

# 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>	U.S. Border Patrol
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## SECTOR OR FIELD OFFICE

<b>Name of Sector or Field Office:</b>	Rio Grande Valley (RGV) Sector
<b>Name of Chief or Director:</b>	(b)(6)(b)(7)(C), Chief Patrol Agent
<b>PREA Field Coordinator:</b>	(b)(6)(b)(7)(C)
<b>Sector or Field Office Physical Address:</b>	4400 South Expressway 281, Edinburg, Texas 78539
<b>Mailing Address: (if different from above)</b>	NA

## SHORT-TERM HOLDING FACILITY BEING AUDITED

<b>Information About the Facility</b>			
<b>Name of Facility:</b>	Weslaco Station		
<b>Physical Address:</b>	1501 E. Expressway 83, Weslaco, TX		
<b>Mailing Address: (if different from above)</b>	NA		
<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>	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 initial Prison Rape Elimination Act (PREA) audit of the U.S. Customs and Border Protection (CBP), U.S. Border Patrol (BP), Weslaco Station was conducted on August 22, 2019, by (b)(6)(b)(7)(C), PREA Certified Auditor, contracted through Creative Corrections, LLC, Beaumont, Texas. The facility is located at Weslaco, Texas, and is utilized by CBP for short-term detention of individuals arriving at the border pending return to their country of origin, release from custody or transfer to a court, jail, prison, other agency or another unit of the agency.

The PREA audit is to determine compliance with the Subpart B of the Department of Homeland Security (DHS) Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities, 6 C.F.R. Part 115, (the "DHS PREA Standards").

(b)(6)(b)(7)(C), CBP's Preventive Sexual Assault (PSA) Coordinator, Privacy and Diversity Office (PDO) Headquarters (HQ); (b)(6)(b)(7)(C), Deputy Director, Personnel Security Division (PDO) (HQ); (b)(6)(b)(7)(C), Employee Relations Specialist (HQ); (b)(6)(b)(7)(C), Branch Chief, Recruitment and Consulting Staffing Services in lieu of (b)(6)(b)(7)(C), Branch Chief CBP Hiring Center (HQ); (b)(6)(b)(7)(C), Sexual Abuse and Assault Investigations Coordinator (HQ); and (b)(6)(b)(7)(C), Assistant Chief, Policy Division, Strategic Planning and Analysis Directorate provided the (HQ) Pre-Audit Questionnaires (PAQ) along with supporting documents for Weslaco Station on the secure CBP SharePoint website 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 Weslaco Station at 5:45 a.m. on the August 22, 2019, and proceeded to the office of PREA Field Coordinator (PFC), James Smith. Informal introductions occurred in lieu of a formal opening and a review of the day's probable schedule ensued. Those in attendance were:

(b)(6)(b)(7)(C), Patrol Agent in Charge  
(b)(6)(b)(7)(C), PSA Coordinator, Privacy and Diversity Office (PDO), HQ  
(b)(6)(b)(7)(C), National USBP PREA Coordinator, HQ  
(b)(6)(b)(7)(C), PREA Field Coordinator  
(b)(6)(b)(7)(C), PREA Field Coordinator

After introductions and a brief question and answer period, the in-briefing ended, and the tour of Weslaco Station began. Weslaco Station has one building with (b)(7)(E). Each holding room contains a toilet, and posters on the walls in Spanish and English informing detainees of how and whom to report (in writing, anonymously to the Office of Inspector General (OIG)) any allegations of sexual abuse or report an incident of sexual abuse by telling a CBP official. Additionally, detainees are also provided a sitting area in the holding rooms and outside of the holding rooms in the processing area. Weslaco Station is staffed around the clock by Agents, contractors, and U.S. Coast Guard (USCG) staff to assist in medical areas. The only contractors with access to detainees are the medical staff which their contract and corporate office require PREA training. The DHS contract was provided to this auditor for review and verification. There are a total of (b)(7)(E)

(b)(7)(E) | (b)(7)(E) (b)(7)(E)  
(b)(7)(E) (b)(7)(E)

Weslaco Station's population of detainees is highly specialized as the Station receives medical cases requiring some degree of isolation, i.e. contagious detainees. When children require this medical separation, they typically are accompanied by their mother with the father remaining at the original sending facility until the mother and child are returned.

Visitors and many staff are normally medically masked during tours due to the numbers of contagious illnesses surrounding them. During the site visit, the Auditor was able to observe the detainee intake process. The Agents walked the Auditor through the arrival and intake process that each detainee undergoes upon arrival.

Scope of the Audit: The Auditor reviewed all relevant policies, procedures, and documents in assessing the Weslaco

Station PREA procedures. A sampling of training files indicated all training is current. The Auditor had access to all parts of the facility and (b)(7)(E). While on-site the Auditor interviewed six line agents, three local SMEs including the Patrol Agent in Charge and one adult detainee who was awake, available and willing to be interviewed. Most detainees were medicated and asleep or resting and did not wish to be interviewed. The Auditor used Language Services Associates to provide interpretative services for the detainee interview.

The Auditor also reviewed background investigation and PREA training records for nine randomly selected CBP staff assigned to the facility. There were no allegations of sexual assault reported at the Weslaco Station within the last 12 months.

**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 August 22, 2019, an exit briefing was held. In attendance were:

- (b)(6)(b)(7)(C), PSA Coordinator, Privacy and Diversity Office (PDO), HQ
- (b)(6)(b)(7)(C), National USBP PREA Coordinator, HQ
- (b)(6)(b)(7)(C), PREA Field Coordinator

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

The Auditor did not find compliance with 2 Standards: 115.113 (b) no annual review for detainee supervision guidelines as required; and 115.115 (f) no transgender and intersex search training as required.

<b>SUMMARY OF AUDIT FINDINGS</b>	
<b>Number of standards exceeded: 0</b>	
<b>Number of standards met: 22 + 1 N/A on Standard 115.118, Upgrade of Construction or Technology</b>	
<b>Number of standards not met: 2</b>	
<b>OVERALL DETERMINATION</b>	
<input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards)  <input type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period)  <input checked="" type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)	<input type="checkbox"/> Low Risk  <input checked="" type="checkbox"/> Not Low Risk

## PROVISIONS

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

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

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

#### Notes:

(a) CBP Policy on Zero Tolerance of Sexual Abuse and Assault signed by CBP's Commissioner on March 11, 2015, is the agency's zero tolerance policy. CBP Directive 2130-030, Prevention, Detention, and Response to Sexual Abuse and Sexual Assault in CBP Holding Facilities was provided to all staff on February 5, 2018 and reissued on February 12, 2018 through the agency email program referred to as CBP Central. These policies outline the duties of all CBP staff members in the prevention, detection, and response to all allegations or observations of sexual abuse. The policies are supplemented with CBP National Standards on Transport, Escort, Detention, and Search (TEDS), dated October 2015, which sets forth nationwide standards that govern CBP's interaction with detained individuals. The random staff interviews confirm they were provided and are familiar with CBP Directive 2130-030 and the Commissioner's Memorandum. The policy is available to all staff on the agency webpage. Interviews with the PSA Coordinator, SME, and random staff interviews reflect the local leadership and staff commitment to zero tolerance. All were aware of the procedures in place to minimize any issues or threat to detainees, which includes generally holding UAC's separately from adult, maintaining parent/child contact, and constant Agent monitoring and visual oversight. Agents interviewed were aware of methods to separate potential problematic detainees and how to report any issues to the chain of command. Posters regarding PREA information and compliance are located in all rooms, along all key walls in transit areas and at each desk used to intake detainees. Posters were observed on the walls in Spanish and English informing detainees of how and whom to report in writing and/or anonymously to the Office of Inspector General (OIG), or report an incident of sexual abuse by telling a CBP official. The posters were also observed in the sitting areas outside of the hold rooms in the processing area.

### §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 standard requires each facility to maintain sufficient supervision of detainees, appropriate staffing levels and, where applicable, (b)(7)(E), to protect detainees against sexual abuse. The Auditor spoke with the facility SMEs and the PFC who discussed at length the supervision guidelines. Weslaco Station maintains enough Agents to provide a safe and secure environment for detainees and all staff are subject to be realigned to detainee management at any time in order to ensure detainee safety. The local SME staff and the PFC state the established staff positions are appropriate and flex from day to day.

(b)(c) CBP Directive 2130-030, Prevention, Detention, and Response to Sexual Abuse and Sexual Assault in CBP Holding Facilities requires USBP to develop and document comprehensive detainee supervision guidelines for facilities its control. CBP Directive 2130-030 also requires an annual review of these supervision guidelines to determine whether adequate levels of detainee supervision and monitoring exist. This Directive further states the results of the annual detainee supervision review are to be provided to the PSA Coordinator. The standard requires staff to determine adequate levels of detainee supervision and (b)(7)(E) by taking into consideration the physical layout of the facility, composition of the detainee population, prevalence of substantiated and unsubstantiated incidents of sexual abuse, findings and recommendations of sexual abuse incident review reports, and any other relevant factors, to include but not limited to the length of time detainees spend in agency custody. Interviews with SMEs and the PFC indicated there is no definitive daily staffing numbers established at Weslaco Station since the workload varies considerably from day to day or even hour to hour and staff is assigned appropriately according to the standard requirements. The staff numbers are driven by the number of detainees brought in for isolation and medical processing, therefore complying with standard provision (c), however, Weslaco Station did not provide documentation to show that an annual review of the detainee supervision guidelines was conducted. **Corrective Action:** Provide documentation of an annual review of the detainee supervision

guidelines at Weslaco Station taking into account all elements listed in standard provision (c).

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

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

**Notes:**

(a)(b) CBP TEDS requires the Weslaco Station to place each juvenile in the least restrictive setting appropriate to their age and special needs, provided the setting is consistent with the need to ensure the safety and security of the detainee and that of others. The Auditor interviewed Agents who process these juveniles and children brought to Weslaco Station who state they are processed as either accompanied by a parent or legal guardian or processed as an unaccompanied alien child (UAC). Any UAC is always held separately from any adult and is always under the direct supervision of an Agent. According to these Agents, the UAC remains under the supervision of the Agent until removal from the holding room. These Agents also state minors accompanied by an adult are thoroughly vetted to the extent possible to ensure a parental or legal guardianship relationship. This includes the use of consulates, legitimate documentation, and interviews. If a legal relationship cannot be established, the minor is handled as a UAC and is separated from adults and placed under the least restrictive setting under the direct supervision of an Agent. Families are placed as a unit in the separated smaller cells which are provided with any supplies needed to care for a child or infant. There were no UAC or juveniles present for the Auditor to interview during the site visit. Mothers and children occupying the Weslaco Station medical and isolation cells generally have their door left open, if their medical issue is not highly virulent, so they can easily access infant supplies and food, etc. Staff interviews noted that UAC would be placed in a single cell, also with the door open, and with access to food, snacks, etc.

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

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

**Notes:**

(b)(c) CBP TEDS details the type and conditions under which searches can and will be performed to ensure the safety of Agents, civilians, and detainees. It prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners. If performed the policy requires these strip/body cavity searches be recorded in the electronic system of record. CBP TEDS details that Officers/Agents must not conduct visual body cavity searches of juveniles and shall refer all such body cavity searches of juveniles to a medical practitioner. During random interviews, the local SME, Agents, and Supervisors explained according to policy requirements the conditions under which pat searches, strip searches, and body cavity searches could be performed. All indicate strip searches and body cavity searches are not conducted at Weslaco Station. Their explanations follow the standard and the policy. All interviews indicated there have been no strip searches and body cavity searches performed in the last 12 months.

(d) CBP TEDS specifies the requirement that enables detainees to shower (where showers are available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or under medical supervision. There is (b)(7)(E) holding rooms and there is a half-wall around the toilets in each of the holding rooms to (b)(7)(E). Each of the holding room's exterior walls face the open central unit area which is largely made up of glass. Good direct sightlines exist for staff in the control area, where the (b)(7)(E) are also located. Detainees see the Agents prior to their knocking and entering because of these glass walls. Since Weslaco Station does not have showers, detainees are transported outside of the facility for showers. A portable shower unit arrived on-site during the audit and will be operational shortly.

(e) CBP TEDS prohibits staff from searching or physically examining a detainee for the sole purpose of determining the detainee's gender-related characteristics. If the detainee's gender is unknown, officers/agents are to ask the detainee their gender or gender identity. If the detainee declines to state their gender, the gender will be recorded in the appropriate electronic system(s) of record as unknown. Interviews with random staff indicate staff is aware of the prohibition on searching detainees to determine their gender and that self-identity of their own gender is the norm.

(f) Random staff indicates in their interviews all pat searches are required to be performed in a professional manner but the specific manner of conducting searches of transgender detainees is not identified. They stated that same sex pat searches are the norm but in a situation involving safety of the Agent and no females are available to conduct a search of a female detainee, male Agents may conduct pat searches. Interviewees informed the Auditor they have not

yet received pat search training specific to transgender and intersex detainees that is aligned with new guidance and direction. The interviewed staff gave differing answers that reflected two different understandings of transgender search policies and procedures, one based on the old policy of assigning a searching Agent based on the detainee's biological anatomy; the other one based on the new guidance of searching by staff of the same gender, gender identity, or declared gender. A review of both policy and the training curriculum for staff at Weslaco Station reveals Law Enforcement staff did not receive specific training on conducting pat-down searches of intersex and transgender detainees as required by the standard provision. The standard provision is not compliant. **Corrective Action:** Provide documentation all staff have been trained on conducting pat searches of transgender and intersex detainees as required by the standard provision.

**§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)(c) CBP TEDS and CBP Directive 2130-030 requires 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) to have access to CBP efforts to prevent, detect, and respond to sexual abuse and/or assault. When necessary to ensure effective communication with detainees who are hearing impaired, steps are to include providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. During the staff interviews, the Auditor was informed if an LEP (Limited English Proficiency) communication problem exists during processing; the Agent utilizes the CBP interpreter service, Language Line, to provide information to detainees in a language they understand. Weslaco Station maintains a poster ("I Speak") that includes many languages from which the detainee can identify their own. The Agents further state visually challenged or deaf detainees would be dealt with individually, with the Agents reading them information and/or providing visual information as appropriate to challenged detainees as with the LEP posters through an interpreter, if necessary, and could even include referral to outside medical authorities for assistance. Subjects who fall into these categories are prioritized for processing (expedited placement with Immigration and Customs Enforcement/Enforcement and Removal Operations (ICE/ERO) or Health and Human Services/Office of Refugee and Resettlement (HHS/ORR) so their stay in USBP custody is minimized as much as possible). Agents have also relied on written communication and coordination through accompanying family members.

(d) CBP Directive 2130-030 directs other detainees are not to be utilized as interpreters when a detainee has alleged sexual abuse or has been found to be sexually abused. According to interviews with the PREA Field Coordinator (PFC), detainees would not, under normal circumstances, be allowed to interpret for another detainee unless the detainee expressed a preference for the detainee to provide interpretation, and a Watch Commander or Shift Duty Supervisor determines that such interpretation would be consistent with DHS policy. This is normally the accompanying family member as it is extremely rare for these deaf or low-functioning individuals to travel alone and unaccompanied. However, the interpretation would never be provided by alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser.

**§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) CBP Directive 2130-030 requires the Office of Human Resource Management (HRM) to establish policy and procedures and ensure CBP does not hire or promote personnel who have had previous substantiated allegations of engaging in sexual abuse and/or assault to any positions where the employee may interact with detainees in CBP holding facilities. The Auditor interviewed the HQ HRM SME prior to the site visit and was informed CBP will not hire or promote any employee, contractor or enlist 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 also states interviews conducted with new applicants as well as any applicants for promotion include specific questions about any previous sexual abuse misconduct, and material omissions regarding this type of misconduct or providing false information are grounds for termination or withdrawal of an offer of employment. The HQ HRM SME informed the Auditor all staff has an affirmative duty to disclose any such misconduct, false information, and any material omissions. This information is provided to them upon hiring when they are issued the U.S. Customs and Border Protection Standards Conduct document and they are reminded annually during training on the Performance and Learning Management System (PALMS).

(c)(d) CBP Directive 2130-030 requires the Office of Professional Responsibility (OPR) to ensure background investigations are conducted for applicants for employment and contractors having contact with detainees to determine the suitability and that updated background investigations be conducted every five years for CBP personnel who may have contact with detainees. The HQ OPR/Personnel Security Division (PSD) SME indicates background checks (Tier 4, Tier 5) for CBP are the most thorough investigations performed for DHS. She informed the Auditor all credentialed background investigators ask the question of applicants for employment is "Have you even engaged in or have you ever been charged with sexual abuse?" According to her, an affirmative response results in the individual not be hired. The SME also informed the Auditor rechecks are initiated every five years. The Auditor submitted nine names to OPR to review for background rechecks. The documentation provided by HQ demonstrated the five-year rechecks were initiated within five years.

**§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) Weslaco Station was opened and dedicated in 2009. There have been no substantial expansions or modification to the Station since that time. The electronic surveillance system has not been added to or improved on since that date. Accordingly, the standard is not applicable. The facility has (b)(7)(E) more in the sally port. BPA/SBPA Staff, G4S contractors and National Guard in the Control Room have (b)(7)(E) capability. (b)(7)(E)

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

- 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:**

(c)(d) CBP Directive 2130-030 requires Weslaco Station to provide emergency medical treatment and crisis intervention services, including a forensic medical exam, in accordance with professionally accepted standards of care to alleged victims of sexual assault. The treatment is without financial cost to the detainee and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. CBP TEDS requires if the detainee (the alleged victim) is transported for a forensic examination to a medical facility that offers victim advocacy services, officers/agents will permit the detainee to use such services to the extent available, consistent with security needs. The Auditor interviewed the facility SMEs and Agents. Both confirm detainee victims receive medical and mental health treatment at no cost as well as allowing advocacy personnel access to detainees if available at the hospital where the detainee is sent. Detainees are sent to McAllen Medical Center for any PREA or forensic issues. The auditor has spoken with Sexual Abuse Forensic Examination/Sexual Assault Nurse Examination (SAFE/SANE) staff at McAllen Medical Center and verified the availability of resources for forensics and for victim advocate support. The HQ Sexual Abuse and Assault Investigations (SAAI) Coordinator and the local SMEs informed the Auditor that the Weslaco Police Department would be notified of any sexual assault occurring in CBP holding facilities. The SAAI Coordinator also explained that notifications would also be made to CBP OPR and DHS OIG. She further explained that OPR has the authority to investigate all allegations of sexual abuse and assault regardless of whether the alleged offender was staff or not.

(e) To the extent that the agency is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (d) of this section. The facility SME confirmed in his interview and in a subsequent telephone call that he has personally interacted and negotiated with the police department and hospital resources, including the Victim Advocate, and is aware of their compliance with PREA requirements. The Coordinator provided the Auditor the local letter to the Police Department requesting they adhere to PREA requirements.

**§115.122(c) and (d) – Policies to ensure investigation of allegations and appropriate agency oversight.**

- 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:**

(c)(d) CBP Directive 2130-030 requires staff with knowledge, suspicion, or information of any 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 to report to the Joint Intake Center (JIC) and the Commissioner's Situation Room. The HQ SAAI SME and the Local SME both indicate sexual abuse allegations are reported to the Operations Center and then to the JIC and the Commissioner's Situation Room in accordance with policy. The PFC states the Watch Commander would submit an Incident Report to the Sector Operations Center and they would notify the JIC and the Commissioner's Situation Room upon learning of an incident. The directive also requires Weslaco Station to report allegations of sexual assault/abuse to law enforcement agencies with the legal authority to conduct criminal investigations. According to the PFC, the facility Watch Commander would be required to notify local Law Enforcement after notification to the JIC. This notification becomes part of the Incident Report. The PSA Coordinator indicates in her interview that upon any notification of sexual abuse or sexual assault made to the JIC and/or Commissioner's Situation Room, she is notified by the JIC (email) as stipulated in CBP Directive 3340-025E, Reporting Significant Incidents to the Commissioner's Situation Room, dated May 21, 2018. The facility had no sexual abuse allegations made or investigated during the prior 12 months.

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

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

**Notes:**

(a)(b)(c) CBP Directive 2130-030 requires all uniformed agents and officers, special agents, fact finders, contractors, and volunteers who may have contact with detainees in CBP holding facilities to receive PREA training as required in Subpart B of the DHS Standards. The Auditor reviewed the training curriculum provided to staff at Weslaco Station through PALMS. This training includes 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, and the right of staff and detainees to be free from retaliation for reporting it. The training also provides information on where sexual abuse may occur, recognition of physical, behavioral, and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences. Staff is instructed in how to avoid inappropriate relationships with detainees, and how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, and transgender, intersex, or gender non-conforming detainees. Agents also verified that their training included details and instruction on procedures for reporting knowledge or suspicion of sexual abuse and the requirement to limit reporting to personnel with a need to know. Interviews with random staff and local SMEs confirm the information is provided to staff in this training and that local muster training for shifts adds to and enhances the PALMS data and training. They also informed the Auditor PREA training is provided to them every two years. The PALMS system is able to provide an up-to-date listing of staff trained and those needing training. Based on provided information from the local SME all individuals currently assigned to Weslaco Station have had the required PREA training. The Auditor was informed that training records for staff are maintained for their entire employment and an additional five years. There are contractors but no volunteers in contact with detainees at Weslaco Station requiring this training. The medical contractors have received the training as required. The Auditor was informed that if volunteers were to come in contact with detainees they would be required to attend the same PREA training as required by policy. CBP Directive 2130-030 was provided to all staff through the agency email program referred to as CBP Central. As noted, the Auditor interviewed nine staff members and questioned them about training they received. All indicated it was received very recently at the facility level, and most said it was just in recent weeks. It was clear during follow-up questions the training included those subpart topics. Weslaco Station is staffed around the clock by Agents, contractors, and USCG staff to assist in medical areas. The only contractors with access to detainees are the medical staff. Corporate office requires PREA training for them, per the DHS contract that was reviewed. The receipt of their training was verified by the medical staff on duty at the time of the audit.

**§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:**

Weslaco Station makes the zero tolerance policy available to the general public through its webpage <https://www.cbp.gov/about/care-in-custody> and to all detainees through posters located in the processing area and outside the detainee living areas. The posters observed were in English and Spanish. Information on the posters includes: CBP has 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. The Auditor spoke with one detainee who was aware of the posters and had a general understanding of the



information provided to her on the poster but who also noted their illness led to their not studying the information closely.

**§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) CBP TEDS states before placing any detainees together in a 'hold' room the processing Agent must assess the information before them to determine if the detainee may be considered an at-risk detainee, or at risk of posing a threat to others. This assessment by policy 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. The Auditor reviewed the training all staff receives (PALMS) in order to perform this assessment. It is provided at the same time as the zero tolerance training and is part of that curriculum. The random Agent interviews conducted by the Auditor confirm this assessment is performed on each detainee arriving at Weslaco Station to assess the detainee's potential vulnerability and potentially abusive behavior. A more thorough assessment has been conducted even before arrival since these detainees are being transferred for medical treatment and separation. If the assessment indicates any vulnerability or abusive behavior with any detainee he/she is provided with heightened protection, however the (medically) isolated nature of the confinement here, the physical plant layout of wide glass fronts in an easily viewable semi-circle which support good detainee safety. If the detainee is abusive he/she is kept separate from those who are vulnerable. This may include direct sight and sound supervision or single room placement. Detainees are separated on the basis of medical issues and with contagion level being the primary determinant.

(e) CBP TEDS requires Weslaco Station to implement appropriate controls on the dissemination of private and/or sensitive information provided by detainees during this risk assessment. Agents can disclose this information only to personnel with a need to know. There is signage on doors indicating the nature of disease and contagion which is placed in such a way to preclude casual viewing, requiring authorized staff to physically retrieve the forms and open them to obtain relevant information. Staff interviewed indicate this information is never shared and only provided on a need to know basis or under investigation questioning.

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

- 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) 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. 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. Detainees must be able to report confidentially and anonymously, 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 and posted on the CBP public website. Interviews with the local SMEs, random Agents and Supervisors confirm detainees are provided PREA information, through posters (Spanish and English) on how to report sexual assault, retaliation, and staff failure to perform their duties while remaining confidential and anonymous. Posters are placed in all holding rooms, along corrido walls, adjacent to medical and there are several in the intake area. For those who are not English or Spanish fluent in speaking or writing the Agents utilize Interpreters and Translators Incorporated which provides over the telephone translations for over 150 languages. Posters indicate detainees may report, verbally or in writing, to any CBP Official or by utilizing the toll-free telephone number to DHS OIG. DHS OIG is a government agency, open to public reporting but is not a part of CBP. The Auditor tested the OIG toll-free report number, from the same telephone detainees would use, and found it operational. The Auditor also asked the random Agents about the process for making anonymous

and confidential reports to OIG as there are no telephones in any of the holding rooms. Agents state the detainee only needs to tell the Agent they wish to report something, not disclose what they wish to report. The Agent would escort the detainee to the non-contact visiting/interview room and give them an outside line to call. The Agents indicate they would step out of the room and close the door observing the detainee through the glass in the door. The detainee interviewed was aware there was a telephone number available and was also aware they could inform staff of any allegation of sexual abuse confidentially.

(c) CBP TEDS requires Agents at Weslaco Station to receive allegations reported to them from third parties and promptly record such reports according to operational procedures. During random interviews with Agents and Supervisors, the Auditor was informed all verbal allegations of sexual abuse or sexual assault made to them are documented in writing to their Supervisor in accordance with CBP requirements.

**§115.154 – Third-party reporting.**

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

**Notes:**

CBP Directive 2130-030 states detainees may utilize third party individuals to report allegations of sexual abuse. The agency 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 information on 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 tested the website and found it to be operational.

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

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

**Notes:**

(a)(b) CBP Directive 2130-030 requires staff 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. CBP Directive 2130-030 also requires all staff to report any misconduct upon becoming aware of it. CBP TEDS requires staff to immediately report: any knowledge, suspicion, or information regarding an incident of sexual abuse against 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. CBP Directive 51735-013A, Standards of Conduct, March 13, 2012, not only allows staff to report within their chain of command it requires them to report allegations of misconduct outside of their chain of command to the JIC hotline or email, CBP OPR or the DHS. Interviews with staff verified they would report any and all incidents of sexual abuse or assault to their Supervisor. The Auditor confirmed the reporting requirements during the interviews conducted with the nine random staff and 3 local SME staff. They all indicate their responsibility to immediately report any allegation of sexual abuse, retaliation or staff failure to perform their duties within and outside of the chain of command if necessary. CBP Commissioner Memo of March 11, 2015, clearly specifies the mandatory nature of immediate reporting of every incident and that every allegation will be considered significant and major.

(c) CBP Directive 2130-030 requires staff not reveal any information related to a sexual abuse report except as necessary to aid the detainee, protect other detainees or staff or to make security and management decisions. This information about confidentiality is provided to all staff in the mandatory PALMS PREA training as well as in policy. Interviews with staff verified of maintaining confidentiality and provide information on a need to know basis. The Auditor confirmed the reporting requirements during the interviews conducted with the nine random staff and local SME staff. They all indicate their responsibility to immediately report any allegation of sexual abuse, retaliation or staff failure to perform their duties within and outside of the chain of command if necessary. They also indicate all information they become aware of is not shared except on a need to know basis or during an investigation into the matter.

(d) CBP Directive 2130-030 requires CBP staff to notify relevant agencies if the alleged victim of a sexual assault is a vulnerable adult or under the age of 18. The local SME interviews and the PFC informed the Auditor that should a vulnerable adult or person under eighteen be sexually assaulted at the Weslaco Station the normal protocol would be

to notify the Watch Commander who would submit an Incident Report to the JIC and the Commissioner's Situation Room. Notifications would be completed as required by CBP Directive 3340-025E. The PFC stated that he or the Watch Commander would make these notifications to the appropriate local State Agencies if required and would update the JIC with this information. Staff at Weslaco Station indicate the facility has not had any incidents requiring this type of notification during the last 12 months.

**§115.162 – Agency protection duties.**

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

**Notes:**

CBP TEDS states if an Agent has a reasonable belief a detainee may be subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee. All interviewed staff indicate any detainee believed to be in imminent danger of being sexually abused would be separated from the other detainees and placed under constant supervision. They further stated the safety of the detainee would be their primary focus and depending on the number of rooms being used at the time, the detainee would be placed in a holding room alone or under the direct supervision of an Agent.

**§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) CBP Directive 2130-030 requires staff at Weslaco Station make reasonable efforts to promptly report any allegation of sexual abuse the facility becomes aware of occurring at another facility. This notification is required to be made to the appropriate office or Administrator of the facility where the alleged incident occurred. The local SMEs and the PFC stated the notification is made in the same manner as any incident is reported. The Weslaco Station Watch Commander would submit an Incident Report to the Sector Operations Center, which would, in turn, notify JIC and the Commissioner's Situation Room. The Watch Commander would make all the necessary notifications to another facility if they received a report of sexual abuse from a detainee. There were no notifications made by this facility during the last 12 months as no alleged incidents at other facilities have been reported to any Weslaco Station staff.

(b)(c) The memorandum dated August 13, 2014, from the Chief, USBP, titled Implementation on the Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in CBP Holding Facilities specifies the requirement to notify another confinement facility when an allegation of sexual abuse is received in reference to the other facility. The memo states the notification is to occur as soon as possible, but no later than 72 hours after receiving the allegation, and for the supervisor to document the notification. Interviews with staff, local SMEs, and the PFC confirmed they were aware of the "immediate" notification and the SMEs were aware of the "not less than 72 hours" requirement. Their responses clearly indicated the notification would be well before 72 hours.

The Agents, SMEs and the HQ SAAI SME further stated that this is a required action and that the allegation is immediately reported and documented to the Sector leadership who, in turn, forward the allegation to OPR, JIC and the Office of the Inspector General (OIG).

(d) The Commissioner's Memorandum of March 11, 2015 provides guidelines on the implementation of the DHS PREA Standards and requires any Agent receiving a sexual abuse allegation from any source is to ensure the allegation is referred for investigation. The Chief, U.S. Border Patrol issued a policy, titled, Implementation of the Standards to Prevent, Detect, and Respond to Sexual Abuse in CBP Holding Facilities on August 13, 2014. The policy states that any CBP office that receives such notification shall ensure that the allegation is referred for investigation. Interviews with both the Patrol Agent in Charge and the PFC indicated the allegation would immediately be referred for investigation.

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

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

**Notes:**

(a)(b) CBP Directive 2130-030 details the responsibilities of the first law enforcement staff on the scene of a reported allegation of sexual abuse. The directive and PREA Training in PALMS reinforces the policy by requiring law enforcement staff members 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, request the alleged victim

and ensure that the alleged abuser does not take any actions that could destroy physical evidence. As previously noted there are no contractors allowed in the holding rooms while detainees are present. During the site visit, the Auditor did not observe any non-law enforcement personnel present in the area except the medical support staff. The Agents are in the immediate area to allow privacy while medical screening or medical examinations are being performed by medical contract staff either behind curtains or in a separate room. CBP Directive 2130-030 addresses non-law enforcement first responder duties if they were ever to allow them in the holding room. The policy requires non-law enforcement staff to request the alleged victim not take any actions that could destroy physical evidence and then notify law enforcement staff. During the random interviews staff detailed their responsibilities as first responders. Each staff told the Auditor they would separate the victim from the abuser, provide medical assistance if needed, preserve evidence to the extent possible and notify their supervisor. The recently issued CBP PREA response card is very well designed and a positive addition to this area.

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

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

**Notes:**

(a) CBP Directive 2130-030 stipulates this entire document constitutes CBP's written institutional plan outlining the coordinated multidisciplinary team approach to responding to sexual abuse. The 21 sections of this directive cover aspects from hiring, training, reporting, responding, medical and mental health services, investigations, and data collection. The PFC during his interview discussed this institutional plan. He stated information about specific responsibilities are explained in the directive and reinforced in training.

(b)(c) CBP Directive 2130-030 states if an alleged victim of sexual abuse and/or assault is transferred to another DHS facility, Weslaco Station must inform the receiving DHS agency of the alleged incident and the alleged victim's potential need for medical or social services. If the alleged victim of sexual abuse and/or assault is transferred to a non-DHS facility, Weslaco Station 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. Each of the local SMEs and the PFC informed the Auditor during their interviews that during the last 12 months Weslaco Station has had no cases requiring any such notification to a DHS or non-DHS facility. As previously noted all incidents of this type require the Watch Commander to submit an Incident Report to the JIC and the Commissioner's Situation Room upon any notice. Any transfer or move would require the Watch Commander to update JIC of the incident update and then he would notify the receiving facility. This process was detailed to the Auditor by the PFC as Weslaco Station has had no incidents for the Auditor to review. Notifications would be completed, via Sector headquarters, as required by CBP Directive 3340-025E. CBP has issued CBP PREA response card to guide staff in their response to sexual abuse.

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

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

**Notes:**

CBP Directive 2130-030 requires agency management to consider whether any staff, contractor or volunteer alleged to have perpetrated sexual abuse and/or assault should be removed from duties requiring detainee contact pending the outcome of an investigation and shall do so if the seriousness and plausibility of the allegation make removal appropriate. The HQ SAAI SME interview indicates any allegation of sexual assault or sexual abuse involving staff, a contractor or volunteer would result in the person being removed from detainee contact pending the outcome of the investigation if the seriousness and possibility of the allegation make removal appropriate. The HQ SAAI SME further stated if there is an alleged sexual assault or violations are made by a contractor, the Patrol Agent in Charge of the Station would seek the removal of the contractor from the facility. The compliance with policy requirements were also verified by the local SMEs and the PFC. As previously noted there are only medical contractors and no volunteers assigned at Weslaco Station. The local SMEs indicate there has not been any allegation of sexual abuse made against a staff member requiring this type of response.

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

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

**Notes:**

CBP Directive 2130-030 prohibits agents, officers, and other CBP personnel from retaliating against any person or detainee, who reports, complains about, or participates in an investigation of sexual abuse and/or assault. This retaliation prohibition is also detailed in the PREA training (PALMS) each staff member receives at Weslaco Station. The Auditor interviewed ten random staff, four local SMEs, and the PFC. Each was aware of the policy prohibiting retaliation against anyone who makes an allegation of sexual misconduct or participates in the investigation. There were no detainees at the facility who either made an allegation of sexual abuse or who participated in an investigation to interview. The PFC informed the Auditor there have been no allegations of retaliation made at Weslaco Station during the last 12 months.

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

**Notes:**

(a) CBP Directive 2130-030 informs CBP personnel they may be subjected to disciplinary or adverse action up to and including removal from their position and Federal Service for substantiated allegations of sexual abuse and/or assault and/or for violating CBP's sexual abuse policies. The Auditor interviewed the HQ LER SME and the HQ SAAI SME. Both of these individuals indicate 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) CBP Directive 2130-030 requires OPR to report all removals or resignations in lieu of removal to appropriate law enforcement agencies for violations of the agency or facility sexual abuse and/or assault policies, unless the activity was clearly not criminal. The interview with the HQ SAAI SME indicates the Watch Commander, PFC or Senior Operations Specialist would notify law enforcement of all removals or resignations in lieu of removal for violations of the agency zero tolerance policy. The HQ SAAI SME indicates there were no such resignations or removals at Weslaco Station within the last 12 months.

(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 the agency or facility sexual abuse and/or assault policies, to the extent known. The interview with the HQ SME from OPR indicates their office would notify licensing bodies, if known, of all removals or resignations in lieu of removal for violations of the agency zero tolerance policy. She indicated there were no such resignations or removals at the Weslaco Station within the last 12 months.

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

- 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) CBP Directive 2130-030 requires any contractor or volunteer suspected of perpetrating sexual abuse and/or assault be removed from all duties requiring detainee contact pending the outcome of an investigation, as appropriate. As noted throughout the report Weslaco Station only allows law enforcement staff and medical contractors contact with detainees. The Auditor observed medical contractors supervised by agents in the holding rooms during the site visit. As noted previously, it was reported that medical contact also occurs in the medical

offices and an Agent is in the immediate area to allow privacy while medical screening or examinations are being conducted. Medical contractors received PREA training from the corporate headquarters per the DHS contract. Interviews with the Weslaco Station SMEs did indicate that any sexual misconduct alleged to have occurred by them would result in their removal from duties and contact with any detainees pending investigation.

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

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

**Notes:**

(a)(b) CBP Directive 2130-030 requires alleged sexual assault victims be provided timely unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. It also requires emergency medical treatment services to 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 and the PFC confirm supervisors are aware of alleged victims of sexual assault are to receive all medical service and medications without cost even if they do not name the abuser or cooperate with the investigation. They are also aware all detainees requiring any forensic medical treatment must be sent to the McAllen Medical Center in McAllen.

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

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

**Notes:**

(a) CBP Directive 2130-030 requires at the conclusion of every investigation of sexual abuse and/or assault, a sexual abuse incident review is to be conducted within 30 days. The review is to determine whether the allegation or investigation indicates a change is needed in policy or practice to better prevent, detect, or respond to sexual abuse. The recommendation(s) for improvement outlined in the review must be implemented or by the Station Chief or the agency must document the reasons for not doing so in a written response. The report and response are to be forwarded to the PSA Coordinator. The Auditor interviewed the PSA Coordinator about the incident review process for allegations of sexual abuse. She informed the Auditor sexual abuse incidents reviews are consistent with the procedures outlined in Section 18.1 of CBP Directive No. 2130-030, Prevention, Detection, and Response to Sexual Abuse and/or Assault in CBP Holding Facilities. She further stated their office receives sexual abuse incident reviews within 30 days after the conclusion of a sexual abuse investigation Weslaco Station had no incident reviews conducted during the audit period as the facility had no allegations of sexual abuse incidents.

**§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

December 18, 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>	U.S. Border Patrol
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**SECTOR OR FIELD OFFICE**

<b>Name of Sector or Field Office:</b>	Rio Grande Valley (RGV) Sector
<b>Name of Chief or Director:</b>	(b)(6)(b)(7)(C), Chief Patrol Agent
<b>PREA Field Coordinator:</b>	(b)(6)(b)(7)(C)
<b>Sector or Field Office Physical Address:</b>	4400 South Expressway 281, Edinburg, Texas 78539
<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>	Weslaco Station
<b>Physical Address:</b>	1501 E. Expressway 83, Weslaco, TX
<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>	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), Weslaco Station, was conducted on August 22, 2019, and the preliminary findings report was submitted on October 20, 2019. Following comments from CBP Headquarters and from the Auditor, the report dated December 18, 2019, was submitted as a Final Draft on December 18, 2019.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the Weslaco Station was found to be in compliance with 22 standards: (115.111; 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). The Weslaco Station was found to not be in compliance with two standards: (115.113 and 115.115). Standard 115.118 was not applicable to the Weslaco Station.

On December 24, 2019, the Weslaco Station submitted a preliminary Corrective Action Plan (CAP) dated December 23, 2019, with a completion date of January 1, 2020. The Auditor approved the CAP as written. On April 14, 2020, the Weslaco Station submitted an Annual Review of Detainee Supervision Guidelines document to comply with standard 115.113. The Auditor reviewed the document and determined the comprehensive information in the document substantially complies with standard 115.113. On December 15, 2020, the Weslaco Station submitted documentation to comply with standard 115.115. The documentation consisted of an email dated October 2, 2020, from the Chief Patrol Agent, RGV Sector, to all Patrol Agents in Charge and Department Supervisors mandating they are trained on Transport, Escort, Detention and Search policy (TEDS), the guidance memorandum dated September 17, 2020, from the Chief, Strategic Planning and Analysis Directorate, and a muster module regarding pat searches of transgender, intersex, and gender non-conforming individuals. In conjunction with the documentation, training signoffs and understanding were received. The Auditor reviewed the documents and has determined the Weslaco Station is compliant with standard 115.115. The Weslaco Station is now compliant with all PREA standards.

Although there was on-going communication between Creative Corrections, CBP Headquarters, and the Weslaco Station, the CAP was not completed within the required 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 April 14, 2020, the Weslaco Station submitted a record of an Annual Review of Detainee Supervision Guidelines dated March 10, 2020, as required by standard provision (b). The Auditor reviewed the document which was detailed and comprehensive. The Annual Review of Detainee Supervision guidelines document provided a visual of the layout of the processing/holding area for detainees and identified the maximum holding capacity. The Weslaco Station holds detainees who have communicable diseases or at risk for developing these diseases due to exposure. The Weslaco Station also holds healthy detainees, however, separated from those who are isolated. The document also provides structured supervision of medical contractors, caregivers, monitors, and Department of Defense personnel. The Department of Defense (b)(7)(E) and control the opening and closing of holding rooms. The staffing levels are appropriate and the Weslaco Station adjusts staffing based on the population levels. The Weslaco Station has sufficient staffing in order to prevent sexual abuse and/or sexual assault. Based on this documentation, the Auditor has concluded that the Weslaco Station is compliant with standard provision 115.113 (b).

### §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 15, 2020, the Weslaco Station submitted a memorandum from the Chief Patrol Agent, Rio Grande Valley Sector, to the Chief Patrol Agents and Department Supervisors, mandating that agents are trained on pat search of transgender, intersex, and gender non-conforming individuals. The Chief Patrol Agent provided training materials consisting of a memorandum from the Chief, Strategic Planning and Analysis Directorate, dated September 17, 2020, issued to Chief Patrol Agents and Directorate Chiefs providing guidance on conducting pat searches of transgender, intersex, or gender non-conforming detainees. The memorandum further refers staff to sections 4.3 and 5.5 of the National Standards on Transport, Escort, Detention and Search (TEDS) policy which provides additional information on search techniques. In conjunction with the memorandum, a Muster Module providing additional procedures to Patrol Agents in the safe search of suspects, threat assessments, and pat search techniques for cross gender, same gender, transgender, intersex, and gender non-conforming detainees and a staff training muster sign-offs and acknowledgements of the training were submitted. The Auditor reviewed the documentation and concludes the Weslaco Station is now compliant with standard provision 115.115 (f).

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

**AUDITOR CERTIFICATION:**

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

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

December 16, 2020  
**Date**