

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



U.S. Customs and  
Border Protection

## AUDITOR INFORMATION

<b>Name:</b>	(b) (6), (b) (7)(C)	<b>Company Name:</b>	Creative Corrections, LLC
<b>Mailing Address:</b>	(b) (6), (b) (7)(C)	<b>City, State, Zip:</b>	Beaumont, Texas 77706
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## AGENCY INFORMATION

<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>	San Diego Sector
<b>Name of Chief or Director:</b>	(b) (6), (b) (7)(C)
<b>PREA Field Coordinator:</b>	(b) (6), (b) (7)(C)
<b>Physical Address:</b>	2411 Boswell Road, Chula Vista, California 91914
<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>	Chula Vista U.S. Border Patrol Station		
<b>Physical Address:</b>	311 Athey Avenue, San Ysidro, California 92173		
<b>Mailing Address: (if different from above)</b>			
<b>Telephone Number:</b>	(b) (6), (b) (7)(C)		
<b>Facility Leadership</b>			
<b>Name of Officer in Charge:</b>	(b) (6), (b) (7)(C)	<b>Title:</b>	Acting Patrol Agent-in-Charge A(PAIC)
<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 Prison Rape Elimination Act (PREA) on-site audit of Customs and Border Protection (CBP) U.S. Border Patrol (USBP) Chula Vista, California Short-Term Holding Facility (CHU) was conducted on August 22, 2023, by (b) (6), (b) (7)(C), a Certified PREA Auditor, contracted through Creative Corrections, LLC., of Beaumont, Texas. This was the second PREA audit for CHU. The first audit was conducted by a Creative Corrections Certified PREA Auditor on September 10, 2019. CHU is one of several CBP stations within the San Diego sector. The specific mission of CHU is short-term holding and processing of adults, unaccompanied children (UAC), juveniles, and family units. Reportedly, holding periods for detainees are less than 24 hours pending transfer for removal, detention, or placement.

The purpose of the audit was to determine compliance with Subpart B of the Department of Homeland Security (DHS) PREA Standards. The standards used for this audit became effective March 7, 2014. The on-site audit followed the Auditor's electronic review of CBP's PREA policies and procedures and telephonic interviews, as applicable, with CBP Headquarters (HQ) Subject Matter Experts (SMEs).

The Point of Contact for CHU was Special Operations Supervisor (SOS) (b) (6), (b) (7)(C). The Auditor was introduced to a representative of the CHU leadership team upon arrival. The SOS who was designated as a local PREA SME met the Auditor and granted entry into CHU. Immediately following entry, the Auditor was provided a private conference room to begin conducting staff interviews. The SOS provided pre-audit information to the Auditor and was involved in pre-audit discussions with the Auditor concerning audit logistics and information contained in the local Pre-Audit Questionnaire (PAQ). The SOS was instrumental in ensuring staff and contractor information was accessible, as well as coordinating requests for interviews.

The Auditor met with the PREA Field Coordinator (PFC), and the Patrol Agent in Charge (PAIC), after completion of interviews of staff from the (b) (7)(E). There are (b) (7)(E) for staff at CHU: (b) (7)(E) (b) (7)(E). Additional SME and random staff and contractor interviews were conducted continuously throughout the morning and early-mid-afternoon. Detainee interviews were conducted after the audit closeout briefing.

Immediately after completion of staff (b) (7)(E) interviews, the Auditor was provided a tour of CHU by the SOS, the PFC, and the PAIC. The tour was conducted in a manner which followed the path a detainee would take upon arriving at the facility, processing, and placement in holding. The facility tour also covered the interior of the staff muster and training areas of the facility.

CHU short-term holding is designated as Building (b) (7)(E) among several buildings located on this property. The CHU is comprised of (b) (7)(E) (b) (7)(E) (b) (7)(E). The holding area has (b) (7)(E). All detainee hold rooms and hard cells have toilets. Toilets in multiple occupancy hold rooms are separated by a masonry partition. There are also showers available.

Detainee entry into CHU is via the intake area containing a (b) (7)(E). There is a center hall separating detainee processing areas and designated hold rooms for specific detainee demographics. Agents and contractors staff these areas. Contractors provide medical services and "caretaker" duties. Loyal Source Government Services contractors provide medical care, and Coastal Clinical and Management Services, Inc. contractors provide services to juveniles and family units. (b) (7)(E) (b) (7)(E). A central desk has staff stationed (b) (7)(E) (b) (7)(E) throughout the detainee areas. (b) (7)(E).

During the tour, the Auditor noted PREA Audit Notices in English and Spanish posted in a conspicuous manner in the detainee hold areas. The Auditor was given complete access to the facility and observed all detainee processing areas. The Auditor observed "caretakers" working with juveniles and family units. The Auditor observed posters advising detainees of their right to be free from sexual abuse. Posters were also observed providing detainees information on

reporting sexual abuse and explaining the zero-tolerance policy of the agency. The Auditor was shown how detainees could reach the DHS Office of Inspector General (OIG) for external agency reporting if requested. The Auditor tested the phone and verified that the phone reached the DHS OIG hotline and was not monitored by CHU.

All staff with direct contact with detainees are agents or contractors cleared to have contact with detainees. Detainees are removed from any area where janitorial or maintenance contractors must work. The workers, as applicable, are supervised by agents. The number of agents working in the holding area remains fluid and varies in accordance with the flow of detainees. On the day of the on-site visit, there were numerous adult, juveniles, and family units present.

On Tuesday, August 22, 2023, an exit briefing for CHU was held at 3:30pm. The exit briefing was conducted by the Creative Corrections PREA Auditor (b) (6), (b) (7)(C). During the exit briefing, the Auditor discussed the observations made to date during the pre-audit and on-site review.

Those in attendance for the briefing were:

- (b) (6), (b) (7)(C), HQ (PDO) Deputy PSA Coordinator via Teams
- (b) (6), (b) (7)(C) HQ MPA PREA Coordinator via Teams
- (b) (6), (b) (7)(C), HQ MPA HQ Program Analyst via Teams
- (b) (6), (b) (7)(C) Chula Vista Special Operations Supervisor
- (b) (6), (b) (7)(C), Chula Vista Special Operations Supervisor/PFC
- (b) (6), (b) (7)(C), Program Manager, Creative Corrections, LLC via Teams

Scope of the Audit: Prior to the on-site audit, the Auditor was able to review the HQ and local Pre-Audit Questionnaires (PAQs), the HQ Responsive Documents and Data Requests, local documents, including the CHU specific documents, HQ Participation documents, as well as agency and medical provider websites. The Auditor confirmed that the CHU audit did not present any additional or unique HQ SME policy oversight concerns. The Auditor spoke directly with the local SOS responsible for completing the local PAQ. The Auditor confirmed San Diego Police Department as the local entity that has jurisdiction to investigate an allegation of sexual abuse. The Auditor also confirmed the availability of local medical services by contacting hospital personnel at the Palomar Health Center. Personnel were able to confirm that qualified medical staff would provide forensic services to any detainee alleging sexual abuse/assault. The medical service is provided free of charge to the detainees. Emergency room staff at Palomar Health Center confirmed they are qualified to provide victim advocacy services for any sexual abuse patient admitted to their hospital. Additionally, advocacy services would be provided during any post abuse medical protocol and follow up services are available in the community for those in need of victim services. The Auditor was able to use a private telephone line to access DHS OIG to test the outside entity to report sexual abuse by detainees.

During the on-site audit, the Auditor interviewed agents from (b) (7)(E). The Auditor interviewed three local SMEs and four randomly selected agents from all shifts. The Auditor conducted interviews with two contractors. There were no volunteers who have contact with detainees. The Auditor conducted interviews with two detainees. Agent and contractor interviewees were selected randomly and based on staff availability.

The audit process included the pre-audit, on-site audit, and post audit review of policies, protocols and documentation to determine compliance of 25 DHS Subpart B Standards applicable to CHU. The Auditor concluded that 24 of 25 applicable DHS Subpart B Standards are met with one not being met. The Auditor reviewed all relevant policies, procedures, and documents in assessing the Chula Vista Short-Term Holding Facility. The Auditor conducted a records review for a random selection of 10 staff, and five contractors which included information on background checks. PREA training records for all staff and contractors having authorized detainee contact were reviewed. There have not been any PREA allegations within the 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.

The Chula Vista, California Border Patrol Station on-site audit was conducted on Tuesday, August 21, 2023, and the audit findings report was submitted in September 2023.

CHU met 25 standards: 115.111; 115.113; 115.114; 115.115; 115.116; 115.117; 115.118; 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; 115.186; and exceeded standard 115.114.

Compliance determinations were made based on a review of documents, observations, and interviews. The Auditor was provided a complete roster of all staff PREA training records. A review of the complete staff roster determined there were 10 staff members who had not completed the refresher training, however based on the low percentage of staff not completing the training, the Auditor has determined CHU has met substantial compliance. The Auditor concluded through observation, interviews, and the review of policies and documentation, that staff are knowledgeable concerning their responsibilities involving PREA. During interviews, staff acknowledged awareness of the zero-tolerance policy against sexual abuse. This philosophy has been fully institutionalized at CHU. Through the coordinated use of the facility supervision plan, staffing levels are monitored to ensure PREA compliance and to provide sufficient supervisory resources to the detainee population. (b) (7)(E) is effective in augmenting the physical supervision of detainees without violating cross-gender privacy concerns.

The CHU staff and contractors ensure that resources, procedures and techniques are in place to ensure detainees with disabilities or are Limited English Proficient can benefit from the provisions of PREA. Staff hiring and promotion protocols are in place to ensure previous disqualifying sexual abuse conduct is discovered in applications and through background checks. Additionally, the zero tolerance sexual abuse philosophy and reporting information is provided to detainees as applicable.

SMEs and agents are knowledgeable of PREA risk screening requirements. Agents are knowledgeable of first responder protocols. Agents and contractors are knowledgeable of reporting requirements for staff and detainees and the prohibitions on retaliation. Local SMEs are aware of disciplinary provisions in accordance with PREA.

<b>SUMMARY OF AUDIT FINDINGS</b>	
<b>Number of standards exceeded: 1</b>	
<b>Number of standards met: 24</b>	
<b>Number of standards not met: 0</b>	
<b>OVERALL DETERMINATION</b>	
<input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards)	<input checked="" type="checkbox"/> Low Risk
<input checked="" type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period)	<input type="checkbox"/> Not Low Risk
<input 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:

(a): The facility meets the standard provision. The agency has taken definitive steps to inform the public, all employees, and detainees of its adherence to the PREA Standards. The following national directives mandate zero tolerance towards all forms of sexual abuse and outline the agency's approach to preventing, detecting, and responding to sexual abuse: CBP Directive 2130-030 outlines a comprehensive description of how the agency will comply with standards to prevent, detect, and response to sexual abuse in CBP holding facilities. The overarching policy outlines a zero-tolerance philosophy. Chief USBP memorandum dated October 8, 2015, Implementation of the CBP National Standards on Transport, Escort, Detention and Search (TEDS) also provides comprehensive information to all staff. There are also official supplemental communications from CBP and USBP national leadership, dated August 2014, March 2018, and January 2018 respectively, on ways to implement the zero-tolerance philosophy. These communications attached and emphasized excerpts from Directive 2130-030 which staff must comply with and integrate in their operational requirement. Directive 51735-013B, (Standards of Conduct), dated 12-9-20, references the PREA standards and the prohibitions of sexual abuse among CBP employees.

The above directives verified training modules, in addition to communication to staff regarding the zero-tolerance philosophy on sexual abuse and strategies to prevent, detect, and respond to sexual abuse, demonstrate a commitment to conveying the zero-tolerance philosophy for sexual abuse to all CBP staff. Additionally, during the observed "Sexual Assault Awareness and Prevention Month" the Privacy and Diversity Office distributes relevant information to all employees regarding CBP's zero tolerance of sexual abuse. As applied to the audited facility, zero tolerance posters and reporting information are positioned throughout the processing and holding areas of the facility in both English and Spanish. Three local SMEs, four agents, and two contractors were interviewed, and the Auditor verified an understanding of the agency's zero-tolerance policy.

(b): The facility meets the standard provision. CBP employs an upper-level, agency-wide Prevention of Sexual Assault (PSA) Coordinator. This incumbent has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards at all CBP facilities.

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

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

#### Notes:

(a): The facility meets the standard provision. The standard requires that each facility maintain adequate levels of detainee supervision through appropriate staffing levels and (b) (7)(E) to protect detainees against sexual abuse. During the site inspection tour, the Auditor noted all hold rooms are in direct line-of-sight of agents in the processing area and by the desk agent (b) (7)(E). There are numerous agents and contractors working areas of detainee holding and processing, (b) (7)(E). Holding and processing areas can be viewed through windows on both sides of a central hallway. The Auditor observed multiple hold rooms. (b) (7)(E) (b) (7)(E). Interviews with local SMEs revealed

adequate staffing existed to supervise detainees and prevent sexual abuse. During the applicable audit period, (June 2022 - July 2023) pre-audit data reveals an average of (b) (7)(E) detainees of all demographic categories being processed on a monthly basis. The detainees processed were adults, juveniles, and family units.

(b)(c): The facility meets the standard provisions. CBP Directive 2130-030; Chief USBP memorandum dated October 8, 2015, Implementation of the CBP National Standards on TEDS; Chief USBP memorandum dated August 13, 2014, Implementation of the Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in CBP Holding Facilities; and Chief USBP memorandum dated February 7, 2020, Review of Comprehensive Detainee Supervision Guidelines requires the U.S. Border Patrol to develop and document comprehensive detainee supervision guidelines to determine and meet the detainee supervision needs which has been accomplished through its National Standards on TEDS. The Directive further states, the detainee supervision guidelines, and its application at the facility level is to be reviewed at least annually. The review is to consider supervision analysis based on the physical layout, composition of detainees, the prevalence of substantiated and unsubstantiated instances of sexual abuse, findings and recommendations of incident reviews, and any other relevant factors. The Directive further requires the results of the annual review are to be forwarded to the PSA Coordinator. Local SME interviews confirm they re-evaluate supervision strategies on a regular basis. The Auditor reviewed the annual review of detainee supervision guidelines which was conducted on December 6, 2022, by the governing PAIC, the Deputy PAIC, and an SOS. The assessment included all areas as required by the PREA standard and TEDS directive. The assessment concluded there were sufficient levels of supervision.

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

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

**Notes:**

(a): The facility exceeds the standard provision. CBP National Standards on TEDS (October 2015) and Chief USBP memorandum dated August 13, 2014 (OBP 50/10-C), Implementation of the Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in CBP Holding Facilities requires juveniles be always treated in their best interest. Policy guidance requires that all guidelines for special populations be taken into consideration. Each juvenile should be held 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. There were (b) (7)(E) juveniles detained at CHU during the period July 2022 through June 2023. Three local SMEs and four random agents report all juveniles who are a part of family units or identified as unaccompanied are held in the least restrictive setting as possible. They state juveniles are kept with their families and are also kept in the least restrictive setting the facility has available. All CHU agents interviewed stated that juveniles are held in designated area with direct observation of staff, "caretakers", and (b) (7)(E) CHU exceeds this standard by having dedicated staff working with children and family units to address the unique needs of children and family units. Caretakers provide monitoring and caregiver services to unaccompanied children and family units. During the tour of the holding facility, the Auditor observed "caretakers" from Coastal Clinical and Management Services, Inc. working with children and family units. The Auditor informally interviewed one "caretaker" contractor regarding the monitoring and caregiver services provided. The Auditor interviewed one detainee with a child (family unit). The detainee did not reveal any concerns with the conditions of detention.

(b): The facility exceeds the standard provision. The CBP directive on TEDS requires unaccompanied juveniles to be held separately from adult detainees. Three local SMEs and four agents report unaccompanied juveniles are kept separate from the adults and are then separated by gender. There were (b) (7)(E) family units processed during the audit period. Local SMEs and agent interviews confirm juveniles are immediately separated from accompanying adults unless the relationship has been properly vetted and determined to be appropriate prior to holding. Caretakers provide monitoring and caregiver services to family units during holding periods. The interviews also confirmed that separate interviews of both the minor and the accompanying adult are used to vet the relationship, along with any accompanying documents with the detainee. One detainee with a child was interviewed. The detainee did not reveal any concerns with the conditions of detention.

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

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

**Notes:**

(b)(c): The facility meets the standard provisions. The following policy guidance govern these standard provisions: CBP's overarching policy on TEDS; The Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault; Transmittal memos titled Searching Transgender, Intersex or Gender Nonconforming; and Muster Modules transmitted to all USBP CPAIC. These policies and communication detail the type and conditions under which searches can be performed to ensure the safety of agents, civilians, and detainees. The policy guidance prohibits cross-gender partial body searches and 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 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 are to refer all body cavity searches of juveniles to a medical practitioner. Interviews with three local SMEs and four agents report only medical staff can conduct a strip or visual body cavity search of a juvenile. The local SME and agents report body cavity searches are not allowed at the CHU. When asked who would conduct cross-gender searches, the agents report the person would have to be the same identified gender as the detainee when operationally feasible. During the audit period, there were no partial body or body cavity searches required.

(d): The facility meets the standard provision. CBP TEDS specifies the requirements of enabling 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 hold room checks. Such viewing may also be appropriate in connection with a medical examination or under medical supervision. CHU holding areas contain toilets with each toilet separated by solid half walls for privacy. Showers and toilets are positioned such that there are (b) (7)(E). The Auditor tested physical (b) (7)(E) cross-gender viewing capabilities and concluded that detainees can perform bodily functions without staff of the opposite gender viewing them. Interview with two detainees verified compliance with policy guidance. The Auditor verified (b) (7)(E) (b) (7)(E). CBP TEDS requires all officers/agents of the opposite gender to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing, except in exigent circumstances or when such viewing is incidental to routine room checks. Interviews with local SMEs and agents indicated they knock on the door to announce themselves.

(e): The facility meets the standard provision. CBP TEDS prohibits staff from searching or physically examining a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, policy requires the agents 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. A memorandum from USBP Deputy Chief, dated September 17, 2020, and January 17, 2023, entitled: Reminder on Searching Transgender, Intersex and Gender Non-Conforming Individuals, was sent out for all Chief Patrol Agents and All Directorate Chiefs to pass on to all staff during muster. The memorandums direct border agents to not search or physically examine an individual for the sole purpose of determining an individual's gender. There were no detainees onsite who identified as transgender or intersex to be interviewed. Agents at the facility report they do not search detainees solely for the purpose of determining gender.

(f): The facility meets the standard provision. CBP TEDS defines a pat search as an external search consisting of the sliding or patting of the hands over the clothed body of a detainee by staff to determine whether the individual possesses weapons and/or contraband. A pat-down search may require the detainee to reveal pocket contents. CBP TEDS directs staff to conduct pat searches in a professional, thorough, and a reasonable manner consistent with the type of search required and that a search must be of the same gender, gender identity, or declared gender when operationally feasible. A memorandum from USBP Deputy Chief, dated September 17, 2020, and January 17, 2023, entitled: Reminder on Searching Transgender, Intersex and Gender Non-Conforming Individuals was sent out for all Chief Patrol Agents and All Directorate Chiefs to pass on to all staff during muster. Local SMEs and agents interviewed

are familiar with the above policy requirements. The agents also reported during interviews that they receive refresher search training during their musters. There were no detainees onsite who identified as transgender or intersex to be interviewed.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires staff in holding facilities to provide reasonable accommodations to detainees who are hearing impaired, blind, or visually impaired, or who have intellectual or mental health disabilities. Directive 2130-033, Nondiscrimination for Individuals with Disabilities in CBP-Conducted Services, Programs, and Activities (Non-Employment), with an effective date of July 8, 2021, which also includes a job aid providing guidance to staff on effective communication with individuals with disabilities. The job aid further defines several types of disabilities and examples on how to address those disabilities; Directive 2130-031, Roles and Responsibilities of U. S. Customs and Border Protection and Personnel Regarding Provision of Language Access, provide information and guidance to all CBP staff. Staff interviews confirm they have received the recent guidance regarding disabled and Limited English Proficient (LEP) detainees and the materials are frequently discussed during musters. The staff discussed the various steps the agents and supervisors take to provide accommodations to detainees with these disabilities which included reading PREA notices to visually impaired and functionally illiterate detainees, call in a translator, and would also have the option to have medical clinicians including behavior healthcare assistance where needed. Two detainees were interviewed. The detainees revealed they were able to communicate in English or Spanish. They reported that they understood the prevailing language used at the facility. Upon review of pre-audit data submissions, there were no blind, deaf, hard-of-hearing, or intellectually disabled detainees processed during the audit period. Interviewed local SMEs and agents did not reveal any disabled detainees housed at CHU during the 12-month audit period.

(b): The facility meets the standard provision. CBP Directive 2130-030 requires all holding facilities to provide effective, accurate and impartial in-person or telephonic interpretation services to detainees who are LEP. There were numerous detainees who were designated LEP housed at CHU during the on-site audit. All PREA posters are posted in both English and Spanish. Access to poster materials in other common languages is possible. Most agents at CHU are fluent in Spanish, which is the most prominent language of origin of the detainee population. All interviewed staff were aware of the translation resources available to them should the need arise. If the detainee speaks a language other than English or Spanish, agents can use several CBP language resources available to its employees to include an over-the-phone language interpretation service available 24 hours a day, seven days a week. In addition to English and Spanish, CBP has PREA posters for adults translated into 12 other languages and for children translated into 15 other languages for posting as needed. CBP's translated PREA posters and language access resources can be accessed at the agency's internal website by agents. If the detainee speaks one of these languages, translated material is obtained for them. Two detainees were interviewed. The detainees revealed they were able to communicate in English or Spanish. They reported that they understood the prevailing languages (English and Spanish) used at the facility. Interviews with the local SMEs emphasized staff training on the agency's zero-tolerance policy and agent interviews verified their training and understanding of the policy and the PREA standard. Reminders of mandatory training available through the CBP Acadis on-line training portal are shared with all employees.

(c): The facility meets the standard provision. 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. The Auditor was able to verify local practices consistent with the Directive through interviews with the local SMEs and agents. Interviewed staff were able to articulate that the language line, or the use of a neutral staff member would be used in place of a detainee translator.



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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires the Office of Human Resources Management (HRM) to ensure compliance with hiring and promotion decisions consistent with PREA requirements. The directive requires that policies and procedures be in place to ensure CBP does not hire any contractors or engage the services of volunteers who have a history of sexual abuse. The local PAQ at CHU indicates there are contractors and volunteers applicable for this audit. Volunteers are assigned from other DHS components. However, these volunteers do not have detainee contact. Interviews with the HQ HRM/Hiring Center SME reveal practices are in compliance with the standard provision for employees.

(b): The facility meets the standard provision. The HRM PREA SOP and the CBP HQ PREA Questionnaire are consistent with the overarching guidance outlined in Directive 2130-030. Interviews with the HQ HRM/Hiring Center SME reveal practices are compliance with the written policy guidance for hiring and promoting employees. New employees and those seeking promotion must complete an application which asks about previous sexual misconduct and imposes a continuing duty to disclose any such future misconduct. Applicants are required to answer suitability questions during the application process. Based on their responses, they may be screened out and will then be ineligible.

(c)(d): The facility meets the standard provisions. CBP Directive 2130-030 requires background investigations (BI) for applicants seeking employment who may have contact with detainees to determine suitability and that updated background investigations are conducted every five (5) years for CBP personnel who may have contact with detainees. The directive further requires background investigations for contractors who may have contact with detainees. The Auditor chose 10 randomly selected agents of varying ranks, and five contractors who are employed at the facility and submitted those names to the HQ Office of Professional Responsibility (OPR)/Privacy Security Division (PSD). The purpose of this submittal was to ensure their background checks were conducted timely and in compliance with the standard. Interviews with HQ OPR/PSD SME revealed pre-employment practices consistent with written policy guidance. According to the authorized agency PREA audit BI checklist, all agents reviewed were hired into positions designated as "National Security Eligible" positions. As such, agency staff in these designated positions are placed in continuous evaluation of suitability status. Therefore, upon initial background clearance, and during the subsequent five-year period, a suitability determination process is initiated. A review of the submitted background checks for USBP staff found the agency is in compliance with pre-hire and five-year updated investigations. Five contractors' BI status was reviewed. Data supplied by HQ OPR/PSD revealed the completion of background investigations for all contractors.

(e): The facility meets the standard provision. Interview with HQ HRM/Labor Employee Relations (LER) SME confirms it is agency policy to rescind an offer of employment to a prospective employee or to terminate the employment of any such employee who makes a material omission or provides false information regarding sexual abuse misconduct. Staff are informed of the policies regarding material omissions and providing any false information through the CBP Standards of Conduct which is provided to staff upon employment and referenced in their yearly required ethics training through the Acadis training portal.

(f): The facility meets the standard provision. CBP Directive 2130-030 allows for the providing information on any substantiated allegations of sexual abuse regarding former employees upon receiving a request to do so from an institutional partner for whom such an employee has applied to work, unless prohibited by law. The interview with the HQ HRM/LER SME confirmed the Directive is followed by the agency.

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

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

**Notes:**

(a): The standard provision is not applicable as CHU has acquired no new facility or undergone a major expansion since May 6, 2014.

(b): The facility meets the standard provision. The local SME was interviewed, and confirmed information provided on the local PAQ. Additionally, an annual review of detainee supervision guidelines which was conducted on December 6, 2022, indicated the (b) (7)(E) was appropriate to protect detainees from sexual abuse. The local PAQ indicated that the facility has not installed or updated the (b) (7)(E) since the last PREA Audit.

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

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

**Notes:**

(c): The facility meets the standard provision. CBP TEDS and CBP Directive 2130-030 requires timely, unimpeded access to medical treatment and crisis intervention, including emergency contraception and sexually transmitted infections prophylaxis, be provided to a detainee victim of sexual assault in accordance with professionally accepted standard of care. The Directive further requires a forensic medical examination be conducted by a qualified health care personnel, including a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where practicable. If required, CHU would utilize the forensic services of Palomar Health Center for any needed forensic medical examination of a sexual abuse victim, at no cost to the detainee and only with the detainee's consent. The examination is performed by a SANE. The Auditor confirmed via telephone conferences with an Access Representative and Nurse Examiner from Palomar Health that the services are provided. Palomar Health's Sexual Assault Response Team Program (SART) serves the North and South County areas of San Diego County. Publicly available information describes the SART program as a "fully functioning state-of-the-art Forensic Center". A nurse from Palomar Health confirmed that law enforcement would initiate the request for forensic services. The nurse confirmed that PREA case exams would be performed at the Poway location adjacent to Palomar Health. A Forensic Nurse Examiner would perform the exam. Local SME interviews also confirmed the use of this facility if required for a detainee victim of sexual abuse. The local SME interviews and the HQ OPR/Sexual Abuse and Assault Investigator (SAAI) SME interview confirmed there have not been any allegations of sexual abuse during the audit period.

(d): The facility meets the standard provision. CBP TEDS requires agents to allow detainee victims access to victim advocacy services, to the extent available and consistent with security needs, while at the hospital for forensic examinations due to sexual abuse/assault. The Auditor determined that community-based victim advocates are available through Palomar Health, where forensics would be conducted as applicable. Advocacy services would be provided during any post abuse medical protocol and follow up services are available in the community for those in need of victim services. A Palomar Health Center nurse confirmed they will contact the victim advocacy services as applicable. Interviews with local SMEs confirmed and verified that all sexual abuse victims would be provided access to victim services at the designated medical facility and timely access to U nonimmigrant status information.

(e): The facility meets the standard provision. An interview with the HQ Privacy and Diversity Office (PDO)/PSA Coordinator and HQ OPR/SAAI SME confirms there have been no reports of sexual abuse or sexual assault at the CHU facility during the last 12 months. The local SME stated the San Diego Police Department has been advised of and are agreeable to following the uniform evidence protocols required by the PREA. Copies of a confirmation letter advising the San Diego Police Department of the PREA requirement was available for the Auditor's review.

**§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): The facility meets the standard provision. CBP Directives 2131-030 and 3340-25F regarding reporting of significant incidents requires prompt reporting of all sexual assault allegations to the facility administrator or agency office. All interviewed local SMEs report they will immediately report such incidents up the chain-of-command and the Joint Intake Center (JIC). The delegated Watch Commander or supervisor shall inform local law enforcement as appropriate. This practice was confirmed during the interview with the PAIC and PFC.

(d): The facility meets the standard provision. Interview with the HQ PDO/PSA Coordinator verifies the appropriate offices are advised of all indicants/allegations of sexual abuse by the JIC.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires all uniformed agents and officers, special agents, fact finders, contractors and volunteers who may have contact with the detainees in CBP holding facilities to receive the training required in Subpart B of the DHS Standards. CBP has also developed two training aides in assisting staff with communicating with detainees with disabilities and a guide to facilitate effective communication with individuals who identify as LGBTI+. Reminders regarding sexual abuse and/or sexual assault are required to be posted through various forms of communication to all staff. CBP has also created the PREA Resource Center which includes policies and various information regarding CBP's zero tolerance of sexual abuse and/or assault. Mandatory training is required for all CBP employees, contractors, and volunteers. CBP also provides a training course for Volunteer Training, through the Federal Emergency Management Agency (FEMA), "Preventing and Addressing Sexual Abuse and Assault of Individuals in CBP Holding Facilities". CHU agents confirmed in interviews that they have received training required by the PREA standards.

(b): The facility does not meet the standard provision. All CHU employees have not completed refresher PREA training by the established due date. Refresher training is required to be completed every two years. The established due date was February 24, 2023. The training records were reviewed on-site. Local SMEs and agent interviews verified the above training has been presented through the Acadis training portal. All contractors have completed initial and refresher PREA training. There are no applicable volunteers who required training during this audit period. During the on-site audit, the Auditor was provided a complete PREA training roster of all staff employed at CHU. The Auditor identified 10 agents who had an "incomplete" refresher training status. However, it should be noted CHU management immediately assured staff completed the training and an updated CHU training roster was submitted to the Auditor post audit identifying the PREA refresher training was completed by the eight agents with two agents reported to no longer being on active duty. The Auditor has determined CHU has met substantial compliance based on the low percentage of staff not completing the PREA refresher training.

(c): The facility meets the standard provision. In accordance with directive 2130-030, the Auditor reviewed training records via the Acadis training portal and verified training is documented upon completion of PREA refresher training. As noted above, a small percentage of the overall staffing did not complete the training prior to the audit but who have now completed the training. The Auditor also reviewed documentation of contractor completion of PREA training. The documentation of contractor training was received and maintained by the facility. Agent interviews confirm initial and refresher PREA training on the Acadis training portal. Interviewed contractors also stated they received training on their responsibilities regarding sexual abuse and assault prevention detection. Training records are maintained electronically as required by the standard. Local SME interviews confirmed compliance.

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

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

**Notes:**

The facility meets the standard. CHU has maintained large print posters of DHS Zero Tolerance philosophy conspicuously posted in view of all detainees in holding and processing areas. The posters are printed and posted in English and Spanish, but also contain a box providing zero tolerance and reporting information in all common languages. The are caretakers trained in PREA to communicate the zero-tolerance philosophy to detainees. In addition, CBP addresses zero tolerance prominently on its website, <https://www.cbp.gov/about/care-in-custody>. CBP has added numerous methods of providing information to the detainee population of CBP’s zero-tolerance policy. They developed age-appropriate colorful posters, informational display system slides, and scripts to provide key information regarding zero tolerance of sexual abuse and sexual assault and how to report incidents of sexual abuse and/or assault at CBP holding facilities. Posters were observed at CHU which were published in English and Spanish; however, CHU also has access to posters in several other languages depending on the type of population received at the facility. CHU has posted information geared toward juveniles. Interviews with the local SMEs verified that facility maintains a variety of methods as listed, for detainee notification of the zero-tolerance policy. Agents confirmed they have asked detainees questions regarding safety and communicated their knowledge of multiple ways for detainees to understand and receive the zero-tolerance policy knowledge. Two detainee interviews revealed both are aware of the agency’s prohibition of sexual abuse of detainees. However, both detainees reported they had not seen any information about sexual abuse or assault at the facility and that no one told them about sexual abuse prevention. Both detainees reported that they understood English and Spanish.

**§115.134 – Specialized training: Investigations.**

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

**Notes:**

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

**§115.141(a) through (e) – Assessment for risk of victimization and abusiveness.**

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

**Notes:**

(a)(b)(c)(d): The facility meets the standard provisions. CBP TEDS requires agents to assess all detainees for risk of sexual assault before placing them together in a hold room or holding facility. Additionally, directive 2130-030 and other implementing communication dated June 14, 2022, addressing the “PREA Risk Assessment Instrument” requiring agents to assess every detainee for risk of sexual victimization and abusiveness. The assessment, by policy, requires the agents to consider whether the detainee has exhibited a mental, physical, or developmental disability; the age of the detainee; their physical build; any prior arrests or incarcerations as well as the nature of previous arrest and/or convictions; whether the detainee self identifies as LGBTI+ or gender non-conforming; and any prior sexual victimization. Using the “PREA Risk Assessment Instrument”, the agents must specifically ask and document whether the detainee has any concerns about his/her physical safety. Additionally, based on a consideration of all victimization and abusiveness indicators listed on the above referenced screening instrument, agents must, based on the information available to them, determine the level of risk and subsequent supervision requirements. Specifically, the processing agent is to decide whether the detainee needs to be held alone or placed away from certain other detainees for their safety or other detainee safety. Agency policy requires that the documented risk screenings are maintained in the (b) (7)(E) Local SMEs and agents interviewed were familiar with the PREA risk screening requirements.

During the on-site audit, there were numerous detainees in holding status. The Auditor observed a PREA Risk Screening module which documented a yes/no response to a question regarding safety concerns. Additionally, this module required staff to make a yes/no determination of risk of victimization/abusiveness by marking the appropriate field. Instructions on the screening instrument require the processing agent to “check” all risk screening variables that apply. As observed at CHU, processing agents have access to information for the following risk screening variables: the nature of applicable criminal convictions/incarceration history; behavioral health/physical disability concerns via the medical contractor questionnaire; age demographics; and physical characteristics. Self-identification of previously experienced sexual abuse or LGBTI status requires inquiry from the agent. Local SMEs and agents appropriately responded to interview questions regarding PREA risk screenings and the emphasis on the detainees’ views regarding perceptions of safety regarding sexual abuse. Local SMEs and agents described the use of the (b) (7)(E) to document observations and assessment questions outcomes. Two detainees were interviewed regarding their perceptions of PREA risk screening procedures. Both detainees responded affirmatively to being detained with others and being questioned about age, name, county of origin, and criminal/detention history. Both detainees responded that they were not asked about any concerns for their safety or sexual abuse. However, local SMEs and agent interviews confirmed these practices are completed prior to a detainee being placed in a holding room. Agent interviews all confirmed they are aware of the importance of detainee safety and the requirement of asking the assessment questions prior to housing any detainee with another that may be of high risk to them. During the on-site audit, the Auditor did not review any executed risk assessment screenings but reviewed a sample of a “PREA Risk Assessment Performed” screen.

(e): The facility meets the standard provision. CBP TEDS requires staff to ensure assessments are provided in private setting where other parties cannot learn sensitive information. The Auditor observed a detainee being interviewed. Agents positioned the detainee away from other detainees while performing the intake interview. The dissemination of sensitive information is to be controlled on a “need-to-know” basis. Local SMEs and agent interviews verify this practice as all information on detainees is kept in the (b) (7)(E) and has limited accessibility.

**§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): The facility meets the standard provision. CBP Directive 2130-030 requires detainees to be provided multiple ways to privately report sexual abuse/assault, retaliation and/or staff neglect or violations leading to sexual assault. The directive states procedures for reporting alleged sexual abuse and/or assault are to be visible or readily available to detainees at holding facilities and posted on the CBP public website. The Auditor observed the telephone contact information for DHS OIG on posters located in the processing area and the private area designated for making phone calls. The Auditor verified the relevant reporting information available on the agency’s public website. Local SMEs and agents interviewed were familiar with the multiple ways to report allegations of sexual abuse. During the period of the on-site visit, there were two detainees interviewed regarding multiple reporting methods. There were mixed responses regarding receipt of information on reporting sexual abuse; the availability of information in a familiar language; the availability of private and anonymous reporting, and the availability of third-party reporting. Two detainees were interviewed. One detainee answered “no” to all reporting information issues, and one detainee acknowledged receipt of information regarding private, anonymous, and third-party reporting.

(b): The facility meets the standard provision. CBP Directive 2130-030 requires the facility provide at least one way for detainees to report sexual abuse to a public or private entity not connected to the agency and detainees must be able to report confidentially and anonymously, if desired, as well as both verbally and in writing. Local SME and agent interviews verify detainees may report abuse verbally or in writing to staff; third party reports are accepted, and a detainee may request to make a private anonymous telephone call to DHS OIG. Interviews revealed detainees are informed by staff that they can call DHS OIG to report privately. The Auditor, through direct observation viewed the private room designated for phone calls, and posters in which the DHS OIG number is provided. The Auditor tested the DHS OIG telephone contact number to confirm a working telephone could be used by a detainee. This call was verified as a DHS OIG hotline for reporting waste, fraud, abuse, and mismanagement as well as sexual abuse

reporting. The hotline is a multiple use repository with a menu selection required. Notably, the primary language options are English and Spanish. The hotline is not monitored 24 hours per day; however, it advises detainees to call 911 if there is an immediate threat. The Auditor was able to access staff on the receiving end. If a detainee requests such a call, the agent will escort the detainee to the room and dial the DHS OIG hotline number. Staff advised that the calls to DHS OIG are not recorded. The detainee will have privacy and be observed visually from the hallway by the agent.

(c): The facility meets the standard provision. Local SMEs and agent interviews revealed staff are aware that if third parties report allegations of sexual abuse, the reports are promptly reported and documented in writing. Staff state all sexual abuse allegations are taken seriously and reported to supervisors regardless of the method of the report.

**§115.154 – Third-party reporting.**

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

**Notes:**

The facility meets the standard. CBP Directive 2130-030 informs staff that third parties may report sexual abuse on behalf of detainees. CBP provides information regarding third-party reporting procedures for sexual abuse on its public website at: <https://www.cbp.gov/about/care-in-custody>. The website provides a toll-free Joint Intake Center Hotline phone number, email address, and physical address to allow different methods of reporting to the Joint Intake Center. The website also provides, the phone number, email address, and an online reporting site for the DHS OIG. Local SME and agent interviews confirmed their knowledge of the PREA standards provision of third-party reporting, and all could identify different third-party examples. Staff also accurately described the facility's responsibility for processing third party reports of sexual abuse and conveyed that this process would be treated the same as direct reporting from the alleged victim. There were no allegations of sexual abuse reported during the audit period.

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

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

**Notes:**

(a)(b): The facility meets the standard provisions. CBP Directive 2130-030 requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse; retaliation against detainees or staff who made such a report or participated in an investigation of sexual abuse, or any staff neglect or violation of responsibilities contributing to an incident or retaliation. Directive 3340-025F, Reporting Significant Incidents to the U.S. Customs and Border Protection (CBP) WATCH, directs staff that sexual abuse should be reported to a unified hub which operates 24/7 to assure all significant incidents are reported immediately to all required leadership. All interviewed agents and contractors affirmed these responsibilities. Interviewed SMEs and agents acknowledged they would report outside of their chain of command, if necessary, by reporting to the DHS OIG or JIC. Agents further stated they reviewed the PREA reporting requirements during musters. There were no allegations of sexual abuse reported during the audit period.

(c): The facility meets the standard provision. CBP Directive 2130-030 states except as necessary to report the incident, CBP and its staff shall not reveal any information related to the incident except as necessary to aid the detainee, to protect other detainees or staff, or to make medical, investigatory, law enforcement, or security and management decisions. Agent and contractor interviews verify that the dissemination of information regarding a sexual abuse allegation is limited to their immediate supervisor, or other staff on a need-to-know basis. There were no allegations of sexual abuse reported during the audit period.

(d): The and facility meets the standard provision. CBP Directive 2130-030 requires the facility 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 persons statute to the designated State or local services agency under applicable reporting laws.

Interviews with local SMEs reveals sexual assault of victims under the age of 18 years and vulnerable adults, will be reported to the designated state and local services agency by the supervisor on duty or their designee. They further stated this will be completed at the direction of the HQ OPR/SAAI Coordinator. There were no allegations of sexual abuse reported during the 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:**

The facility meets the standard. CBP TEDS requires any agency employee to take immediate action if they believe circumstances exist which place a detainee at imminent risk of sexual abuse and is required to take immediate action to protect the detainee. Interviews with local SMEs, agents, and contractors confirm that a detainee feeling at risk would immediately be protected by isolation or direct constant supervision (sight and sound) or both. The detainee would be removed from contact with other detainees and would be supervised, as directed by the local SME on duty.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 requires that should a detainee report an allegation of sexual abuse while confined at another facility, the prior agency or administrator must be notified. All local SMEs interviewed were knowledgeable of this policy requirement. The PAIC or designee would make the notification.

(b): The facility meets the standard provision. The standard provision requires that notification be made within 72 hours of receiving the allegation. Knowledge of this requirement was confirmed during interviews with local SMEs who stated the notifications would be made immediately and were aware the notifications would have to be made within 72 hours of receiving the allegation.

(c): The facility meets the standard provision. During the onsite interview with the local SMEs, it was reported that the notification would also be documented **(b) (7)(E)**. There were no allegations reported during the audit period.

(d): The facility meets the standard provision. During the onsite interview with the local SMEs, it was reported that CHU follows all agency reporting requirements as specified in CBP Directive 2130-030. Staff report that upon notification of the allegation of sexual abuse which occurred at CHU, would be referred for investigation and the JIC shall be notified immediately.

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 details the responsibilities for the first agent on scene of a reported allegation. The Directive and the PREA training through the Acadis portal provide the necessary steps to be taken upon learning of an allegation that a detainee was sexually abused. The first responding agent or their supervisor is to perform all first responder duties delineated in the standard provision. Interviews were conducted with local SMEs, agents, and contractors. All were knowledgeable of their first responder duties which include, separating the alleged victim and abuser, preserving, and protecting the crime scene if the abuse occurred within a

time period that still allows for the collection of evidence. Interviews also revealed that staff would request that the alleged victim and direct the alleged abuser not to take any action that could destroy evidence. During the local SME, agent, and contractor interviews, they were able to articulate that they would ensure detainees do not eat or drink, use the toilet, or change/destroy clothing that may contain physical and or forensic evidence. Agents expressed the importance of securing any area in which a sexual assault may have occurred. Local SMEs and agents also report that in addition to training on first responder duties, the staff reviews these duties on a regular basis through staff musters and training aides.

(b): The facility meets the standard provision. CBP TEDS addresses non-law enforcement duties and requires the non-law-enforcement staff to request the alleged victim not take any actions that could destroy physical evidence, and to notify CHU staff. CHU authorizes non-law enforcement contractors (medical and Caretakers) to have detainee contact. Interviews with two contractors revealed knowledge of appropriate actions to take as first responders. There were no first responder incidents reported during the 12-month audit period which required staff to respond.

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

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

**Notes:**

(a): The facility meets the standard provision. Agency communication dated January 2018 designated CBP Directive 2130-030 as CBP's written institutional plan for utilizing a coordinated multidisciplinary team approach to respond to sexual abuse. The Directive provides a plan for all agency components for addressing sexual abuse in holding facilities. Additionally, CBP developed a job aid which details first responder duties defining sexual assaults of a detainee by another detainee, and sexual assault of a detainee by an employee, contractor, or volunteer. The job aid also includes first responder duties, notifications requirements for investigations, forensic medical examinations, and incident reporting. Interviews with all local SMEs and agents verified an awareness of their requirement to provide medical care. They were also aware detainees must have access to victim advocates, if desired, which would be provided at Palomar Health's Poway location.

(b)(c): The facility meets the standard provisions. CBP Directive 2130-030 requires the staff to notify another DHS facility if the victim of sexual abuse is transferred there. This notification must include the detainee's need for medical or social services. These requirements were confirmed through the interview with the local SME and the notification would be made by the PAIC or a designated supervisor.

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

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

**Notes:**

The facility meets the standard. Directive 2130-030 directs that agency management shall consider whether any staff, contractor, or volunteer alleged to have perpetrated sexual abuse should be removed from duties requiring detainee contact pending the outcome of an investigation. Interviews with local SMEs verified agency policy is to remove the staff member from contact with detainees pending the outcome of an investigation into alleged sexual abuse or violations of agency policies at the consideration and discretion of agency management including the PAIC and Sector Chief. The PAIC would reassign any staff member whose allegations of sexual abuse had been made against them. This would constitute no detainee contact. Customarily, this re-assignment would remain in effect until the completion of the investigation. The same procedure would apply for contractors. The PAIC or Sector Chief would seek removal of the contractor from the facility. The local SME reported no reports of alleged sexual abuse against staff or contractors during the audit period. An interview with the HQ PDO/PSA Coordinator confirmed no reports of sexual abuse and/or assault had been reported during the 12-month audit period.



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

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

**Notes:**

The facility meets the standard. Directives 2130-030, Directive 5175-013B (Standards of Conduct), and CBP TEDS prohibits all CBP staff from retaliating against any person or 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, threat, or fear of force. The transmittal memo dated August 2014 with attachments contains policy guidance on the prohibition against retaliation. Local SME, contractor, and agent interviews revealed training on the implementation of this policy requirement has been accomplished. Agents and contractors report that retaliation is prohibited by policy, and all have been trained to look for signs of retaliation. There have not been any allegations reported during this audit period.

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

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

**Notes:**

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

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

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

**Notes:**

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

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

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

**Notes:**

(a): The facility meets the standard provision. CBP Directive 2130-030 (January 2018) states CBP personnel may be subject to disciplinary action up to and including removal from their position in the Federal service for substantiated allegations of sexual abuse or for violating CBP's sexual abuse policies. CBP Directive 51735-013B, Standards of Conduct gives notice to all CBP personnel they may be subject to disciplinary action for substantiated allegations of sexual abuse and/or assault. Interviews with the local SME and the HQ HRM/LER SME verified that disciplinary action is pursued in all cases of substantiated sexual assault or for violations of sexual abuse policies with removal from their position and prohibition from future Federal service is the presumptive action.

(c): The facility meets the standard provision. Interview with the HQ PDO/PSA Coordinator revealed there were no reports of sexual abuse during the 12-month audit period at CHU. Interview with the HQ OPR/SAAI SME confirms all allegations of sexual abuse would be coordinated with the local law enforcement agency by the PAIC and further notification is coordinated by the HQ OPR/SAAI SME.

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

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

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

**Notes:**

(a): The facility meets the standard provision. Directive 2130-030 provides guidance on this standard. Interviews with the local SMEs revealed that all contractors suspected of committing sexual abuse would immediately be removed from contact with detainees. Interviews with the local SMEs indicated the consequences of an alleged sexual abuse and/or assault would be immediate removal pending an investigation. Interview with the HQ OPR/SAAI SME verified that any substantiated allegations of sexual abuse by a contractor or a volunteer would result in notification of the allegation to appropriate law enforcement agencies and licensing authorities by the PAIC or their designee.

(b): The facility meets the standard provision. During an interview with the local PAIC, it was verified that any contractor or volunteer suspected of perpetrating sexual abuse would be removed from all duties where detainee contact would occur pending the outcome of the investigation. Removal of contractors and volunteers for suspected sexual abuse was also confirmed through an interview with the HQ OPR/SAAI and HQ USBP SME.

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

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

**Notes:**

(a)(b): The facility meets the standard provisions. Based on an interview with the PAIC and SBPA, when appropriate, a detainee victim of sexual assault and/or abuse at CHU are to be immediately transported to Palomar Health -Poway, where medical staff would treat any medical emergency or utilize the forensic examination protocol as applicable for a victim of sexual assault and/or abuse. A forensic medical examination would only be performed with the detainee's consent and where medically and evidentiarily appropriate. A determination on whether the exam is evidentiarily appropriate is made by CBP OPR. The services would be provided to the victim at no charge regardless of the victim's cooperation with the sexual assault investigation. Interviews with the local SMEs verified these services would be provided at no charge, regardless of the detainee's cooperation with any investigation.

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

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

**Notes:**

The facility meets the standard. Directive 2130-030 provides agency guidance on this standard. A sexual abuse incident review conducted by USBP staff at the conclusion of every investigation of sexual abuse and/or assault should ordinarily occur within 30 days of the conclusion of every investigation. The HQ PAQ indicates there have been no investigations of sexual abuse allegations at CHU during the audit period. Consequently, no incident reviews were required. Interview with the HQ PDO/PSA Coordinator reveals their office is required to receive sexual abuse incident reviews within 30 days after the conclusion of a sexual abuse investigation at a facility. The Incident Review Committee (IRC) is comprised of CBP HQ Program Managers and the local PREA Field Coordinator. The local PAIC, in conjunction with other HQ staff and division personnel would review any recommendations made by the IRC. If applicable, any concerns or deficiencies/recommendations made based on the incident review would be addressed. HQ SME confirmed that the IRC would meet within 30 days after the conclusion of any sexual abuse/assault investigation and prepare a report of its findings.

**§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.

**ADDITIONAL NOTES**

**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

October 12, 2023

Date