed as required. The local SMEs at Eagle Pass indicated the Supervisor on duty at the time of the incident would make notifications to the appropriate local State Agencies if required and would update the JIC with this information. Eagle Pass confirmed they have not had any incidents requiring this type of notification during the 12 month audit period.

**§115.162 – Agency protection duties.**

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

**Notes:**

Each of the random Officers was asked if he/she had reasonable belief a detainee may be subject to a substantial risk of imminent sexual abuse what action would be taken by them. The Officers stated that their primary concern would be the safety of the detainee and would immediately take action to protect the detainee as required under CBP TEDS. The

detainee would be immediately separated from the other detainees and placed under constant supervision of an Officer in one of the family rooms, if available, or one of the offices.

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

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

**Notes:**

(a)(b)(c)(d) Allegations of sexual abuse that Eagle Pass becomes aware having occurred at another facility are to be immediately reported, no longer than 72 hours as outlined in the Acting Commissioner's (OFO) letter (Standard to Prevent, Detect and Respond to Sexual Assault in CBP Holding Facilities) issued in 2014. The local SMEs confirmed that the notification is made in the same manner as any significant incident and is reported and documented as required in CBP Directive 3340-025E. The shift Supervisor would report to the JIC and the Commissioner's Situation Room about the allegation as it would be classified as a significant incident. Part of the reporting to the JIC would include notification to the facility where the sexual abuse is alleged to have occurred to the appropriate office or Administrator. If the facility is a CBP facility, the local SME/Supervisor indicated he would be required to notify the JIC and the facility where the alleged incident occurred. If the facility where the allegation occurred is a CBP facility, then the allegation is to be investigated as outlined in this memo and according to the local SME interviews. There were no notifications made by Eagle Pass as no alleged incidents were reported during the last 12 months.

**§115.164(a) and (b) – Responder duties.**

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

**Notes:**

(a)(b) The responsibilities of the first law enforcement staff member on the scene of a reported allegation of sexual abuse are detailed in CBP Directive 2130-030. Staff interviews confirmed their obligation: to separate the alleged victim and abuser, preserve and protect the crime scene, and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged victim and abuser do not take any action that could destroy physical evidence. This is also presented to them in the mandatory PALM PREA training.

As previously noted in this report, no contractors/volunteers are allowed in the secondary holding area while detainees are present. Section 6.0 on page 24 from CBP TEDS does, however, address non-law enforcement first responder duties if they were ever to allow them in the holding room. It requires non-law enforcement staff request the alleged victim not take any actions that could destroy physical evidence and notify law enforcement staff.

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

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

**Notes:**

(a)CBP Directive 2130-030 states that the entire directive serves as CBP's written institutional plan coordinating the multidisciplinary team approach to respond to sexual abuse and/or assault. The PSA Coordinator informed the Auditor how this coordinated response was disseminated to staff in standard 115.111. She stated information about specific responsibilities are explained in the Directive and reinforced in training. The Auditor did find specific duties for staff outlined in the Directive when deterring, preventing and responding to any allegation of sexual assault.

(b)(c) If an alleged victim of sexual abuse and/or assault is transferred to another DHS facility, Eagle Pass must inform the receiving DHS facility of the alleged incident and the alleged victim's potential need for medical or social services. If the alleged victim of sexual abuse and/or assault is transferred to a non-DHS facility, Eagle Pass must inform the receiving facility or agency, as permitted by law, of the incident and the alleged victim's potential need for such services, unless the alleged victim requests otherwise. Both these requirements are found in CBP Directive 2130-030. The local SMEs indicated that during the last 12 months there were no cases requiring such notification to either a DHS or non-DHS facility. The local SMEs also informed the Auditor that any incident of this type would require Eagle Pass to submit an Incident Report to the JIC and the Commissioner's Situation Room, as outlined in CBP Directive 3340-025E, notifying them of any transfer

or move, and notifying the receiving facility as well.

**§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 HQ SAAI SME and HQ LER SME interviews confirmed any allegations of sexual assault or sexual abuse involving staff, contractors or volunteers would result in the person being removed from detainee contact pending the outcome of the investigation when the seriousness and validity of the allegation make removal appropriate. This requirement is available to all staff, volunteers and contractors in CBP Directive 2130-030. The local SMEs confirmed to the Auditor that this would be the ordinary course of action for staff, contractors or volunteers who violated the agency zero-tolerance policy. There have been no allegations of sexual abuse made against a staff member requiring this type of action during the audit period. As previously noted, there are no contractors or volunteers currently allowed in the secondary hold room at Eagle Pass.

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

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

**Notes:**

CBP TEDS prohibits staff from retaliating against any person, including a detainee, who alleges or complains about mistreatment, participates in an investigation into an allegation of staff misconduct, including sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. Random Officer interviews confirmed their knowledge about the retaliation prohibition against anyone involved in a sexual abuse investigation. The Prohibition against retaliation is also covered in the zero-tolerance training provided through PALMS. The local SME informed the Auditor there have been no allegations of retaliation made at Eagle Pass during the 12-month audit period.

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

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

**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 HQ HRM LER SME described for the Auditor the review process and penalty determinations for reports of all types of misconduct including sexual assault/abuse. She indicated proposed actions, depending on the misconduct, could range from a letter of reprimand to removal from service. The CBP Directive 2130-030 requires staff be subjected to disciplinary or adverse action up to and including removal from their position and Federal Service for substantiated allegations of sexual abuse and/or assault and/or for violating CBP's sexual abuse policies. Both the HQ HRM LER SME and the HQ SAAI SME confirmed that any substantiated allegations of sexual abuse or for violating agency sexual abuse policy, the staff will be receive disciplinary action up to and including removal from Federal service.

(c) CBP Directive 2130-030 requires OPR to report all removals or resignations in lieu of removal to appropriate law enforcement agencies for violations of agency or facility sexual abuse and/or assault policies, unless the activity was clearly not criminal. The HQ OPR SAAI SME indicated during her interview that OPR would handle these notifications when required. The agency information provided to the Auditor indicated there had been no removals or resignations in lieu of removals at Eagle Pass during the 12-month audit period.

(d) CBP Directive 2130-030 requires OPR to report all removals or resignations in lieu of removal to any relevant licensing bodies for violations of agency or facility sexual abuse and/or assault policies, to the extent known. The HQ OPR SAAI SME indicated that OPR would handle this notification to any licensing bodies, if known. The documentation provided to the Auditor indicates there have been no removals or resignations in lieu of removals at Eagle Pass during the 12-month audit period.

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

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

**Notes:**

(a)(b) Any contractor or volunteer suspected of perpetrating sexual abuse and/or assault will be removed from all duties requiring detainee contact pending the outcome of an investigation as required in CBP Directive 2130-030. Currently there are no contractors allowed in the Eagle Pass secondary hold areas according to local SMEs. The Auditor did not observe anyone other than law enforcement in this area during the on-site review. The Auditor was also informed that if contractors were ever allowed inside the secondary holding room areas and were found to violate CBP zero-tolerance policy, they would be removed from the facility and all future contact with any detainee.

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

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

**Notes:**

(a)(b) CBP Directive 2130-030 and this standard requires alleged sexual assault victims be provided timely unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Emergency medical treatment services will be provided to the alleged victim without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. Interviews with the Local SMEs confirmed any detainee victim of sexual abuse/assault requiring stabilization and/or a forensic examination would be taken to Fort Duncan Regional Medical to receive all medical stabilization services. The Auditor interviewed the Emergency Room Supervisor from the Fort Duncan Regional Medical Center. She indicated patients requiring forensic examinations are transferred to Val-Verde Medical Center after stabilization. The Auditor verified that Val-Verde Medical Center utilizes only SANE Nurses to perform forensic examinations on victims of sexual abuse and if needed, pregnancy counseling, crisis intervention services and appropriate medications. This hospital has no advocacy service available on site.

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

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

**Notes:**

(a) Sexual abuse incident reviews must be conducted within 30 days of the conclusion of every investigation of sexual abuse and/or assault as required by CBP Directive 2130-030. According to policy the review is to determine whether the allegation or investigation indicates a change in policy or practice to better prevent, detect, or respond to sexual abuse is warranted. The policy further requires if, at the conclusion of the review, a recommendation(s) for improvement is outlined in the review, the recommendation must be implemented or the agency must document the reasons for not doing so in a written response. The report and response are forwarded to the PSA Coordinator. The PSA Coordinator confirmed the incident review process and informed the Auditor that Washington Headquarters staff conduct these sexual abuse incident reviews consistent with the procedures outlined in section 18.1 of this same directive. Eagle Pass had no incident



reviews conducted during the audit period as the facility had no allegations of sexual abuse made during the audit period.

**§115.187 – Data collection.**

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

**Notes:**

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

**ADDITIONAL NOTES**

**Directions:** Please utilize the space below for additional notes, as needed. Ensure the provision referenced is clearly specified.

None.

**AUDITOR CERTIFICATION:**

I certify that the contents of the report are accurate to the best of my knowledge and no conflict of interest exists with respect to my ability to conduct an audit of the agency under review. I have not included any personally identified information (PII) about any detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.

**(b)(6)(b)(7)(C)**  
Auditor's Signature

November 8, 2019  
Date

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



U.S. Customs and Border Protection

**AUDITOR**

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

**AGENCY**

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

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

<b>Name of Sector or Field Office:</b>	Laredo Field Office
<b>Name of Chief or Director:</b>	(b)(6)(b)(7)(C), Director
<b>PREA Field Coordinator:</b>	(b)(6)(b)(7)(C), Chief CBP Officer
<b>Sector or Field Office Physical Address:</b>	109 Shiloh Dr., Suite 300 Laredo, TX 78045
<b>Mailing Address: (if different from above)</b>	Same as Above

**SHORT-TERM FACILITY BEING AUDITED**

**Information About the Facility**

<b>Name of Facility:</b>	Eagle Pass Point of Entry
<b>Physical Address:</b>	160 Garrison St., Eagle Pass, TX 78852
<b>Mailing Address: (if different from above)</b>	Same as Above
<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

**Facility Leadership**

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

## FINAL DETERMINATION

### SUMMARY OF AUDIT FINDINGS:

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

An on-site audit of the U.S. Customs and Border Protection (CBP) Office of Field Operations (OFO), Eagle Pass Port of Entry (POE), was conducted on June 25, 2019, and the preliminary findings report was submitted on August 12, 2019. Following comments from CBP Headquarters and from the Auditor, the report was submitted as a Final Draft on November 8, 2019.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the Eagle Pass POE was found to be in compliance with 21 standards: (115.111; 115.114; 115.116; 115.117; 115.122; 115.131; 115.132; 115.141; 115.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182, and 115.186). One standard (115.118) was found to be not applicable. The Eagle Pass POE was found to not be in compliance with three standards: 115.113; 115.115; a 115.121.

On December 13, 2019, the Eagle Pass POE submitted a preliminary Corrective Action Plan (CAP) with a completion date of September 23, 2019; however, the CAP was not completed until September 23, 2020, due to additional documents requested by the Auditor. In conjunction with the CAP, the Eagle Pass POE submitted an Annual Review of Detainee Supervision Guidelines document to comply with standard provision 115.113; musters to agents dated December 2018 as well as excerpts from CBP's National Standards on Transport, Escort, Detention and Search (TEDS) to comply with standard 115.115 (f); and a letter to the Eagle Pass Police Department, Maverick County Sheriff's Office, and the Texas Department of Public Safety requesting they follow the PREA standards when conducting sexual abuse and/or sexual assault investigations to comply with standard provisions 115.121 (a-d). The Auditor reviewed the documents and determined the documents received for standard 115.121 to now be in compliance. The Auditor requested and reviewed the documentation received to comply with standard 115.113 (b) and (c). The Annual Review of Detainee Supervision Guidelines document wase missing elements as required in standard provision 115.113 (c). On September 29, 2020, the Auditor received an amended Annual Review of Detainee Supervision guidelines document which included missing elements as required by standard provision 115.113 (c). The Eagle Pass POE is now in compliance with standard 115.113 (b) and (c). The Auditor reviewed the submitted documentation for standard provision 115.115 (f) and requested re-training documents and a staff training roster acknowledging their understanding of the training received. The requested documentation was received and reviewed by the Auditor on September 29, 2020. The Eagle Pass POE is now in compliance with standard 115.115 (f). The Eagle Pass POE is now compliant with all PREA standards.

Although regular communication existed with the Eagle Pass POE, the corrective action was not completed within the 180-day time period.

## PROVISIONS

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

### §115.113

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

#### Notes:

On December 13, 2019, the Eagle Pass POE submitted a record of an Annual Review of Detainee Supervision Guidelines, dated June 25, 2019. The Auditor reviewed the document and determined there were missing elements as required in standard provision 115.113 (c). On September 29, 2020, the Eagle Pass POE submitted an amended Annual Review of Detainee Supervision Guidelines which included all of the elements as required in standard provision 115.113 (c). The Eagle Pass POE is now compliant with standard provision 115:113 (b) and (c).

### §115.115

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

#### Notes:

On December 13, 2019, the Eagle Pass POE submitted an email dated March 11, 2019, to staff on proper personal search techniques, cross-gender searches, determination of detainee gender identification and proper procedures for the pat search of transgender detainees. The email also provided attachments to musters dated December 2018 in processing transgender applicants for admission, and a copy of the National Standards on Transport, Escort, Detention, and Search highlighting the areas of Sections 4.2, 4.3, 4.4, and 5.1 of the policy which clearly addresses at-risk detainees/at-risk population. These documents were provided to staff to ensure adherence to policy and procedures. The Auditor reviewed the documents, however, the training materials were provided to staff prior to the audit. The Auditor requested the Eagle Pass POE provide updated re-training documentation and rosters to confirm knowledge and understanding. On September 28, 2020, the Eagle Pass POE submitted emails to staff dated July 30, 2020, reinforcing the emails and musters on personal search techniques of transgender and intersex detainees. On September 29, 2020, the Eagle Pass POE submitted retraining muster sign-offs and acknowledgements. The Auditor reviewed all the submitted documents and has determined the Eagle Pass POE is now compliant with standard provision 115.115 (f).

**§115.121**

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

**Notes:**

On December 13, 2019, the Eagle Pass POE submitted copies of correspondence dated April 9, 2019, to the City of Eagle Pass Police Department and the Texas Department of Public Safety requesting that the agencies comply applicable requirements detailed in standard provision 115.121 (a through d). The Eagle Pass POE also provided a letter to the Maverick County Sheriff's Office dated August 15, 2019, requesting the Sheriff's Office comply with the applicable requirements detailed in the standard. The Maverick County Sheriff's Office is the agency conducting sexual assault and/or abuse investigations at the Eagle Pass POE. The Eagle Pass POE provided the applicable standard requirements as an attachment to the agencies. These policies include detainee victim consent to participation in forensic examinations conducted at a hospital by a SANE/SAFE or a qualified health practitioner; victim consent to participation in sexual abuse investigations; and the ability of the victim to have a sexual abuse advocate present at both. The Auditor reviewed the submitted documentation and has determined the Eagle Pass POE is now compliant with standard provision 115.121 (e).

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

**AUDITOR CERTIFICATION:**

I certify that the contents of the report are accurate to the best of my knowledge and no conflict of interest exists with respect to my ability to conduct an audit of the agency under review. I have not included any personally identified information (PII) about any detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.

**(b)(6)(b)(7)(C)**  
**Reviewing Auditor's Signature**

October 1, 2020  
**Date**