

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



U.S. Customs and
Border Protection

AUDITOR

| | | | |
|-------------------------|-----------------|--------------------------|---------------------------|
| Name of Auditor: | (b)(6)(b)(7)(C) | Organization: | Creative Corrections, LLC |
| Email Address: | (b)(6)(b)(7)(C) | Telephone Number: | (b)(6)(b)(7)(C) |

AGENCY

| | |
|------------------------|------------------------------------|
| Name of Agency: | U.S. Customs and Border Protection |
|------------------------|------------------------------------|

PROGRAM OFFICE

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|--------------------------------|----------------------------|
| Name of Program Office: | Office of Field Operations |
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SECTOR OR FIELD OFFICE

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| Name of Sector or Field Office: | Houston Field Office IAH POE Airport |
| Name of Chief or Director: | (b)(6)(b)(7)(C) |
| PREA Field Coordinator: | (b)(6)(b)(7)(C) |
| Sector or Field Office Physical Address: | 2323 S Shepard Drive Houston, Texas 77019 |
| Mailing Address: (if different from above) | |

SHORT-TERM HOLDING FACILITY BEING AUDITED

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| Information About the Facility | | | |
| Name of Facility: | Houston George Bush Intercontinental Airport | | |
| Physical Address: | 3870 N Terminal Rd. Houston Texas 77032 | | |
| Mailing Address: (if different from above) | | | |
| Telephone Number: | (b)(6)(b)(7)(C) | | |
| Facility Leadership | | | |
| Name of Officer in Charge: | (b)(6)(b)(7)(C) | Title: | Area Port Director |
| Email Address: | (b)(6)(b)(7)(C) | Telephone Number: | (b)(6)(b)(7)(C) |

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

The initial Prison Rape Elimination Act (PREA) audit of the Customs and Border Protection (CBP), Office of Field Operations (OFO), Houston George Bush International Airport (IAH), was conducted on June 11, 2019, by PREA certified (b) (6), (b) (7)(C), a contractor for Creative Corrections, LLC. The Holding Facility is located within IAH Terminal E. It is utilized by CBP for short-term detention of individuals pending release from custody, return flight to their country of origin, or transfer to a court, jail, prison, other agency, or a long-term detention facility within Department of Homeland Security (DHS).

The PREA audit is to determine compliance with the DHS PREA Standards.

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

The Auditor arrived at IAH at 6:00 a.m. on June 11, 2019, and proceeded to the Shift Supervisory Office and was provided with a roster of Officers working during the on-site visit. The Auditor used this roster to select the random list of Officers to be interviewed. There were no contractors or volunteers listed or observed in contact with detainees at IAH. The Auditor was advised upon arrival that there were currently two detainees being held in secondary processing, and both were interviewed. Once the logistics for the on-site visit was completed, we proceeded to the facility conference room at 8:00 a.m. where the entry-briefing was conducted. Those in attendance were:

(b)(6)(b)(7)(C), Program Manager
(b)(6)(b)(7)(C), Program Manager
(b)(6)(b)(7)(C), Watch Commander, IAH
(b)(6)(b)(7)(C), Supervisory CBP Officer, IAH
(b)(6)(b)(7)(C), Chief CBP Officer, IAH
(b)(6)(b)(7)(C), PSA Coordinator, PDO, HQ
(b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ
(b)(6)(b)(7)(C), Program Manager, Creative Corrections, LLC

After introductions, the Auditor provided an overview of the audit process to include the on-site visit. There was a brief question and answer period that concluded the entry-briefing. A tour of the facility began following the entry-briefing. The CBP OFO facility at IAH located in Terminal E. The Watch Commander took the Auditor through the primary and secondary processing areas, explaining how international travelers are processed. Those requiring additional screening beyond primary are moved to the secondary area for processing. On an average daily basis, IAH processes 17,000 individuals. Of those, 300-450 are taken to secondary processing; and of those, 2-10 individuals are held each day. The secondary processing areas include a main lounge type sitting area with officer's station at the front that allow for direct supervision), interview rooms, pat-down search rooms, separate male and female bathrooms, a secondary "family" area (used when needed to separate juveniles from adults or to hold family detainees), and (b) (7)(E) (b) (7)(E) used for detainees who may be disruptive or non-compliant. The (b) (7)(E) have a bed, sink, and toilet with a half wall for privacy when using the toilet. For those detainees that would have to change in the cell if assigned to one of them would have privacy except for incidental viewing through the glass window in each door during checks and rounds. (b) (7)(E). The large waiting area in this secondary hold area has (b) (7)(E). These (b) (7)(E) in the chairs. The male and female bathroom is available for detainees for unsupervised use. The Auditor observed no

blind spots. There were no showers for detainees in the secondary hold area. Officers informed the Auditor if a detainee needs to utilize a shower he/she would be escorted to the Officers shower area and allowed to shower.

Scope of the Audit: The Auditor reviewed all relevant policies, procedures and documents in assessing IAH. A sampling of personnel files (10), detainee assessment records (2), and Officers training records (all) at IAH were reviewed to determine necessary standard compliance. The Auditor had access to all parts of the facility to include access to the (b) (7)(E) in the shift supervisory office. Although not allowed to retain certain documentation, the Auditor was allowed to review all documentation to make necessary determinations for the audit. While on-site, the Auditor was able to conduct necessary interviews in a secure, confidential and private setting. The Auditor interviewed 10 staff (six CBP Officers, four Supervisors/Local SME) one adult female detainee and one adult male detainee who spoke Spanish. There were only two detainees available to interview during the site visit. (b) (6), (b) (7)(C), Program Manager, Creative Corrections, provided interpretative services for the detainee interviews. The Auditor did speak with a representative from the local hospital (Memorial Hermann Northeast Hospital) to discuss IAH access to appropriate forensic medical examinations, crisis intervention and victim advocacy services. Audit notices were posted at the facility. No correspondence was received prior to or during the on-site visit.

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

SUMMARY OF OVERALL FINDINGS:

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

On June 11, 2019, an exit-briefing was held at approximately 4:45 p.m. In attendance were:

(b)(6)(b)(7)(C), Watch Commander, IAH
(b)(6)(b)(7)(C), Chief CBP Officer, IAH
(b)(6)(b)(7)(C), PSA Coordinator, PDO, HQ
(b)(6)(b)(7)(C), National OFO PREA Coordinator, OFO, HQ
(b)(6)(b)(7)(C), Program Manager, CBP PREA

The Auditor discussed observations made during the on-site visit and gave preliminary findings of the audit. He informed those present of the PREA Standards that currently present concerns; however, the Auditor would not be able to make any final determination until further reviews were conducted of all on-site notes from the tour, interviews, and policies. The Auditor found the CBP Officers to be very interactive and professional with detainees. The Auditor observed the level of supervision of detainees from CBP Officers as very high.

Of the 25 standards reviewed during this audit, the Auditor found one standard to be Not Applicable (N/A), 21 standards have been found to be compliant, and 3 standards, listed below, have been found to be non-compliant. There are four additional standards (115.134, 115.171, 115.172, and 115.187) that were not reviewed during this facility audit. They will be audited during an agency level audit that covers the Sexual Abuse Investigation standards.

Standards not found compliant:

115.113 As required by the standard, the Auditor was not provided documentation to support a documented annual staffing review for IAH. Corrective Action: Provide documentation of the annual staffing review for IAH which addresses the requirements as detailed in the standard provision and that a copy was submitted to the PSA Coordinator as required by policy.

115.115 A review of both policy and the training curriculum for Officers at IAH reveals Law Enforcement Officers did not receive specific training on conducting pat down searches of intersex and transgender detainees in a professional and respectful manner and as required by the Standard. Random Officers indicate in their interviews all pat searches are performed in a professional manner. They stated same sex pat searches are the norm, but in a situation involving safety of the Officers, opposite gender Officers may conduct pat searches. Officers informed the Auditor they did not receive pat search training specific to transgender and intersex detainees. The Standard is not compliant. Corrective Action: Provide documentation all staff have been trained on the procedures for conducting pat searches of transgender and intersex detainees as required by the Standard.

115.121 The HQ (SAAI) SME confirmed local law enforcement would, in most cases, be notified of any sexual assault and handle criminal investigations for allegations of sexual abuse. Facility Officers informed the Auditor the local law enforcement agency would be the Houston Police Department. The Auditor did speak with the Houston Police Department, and they confirmed that they would investigate any crimes alleged to have been committed at IAH. The facility did not provide documentation requesting the agency comply with sections (a-d) of the Standard resulting in non-compliance. Corrective Action: The facility must request Houston Police Department comply with subparts (a) through (d) of the Standard.

| SUMMARY OF AUDIT FINDINGS | |
|--|---|
| Number of standards exceeded: | 0 |
| Number of standards met: | 21 plus 1 NA |
| Number of standards not met: | 3 |
| OVERALL DETERMINATION | |
| <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) The major policy for the CBP and IAH mandating zero tolerance toward all forms of sexual abuse and the approach to preventing, detecting, and responding to this kind of conduct was issued to all CBP employees in the March 11, 2015, CBP Commissioner's memorandum, CBP Policy on Zero Tolerance of Sexual Abuse and Assault. CBP Directive 2130-030, Prevention, Detection, and Response to Sexual Abuse and/or Assault in CBP Holding Facilities, issued January 19, 2018, is the most current policy directive mandating zero tolerance toward all forms of sexual abuse and sexual assault. The policy outlines CBPs' approach to preventing, detecting, and responding to any such conduct. This directive is supplemented by CBP's National Standards on Transport, Escort, Detention, and Search (TEDS), dated October 2015. These documents set forth nationwide standards governing CBP's interaction with detained individuals, and reinforce the mandate of zero tolerance toward all forms of sexual abuse. The PSA Coordinator confirmed the information mandating zero tolerance has been provided to all staff through email, attachments to staff Leave and Earnings statements, ongoing training, postings at the facility, and the availability of the information on the agency web page. Interviews with random Officers confirmed their knowledge of the policy and its availability.

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

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

Notes:

(a) CBP Directive 2130-030 section 6.3.1 requires CBP develop and document comprehensive detainee supervision guidelines to determine and meet each facility's detainee supervision needs. The Directive further requires the facility to review those supervision guidelines and application at least annually to determine whether adequate levels of detainee supervision and monitoring exist. The facility must take into consideration the physical layout of the facility, 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 results of the development of comprehensive detainee supervision guidelines and annual review must be provided to the PSA Coordinator. CBP TEDS requires that hold rooms, when in use, that Officers closely supervise detainees in hold rooms in a regular and frequent manner. It states that direct supervision and control of detainees must be maintained at all facilities. There are (b) (7)(E) at IAH located in the secondary holding area. Officers confirm these cells are typically never used except in cases where a detainee becomes combative and/or belligerent. The non-celled secondary area consists of a large room with chairs for detainees, and a small glassed room, referred to as the family room. While on-site, the Auditor found the secondary holding areas adequately staffed with direct line of site supervision by Officers. There are (b) (7)(E) in the large room providing additional supervision and monitoring. Supervisor interviews provided the Auditor with an overview on how IAH handles staffing on a daily basis as the facility is staffed and operational around the clock. The Supervisors confirm Officers numbers are driven by the number of scheduled daily international flights coming into IAH, and by the number of detainees brought into the secondary processing area. When questioned about the influx of the number of detainees, the Auditor was informed Supervisors have the ability to move Officers from other areas (agriculture, primary processing, and other facilities) to meet demand. Supervisors stated when the demand exceeds Officers assigned, overtime would be used.

(b)(c) CBP Directive 2130-030 requires the facility to review the supervision guidelines and application at least annually to determine whether adequate levels of detainee supervision and monitoring exist, taking into consideration all of the elements within the standard provision. IAH did not provide documentation of an annual review which does not comply

with these standard provisions. **Corrective Action:** Provide documentation of the annual staffing review for IAH which addresses the requirements as detailed in the standard provision and that a copy was submitted to the PSA Coordinator as required by policy.

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

- 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)(b) CBP Section 5.6 from TEDS requires that Officers place each at-risk detainee (juvenile) in the least restrictive setting appropriate to their age and special needs, provided that such setting is consistent with the need to ensure the safety and security of the detainee and that of others. Direct supervision and control of detainees must be maintained at all facilities that do not have secure areas. This same section requires that whenever operationally feasible, unaccompanied children (UAC) should not be separated, unless deemed necessary, for safety purposes. In circumstances where siblings must be separated due to different immigration dispositions, such separation must be documented in the appropriate electronic system(s) of record. The juvenile may temporarily remain with the non-parental adult family member where the family relationship has been vetted and the agency determines remaining with the non-parental adult family member is appropriate under the circumstances. Officer interviews confirm juvenile detainees are never kept in any of the cells. They indicated that in most cases, the juvenile would be placed in the (b) (7)(E) under direct Officers supervision. Officers further stated all children arriving with adults at IAH are questioned about the relationship of the individual they are traveling with. Any question about family relationship is vetted, to the extent feasible. The attempt to verify information includes review of available legal documents, telephone calls to family members or information provided by consulates. There were no juvenile detainees available to interview during the site visit.

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

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

Notes:

(b)(c) Section 3.4 on page 9 OF TEDS prohibits all cross-gender strip searches or cross-gender visual body cavity searches except when performed by medical practitioners. Additionally, it also states that all strip searches and body cavity searches must be recorded/documentated in the appropriate electronic system(s) of record. The same document under section 5.0 prohibits officers/agents at IAH from conducting body cavity searches of juveniles or adults and shall refer all such body cavity searches to be conducted by a medical practitioner. The Auditor interviewed Supervisor and Officers and found no search records as no cross-gender strip or body cavity searches have been conducted during the previous 12 months.

(d) Section 4.6 on page 16 from TEDS requires Officers allow detainees to shower (when showers are available), perform bodily functions, and change clothing without being viewed by Officers of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement under medical supervision. This same policy requires Officers of the opposite gender are to announce their presence when entering an area where detainees are likely to be showering, performing bodily functions, or changing clothing, except in exigent circumstances or when viewing is incidental to routine cell checks. There are no showers available in the secondary processing area at IAH due to the short time detainees are held. Officers did indicate if it became necessary for a detainee to shower, Officers would escort and allow the detainee to utilize the staff shower room. The (b) (7)(E) have half walls around the toilets to allow for adequate privacy. (b) (7)(E). The large secondary hold waiting area is wide open with seating for the detainees. The area also has a glassed room referred as the family room. While on site, the Auditor found the secondary holding areas adequately staffed with direct line of site supervision by Officers. There were also (b) (7)(E) in the large room providing additional supervision monitoring. Interviews with Officers and Supervisors confirm Officers of the opposite gender announce themselves prior to entering one of the holding cells.

(e) Section 5.5 on page 20 from TEDS prohibits Officers from searching or physically examining a detainee for the sole

purpose of determining the detainee's gender. If the detainee's gender is unknown, officers are to ask the detainee their gender or gender identity. If the detainee declines to state their gender, the gender will be recorded in the appropriate electronic system(s) of record as unknown. During interviews with random Officers they confirmed they are aware of the prohibition on searching detainees to determine their gender and if the information was needed it could be obtained during conversation or through medical.

(f) A review of both policy and the training curriculum for Officers at IAH reveals Law Enforcement Officers did not receive specific training on conducting pat down searches of intersex and transgender detainees in a professional and respectful manner and as required by the Standard. Random Officers indicated during interviews that all pat searches are performed by them are in a professional manner. They stated that same sex pat searches are the norm but in a situation involving the safety of the Officer and a same genders Officer is unavailable to conduct the search, the opposite gender Officer may conduct the pat search. Officers (6) informed the Auditor they did not receive pat search training specific to transgender and intersex detainees but were trained to conduct cross gender emergency searches. Also, the Search policy provided to the Auditor and CBP TEDS are in conflict with whom should perform the transgender and intersex searches. The Standard is not compliant. **Corrective Action:** Provide documentation all staff have been trained on the procedures for conducting pat searches of transgender and intersex detainees as required by the Standard.

§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) Section 8 on page 7 from CBP Directive 2130-030 and section 1.7 on page 4 from TEDS 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) 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 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. In addition, any written materials related to sexual abuse will be provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The Auditor observed two posters in multiple areas in the secondary processing area. One was a poster to provide help in determining the language used by a detainee, and the second poster contained a notice of zero tolerance toward sexual abuse, as well as information regarding how and whom to report any incident of sexual abuse. The zero tolerance signs were posted in both English and Spanish with a note in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog and Urdu informing detainees to report sexual abuse. During interviews with random Officers, the Auditor was informed should they receive a detainee who speaks a language not listed the Officer would provide written information to the detainee available from the CBP intranet or utilize translations services available including google translate. The PSA Coordinator also confirmed to the Auditor that the PREA poster has been translated into ten foreign languages based upon frequency of encounters with limited English proficient travelers nationwide and that facilities may access these posters in the PREA Resource Center located on the agency's Intranet website for printing and posting as needed. Should staff experience a detainee not from these predominant languages, the Officer has options available to provide the detainee with the information. For OFO, the agency has a certified specialized program of staff available in multiple languages for translations services. The Officers also have over the phone translation services available if needed. The Auditor questioned Officers about providing services to a detainee who could not hear or speak and was informed the facility has staff capable of using sign language, but if they weren't available, the facility would utilize U.S. Citizenship and Immigration Service (USCIS) staff. This agency operates a language line that can be accessed to provide language interpretation services during office hours on weekdays. When detainees are identified with a disability that would limit communications or identified as limited-English-proficient, Officers indicated they would use Google Translate or Connect TransPerfect. Blind detainees would have information read to them. Deaf detainees would have information presented to them in written format, Officers indicated psychiatric and or low-level functioning detainees would be referred to the Supervisor on shift. Supervisors confirmed these type detainees, although are not the norm would be handled on an individual basis depending on the need. The random staff interviews confirmed the agency issued "Guide to Communicating with Detainees with Disabilities" in March of 2019, to assist staff should they have questions.

(c) Section 8.1.1 on page 7 from CBP Directive 2130-030 and section 6 on page 24 from TEDS requires in matters relating to allegations of sexual abuse, Officers will provide in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation, and the Supervisor determines that such interpretation is appropriate and consistent with the operational office's policies and procedures. The provision of interpreter services by minors, alleged abusers, detainees who witnessed the alleged abuse, and detainees who have a significant relationship with the alleged abuser is not appropriate in matters relating to allegations of sexual abuse. During the interviews with random Officers, each confirmed that interpretive service would be utilized and detainees would only be used if the detainee expresses a preference for another detainee to provide interpretation, and the Supervisor approves the use.

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

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

Notes:

(a)(b)(e)(f) Section 6.6 on page 5 from the CBP Directive 2130-030 requires the Office of Human Resource Management (HRM) 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 HQ HRM SME confirms during her interview that CBP is prohibited from hiring or promoting any employee, contractor or enlisting the service of any volunteer, who has been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the Standard and agency policy. She further stated prospective employees are asked on numerous occasions during the application and hiring process, as well as Officers being considered for promotion, about any previous sexual abuse misconduct. She informed the Auditor that HRM PREA SOP 2-29-16 states material omissions by any applicant or current employee regarding this type of misconduct or the provision of materially false information shall be grounds for termination or withdrawal of an offer of employment. This same SOP requires all Officers that they have an affirmative duty to disclose any such misconduct. This information is provided to each employee, upon hiring, in the Employee Code of Conduct reviewed annually during training on the Performance and Learning Management System (PALMS).

(c)(d) Section 6.4 on page 5 from the CBP Directive 2130-030 requires the Office of Professional Responsibility (OPR) ensure background investigations are conducted on all applicants for employment and contractors having contact with detainees to determine suitability. Policy further requires that an updated background investigation be conducted every five years for every CBP personnel who may have contact with detainees. During the interview with the HQ Personnel Security Division (PSD) SME, she informed the Auditor that CBP investigations (Tier 4 and Tier 5) are the most thorough investigations performed for DHS. Questions about any prior incidents of sexual abuse or misconduct begin with the job announcements. Suitability and Eligibility determinations are made for all applicants, volunteer and contractors. Field interviews are conducted and the questions are again specifically asked about any such conduct. CBP utilizes five Investigative Service Providers to perform all field investigations. The PSD SME informed the Auditor that question number three asked by all credentialed background investigators is, "Have you ever engaged in or have you ever been charged with sexual abuse?" According to her, an affirmative response results in the individual not being hired. The PSD SME also informed the Auditor background rechecks are initiated every five years. The Auditor was informed by Officers at IAH that they have no volunteers or contractors that have contact with any detainees. The Auditor did not observe anyone but law enforcement Officers in the secondary holding areas. The word initiated is used by CBP instead of conducted. The Auditor submitted 10 names to OPR to review for background rechecks. Documentation provided by HQ demonstrated the five year rechecks for each of the 10 Officers were initiated within five years, resulting in compliance.

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

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

Notes:

(a)(b) The auditor was informed by supervisory staff out of Washington Headquarters that the property is owned by IAH and not by CBP. Any substantial expansion or modification would be done by them. This would also include (b) (7)(E). They also indicated that there has been nothing added in either case over the last 12 months. Therefore, this standard is not applicable.

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

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

Notes:

(c)(d) Section 15 on page 11 from the CBP Directive 2130-030 requires medical treatment services 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. The policy further requires the agency to arrange for a forensic medical examination. This examination is to be done by a Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE), where practicable. If SAFEs or SANEs cannot be made available, the examination may be performed by other qualified health care personnel. If the detainee is transported for a forensic examination to a medical facility that offers victim advocacy services, Officers and agents will permit the detainee to use such services to the extent available, consistent with security needs. Memorial Hermann Northeast Hospital was contacted by the Auditor. Emergency room staff at the hospital confirmed to the Auditor that SAFE/SANE examiners would be used to perform forensic examinations for victims of sexual abuse received from IAH. Staff at the hospital indicated that they do not offer typical advocacy services for victims of sexual assault. They would offer the hospital chaplain for any support if requested by the victim.

(e) The DHS OIG has the right of first refusal for investigations of sexual abuse. If they decline, OPR has the right to investigate the allegation according to the SAAI SME. The HQ SAAI SME confirmed local law enforcement would, in most cases, be notified of any sexual assault/abuse and handles the criminal investigation for allegations of sexual assault/abuse. Local SME's informed the Auditor the local law enforcement agency would be the Houston Police Department. The Auditor did speak with the Houston PD and they confirmed they would investigate any crimes alleged to have been committed at IAH. The facility did not provide documentation requesting either agency comply with sections (a-d) of the Standard resulting in non-compliance. **Corrective Action:** The facility must request Houston Police Department comply with subparts (a) through (d) of the Standard.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- 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 3340-25E, Reporting Significant Incidents to the Commissioner's Situation Room, dated May 21, 2018, and section 6.3.6 on page 5 from CBP Directive 2130-030 states all allegations of sexual abuse/assault are considered significant incidents and must be immediately reported to the Commissioner's Situation Room. Section 12.2 on page 9 from CBP Directive 2130-030 outlines reporting obligations for IAH staff to both the Joint Intake Center (JIC) and the Commissioner's Situation Room in accordance with policy. The HQ SME (SAAI) confirmed that the Office of the Inspector General (OIG) has first refusal/acceptance on criminal investigations. If refused, then OPR would have second refusal. Criminal investigations, according to the HQ SME (SAAI) are routinely handled by local law enforcement. At IAH this would be the Houston Police Department. The PREA Field Coordinator informed the Auditor that upon any allegation of sexual abuse, the Watch Commander would be the individual who would submit the Incident Report to the JIC and the Commissioner's Situation Room. During the interview, the Watch Commander indicated she would make the notifications as required by policy, including to the Houston Police Department. The interview with the PSA Coordinator confirmed she would receive the allegations from the Commissioner's Situation Room (electronic as soon as the SIR is entered in the SIR reporting system) upon any notification of sexual abuse or sexual assault made to the JIC/ Commissioner's Situation Room as stipulated in CBP Directive 3340-025E, and section 6.10 from CBP Directive 2130-030. The facility has had no incidents to verify these notifications.

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

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

Notes:

(a)(b)(c) Section 11.1 on page 8 from 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 receive PREA training as required in Subpart B of the DHS Standards. The letter from the CBP Commissioner dated March 2016, (Mandatory General PREA Training) mandates the required training to include the agency's zero-tolerance policy for all forms of sexual abuse; the definitions and examples of prohibited and illegal sexual behavior; the right of detainees to be free from sexual abuse; information on where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse; methods of preventing and responding to such occurrences; and how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming detainees. Staff is instructed on how to avoid inappropriate relationships with detainees. The Auditor reviewed the training curriculum provided through PALMS. This curriculum not only discusses those topics, but also details the right of staff and detainees to be free from retaliation for reporting allegations of sexual abuse. The interviews conducted with all staff at IAH confirmed the subject matter, as required under subpart (a) of the standard is provided to them during training. Officers and local SME's also informed the Auditor that PREA refresher training is provided to them every two years. The PALMS system provides an up-to-date listing of all Officers trained and those still needing it. The Auditor was provided documentation that all individuals currently assigned to IAH have had the required PREA training. The Auditor was informed training records for Officers are maintained for their entire employment and an additional five years. As previously noted, there are no contractors or volunteers in contact with detainees at IAH requiring this training. The Auditor was informed that if contractors or volunteers were to come in contact with detainees they would be required to attend the same PREA training as required by policy. The agency's zero tolerance policy and CBP Directive 2130-030 were initially provided to all staff through the agency email program referred to as CBP Central. These policies were also attached to staff Leave and Earnings statements and are currently available on the agency web page. As noted, the Auditor interviewed 10 random staff members. The Auditor questioned them about this training they received and, although not all of them could recall from memory each of the topic requirements of the Standard, it was clear during follow-up questions the training included each of the subpart topics.

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

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

Notes:

The CBP webpage (<https://www.cbp.gov/about/care-in-custody>) provides key information regarding its' zero-tolerance policy. Signage throughout the facility, as noted in standard 115.116, to all detainees through posters which includes: CBP's zero tolerance for sexual abuse/assault; reporting can be anonymous and confidential; be safe and get help; tell a CBP official; call the DHS OIG (toll free number provided), and telecommunication devices available by calling a toll-free number (provided). The Auditor spoke with 2 detainees. They were aware of the posters and had a general understanding of the information provided to them on the poster. Both detainees interviewed were limited English proficient, but indicated they were aware of the signs, could understand the information provided and would know how to report an allegation of sexual abuse if they needed to. The reporting signs were posted in English and Spanish, with notation in Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog and Urdu to report sexual abuse. During interviews with random staff, the Auditor was informed should they receive a detainee who speaks a language not listed the Officer would provide written information to the detainee available from the CBP internet.

§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): CBP TEDS, Section 4.2, states before placing any detainees together in a hold room, the processing Officer 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. Training to provide this assessment is provided at the same time as the zero-tolerance training and is part of that curriculum through PALMS. Each of the random Officer interviews confirmed receiving this training and utilizing the form "Assessment for Transport, Escort and Detention of Detainees." They also confirmed when questioned, they ask each detainee about their own concerns about his/her physical safety. Only those detainees held for Secondary holding (Adverse Action) are assessed for risk of potential vulnerability and potential abusive behavior. If the assessment indicates any vulnerability or abusive behavior with any detainee, he/she is provided with heightened protection. This is accomplished by placement in separate rooms if available, placement in the family room if available or placement in close proximity of the Officer providing direct sight and sound supervision. The random interviews with the two detainees (2) confirmed they were questioned about their own physical safety concerns upon admission. At the time of the site visit, there were no detainees being processed for secondary holding for the Auditor to observe this process.

(e) This same section of CBP TEDS (Privacy) requires IAH implement appropriate controls on the dissemination of private and/or sensitive information provided by detainees under this section. Officers/Agents indicated that they would disclose this information only to those personnel with a need to know according to the operational office's policies and procedures. The Officers informed the Auditor that upon completion of the written assessment it is placed in the detainee folder by the processing Officer and is never shared with anyone except on a need to know basis or for investigative questioning.

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

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

Notes:

(a)(b) Section 12.1 on page 9 from 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. This section of the directive further requires IAH provide at least one way for detainees to report sexual abuse to a public or private entity not connected to the agency. Detainees must be able to report confidentially and anonymously, if desired, as well as both verbally and in writing. CBP's procedures for reporting alleged sexual abuse and/or assault are to be visible or continuously and readily available to detainees at holding facilities and posted on the CBP public website. Local SMEs and random Officer interviews confirmed detainees are provided PREA reporting information through the signage displayed throughout the secondary holding areas. As previously noted in standard 115.116, this reporting information, while remaining confidential and anonymous, is posted in English, Spanish, Arabic, Farsi, French, Hindi, Korean, Romanian, Simplified Chinese, Tagalog and Urdu. Officers confirmed if IAH receives a detainee who speaks a language not listed the Officer would provide written information to the detainee available from the CBP intranet. At the time of the site visit, the Auditor interviewed two Spanish speaking detainees and questioned them on how to report sexual assault, retaliation and Officers failure to perform their duties while remaining confidential and anonymous if they had to. Both were aware there was a telephone number (OIG) available to them and could inform Officers of any allegation of sexual abuse confidentially if they needed to. DHS utilizes OIG as the public agency that is not part of CBP for detainees to report allegations of sexual abuse. Along with reporting to any Officers member at IAH, detainees are provided reporting information as follows: Telephone number (toll free), email address and physical address to JIC and telephone number (toll free), email address and physical address and telephone number to the OIG. While on-site the Auditor checked the reporting telephone number for the OIG and found it to be operational. The Auditor also asked random Officers about the process for making anonymous and confidential reports to OIG, as there are no telephones

in the secondary staging area. The Officers stated a detainee only needs to ask the Officer to use the phone. If he/she wished to report something, they would not have to disclose the reason for using the telephone and would be escorted to one of the private interview rooms and allowed to make a call. The Officers stated they would step out of the room and close the door observing the detainee through the glass in the door allowing privacy for the call. The Auditor recommends the process for providing phone calls to detainees be put into writing and made available to all Officers.

(c) Section 6.3.6 on page 5 from CBP Directive 2130-030 requires Officers to accept and promptly document in a Significant Incident Report any allegation of sexual abuse of detainees made verbally, in writing, anonymously, and from third parties. Interviews with random Officers supported that any verbal allegations of sexual abuse or sexual assault made to them, would be documented as required by policy and the standard.

§115.154 – Third-party reporting.

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

Notes:

Section 12.1 on page 9 from CBP Directive 2130-030 states detainees may utilize third party individuals to report allegations of sexual abuse. CBP provides reporting information for anyone wishing to report any allegation on behalf of a detainee on their webpage <https://www.cbp.gov/about/care-and-custody/how-make-report>. The Auditor verified the webpage provides a toll free telephone number, USPS address and email address to the JIC, and a toll free telephone number, a direct complaint link and USPS address for DHS OIG for anyone wishing to make an allegation on behalf of a detainee. Posters throughout the processing area inform detainees of the DHS OIG reporting telephone number for them to report an allegation. The Auditor, as required, ensured the telephone line was working. Direction has been received that Auditors are not required to verify the reporting mechanism. Interviews with two detainees confirmed their knowledge of reporting telephone numbers 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. Interviews with the random Officers confirmed their knowledge and obligation of receiving, documenting and reporting all third-party allegations and immediately reporting the information to their supervisors. The review of the agency annual reports outlined allegations received for each year from third party sources.

§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) Section 12.2 on page 9 from CBP Directive 2130-030 requires all IAH 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. These directive requirements on reporting are also found in CBP TEDS. As outlined in CBP Directive 51735-013A, Standards of Conduct, March 13, 2012, Officers are allowed to report allegations of misconduct, outside of their chain of command to the JIC hotline, email to the JIC, contacting CBP Internal Affairs, contacting OPR, or contacting DHS OIG. Officers interviewed at IAH confirmed they are to immediately report all knowledge, suspicion or information about sexual abuse, retaliation, and staff neglect of responsibilities to their supervisors. They also were aware of reporting sexual abuse outside their chain of command, if necessary.

(c)(d) Section 12.3 on page 9 from CBP Directive 2130-030 requires its Officers to not reveal any information related to the incident, except as necessary, to their Supervisor, to aid the detainee, to protect other detainees or staff, or to make security and management decisions contemplated by Subpart B of the DHS Standards. Interviews with random Officers confirm they are aware of this requirement of confidentiality; this information was reinforced to all staff in the mandatory PALMS PREA training. (d)Section 13.1.5 on page 10 from CBP Directive 2130-030 requires IAH staff 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 mandatory reporting laws. If CBP employees encounter a detainee and are unsure whether the detainee is a "vulnerable adult" under an applicable State or local law, the employee should contact his or her Office of Chief Counsel (OCC) for consultation on whether the individual qualifies under applicable law. During interviews, the Local SME and the PREA Field Coordinator informed the Auditor that should a vulnerable adult or person under eighteen be sexually assaulted at IAH, the Watch Commander would submit an Incident Report to the JIC and the Commissioner's Situation Room as required by CBP Directive 3340-025E. Notifications would be completed as required. The Watch Commander confirmed she would make notifications to the appropriate local State Agencies if required and would update the JIC with this information. IAH confirmed they have not had any incidents requiring this type of notification during the 12 month audit period.

§115.162 – Agency protection duties.

- Exceeded Standard (substantially exceeds requirement of standard)
- 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:

Section 6.0 on page 24 from CBP TEDS states if an Officer/Agent has a reasonable belief a detainee may be subject to a substantial risk of imminent sexual abuse, he or she take immediate action to protect the detainee. The Auditor asked 10 random Officers the action each would take if they had reasonable belief a detainee was subject to a substantial risk of victimization. All indicated the detainee would be immediately separated from the other detainees and placed under constant supervision of an Officer in the family room if available or one of the interview rooms. Each further indicated that the safety of the detainee would be their primary focus.

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

- 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) Section 13.1.6 on page 10 from the CBP TEDS requires IAH staff make reasonable efforts to promptly report any allegation of sexual abuse the facility becomes aware of occurring at another facility. Notification is required to be made to the appropriate office or Administrator of the facility where the alleged incident occurred. The local SMEs confirmed the notification is made in the same manner as any significant incident is reported and documented as required in CBP Directive 3340-025E. The Watch Commander indicated she would report to the JIC and the Commissioner's Situation Room about the allegation as it would be classified as a significant incident. Part of the reporting to the JIC would include notification to the facility if a CBP agency or facility. The notification to the facility would be immediate, but not longer than 72 hours as outlined in the Acting Commissioner's (OFO) letter (Standard to Prevent, Detect and Respond to Sexual Assault in CBP Holding Facilities). This same document requires the receiving CBP facility refer the allegation for investigation and the Watch Commander confirmed that the facility is required to investigate the allegation as required by policy. There were no notifications made by IAH as required by the standard as no alleged incidents have been reported during the last 12 months.

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

- 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) Sections 13.1 to 13.1.3 on page 10 from CBP Directive 2130-030 details the responsibilities of the first law enforcement staff on scene of a reported allegation of sexual abuse. Auditor review of this Directive and the all staff PREA Training curriculum in PALMS outline the specific duties: 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 abuser do not take any actions that could destroy physical evidence. Random Officers and local SME personnel detailed their responsibilities as law enforcement first responders to: separate the victim from the abuser; provide medical assistance if needed; preserve evidence to the extent possible and notify their supervisor. As previously noted, there are no contractors currently allowed in the secondary holding area while

detainees are present. Section 6.0 on page 24 from CBP TEDS does however address non-law enforcement first responder duties if they were ever to allow them in the holding room. It requires non-law enforcement Officers request the alleged victim not take any actions that could destroy physical evidence and then he/she is to notify law enforcement Officers.

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

- 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) Page 1 of the CBP Directive 2130-030 stipulates “this Directive also constitutes CBP’s written institutional plan pursuant to 6 C.F.R. § 115.165 for utilizing a coordinated multidisciplinary team approach to respond to sexual abuse and/or assault.” The 21 sections of this Directive cover aspects from hiring, defining prohibited acts training, reporting, responding, specific responsibilities, medical and mental health services, investigations, and data collection. The PSA Coordinator detailed for the Auditor how this coordinated response was disseminated to all staff in standard 115.111. She stated information about specific responsibilities are explained in the Directive and reinforced in training. The Auditor did find specific duties for staff outlined in the Directive when responding to any allegation of sexual assault.

(b)(c) Section 13.1.7 on page 10 from CBP Directive 2130-030 requires if an alleged victim of sexual abuse and/or assault is transferred to another DHS facility, IAH must inform the receiving DHS facility of the alleged incident and the alleged victim’s potential need for medical or social services. If the alleged victim of sexual abuse and/or assault is transferred to a non-DHS facility, IAH 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. The Watch Commander and local SMEs indicated that during the last 12 months there were no cases requiring any such notification to either a DHS or non-DHS facility. The Watch Commander also informed the Auditor that any incident of this type would require her to submit an Incident Report to the JIC and the Commissioner’s Situation Room, as required in CBP Directive 3340-025E, notifying them of any transfer or move, and notifying the receiving facility as well.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- 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:

Section 13.2 on page 10 from CBP Directive 2130-030 requires agency management 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 will do so if the seriousness and plausibility of the allegation make removal appropriate. Both the HQ SAAI SME and HQ LER SME interviews confirmed allegations of sexual assault or sexual abuse involving staff, contractor or volunteer would result in the person being removed from detainee contact pending the outcome of the investigation. The local SMEs also communicated to the Auditor this same outcome for staff, contractors or volunteers. As previously noted, there are no contractors or volunteers currently allowed in the secondary hold room at IAH. Local SMEs indicated there have been no allegations 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)
- 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:

Section 6.0 on page 25 from CBP TEDS prohibits staff from retaliating against any person, including a detainee, who alleges or complains about mistreatment, participates in an investigation into an allegation of staff misconduct, including sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force. Random Officer interviews confirmed their knowledge about the prohibition against retaliating against anyone involved in a sexual abuse investigation. The prohibition against retaliation is also covered in the zero-tolerance training provided to all staff through PALMS. The local SME informed the Auditor there have been no allegations of retaliation made at IAH during the 12-

month audit period.

§115.171 – Criminal and administrative investigations.

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

Notes:

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

§115.172 – Evidentiary standard for administrative investigations.

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

Notes:

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

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

- Exceeded Standard (substantially exceeds requirement of standard)
- 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 indicates staff at IAH 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 HQ HRM LER SME described for the Auditor the review process and penalty determinations for reports of all types of misconduct including sexual assault/abuse. She indicated the proposed actions, depending on the misconduct, range from a letter of reprimand to removal from service. She, along with the HQ SAAI SME, confirmed sexual abuse/ assault would be considered adverse action resulting in termination from Federal Service.

(c) Section 6.4.8 on page 6 from the CBP Directive 2130-030 requires OPR to report all removals or resignations in lieu of removal to appropriate law enforcement agencies for violations of agency or facility sexual abuse and/or assault policies, unless the activity was clearly not criminal. The agency documentation submitted to the Auditor indicated there had been no removals or resignations in lieu of removals from IAH during the 12-month audit period. The HQ OPR SAAI SME indicated that OPR would handle these notifications.

(d) Section 6.4.9 on page 6 from the CBP Directive 2130-030 requires OPR to report all removals or resignations in lieu of removal to any relevant licensing bodies for violations of agency or facility sexual abuse and/or assault policies, to the extent known. The HQ OPR SAAI SME indicated that OPR would handle this notification to any licensing bodies, if known. The documentation provided to the Auditor indicates there have been no removals or resignations in lieu of removals from IAH during the 12-month audit period.

§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) Section 17 on page 13 from the 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. Interviews with Local SMEs informed the Auditor that if contractors were ever allowed inside the holding room area and were found to violate CBP zero-tolerance policy, they would be removed from the facility and future contact with any detainee. IAH does not allow contractors to come in contact with detainees. The Auditor did not observe any contractor or volunteers in the secondary hold area.

§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) Section 15.1 on page 11 from the 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. Section 15.1.3 requires emergency medical treatment services be provided to the alleged victim without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. Interviews with the Local SMEs confirmed that IAH has no medical facilities. Detainee victims of sexual assault are taken to Memorial Hermann Northeast Hospital to receive all medical services, forensic examinations, if needed, and appropriate medications. The Auditor spoke with this hospital and was informed that the only advocacy service they provide is through their Chaplaincy.

§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) Sections 18.1, 18.1.1 and 18.1.2 on page 12 from the CBP Directive 2130-030 requires at the conclusion of every investigation of sexual abuse and/or assault, except in unfounded determinations, 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 the agency must document the reasons for not doing so in a written response. The report and response is 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 staff from HQ in Washington conduct the sexual abuse incident reviews consistent with the procedures outlined in section 18.1 of this same directive. IAH had no incident reviews conducted during the audit period as the facility had no allegations of sexual abuse incidents investigated requiring one.

§115.187 – Data collection.

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

Notes:

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

ADDITIONAL NOTES

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

None.

AUDITOR CERTIFICATION:

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

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

October 7, 2019
Date



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

AUDITOR

| | | | |
|-------------------------|-----------------|--------------------------|---------------------------|
| Name of Auditor: | (b)(6)(b)(7)(C) | Organization: | Creative Corrections, LLC |
| Email Address: | (b)(6)(b)(7)(C) | Telephone Number: | (b)(6)(b)(7)(C) |

AGENCY

| | |
|------------------------|------------------------------------|
| Name of Agency: | U.S. Customs and Border Protection |
|------------------------|------------------------------------|

PROGRAM OFFICE

| | |
|--------------------------------|----------------------------|
| Name of Program Office: | Office of Field Operations |
|--------------------------------|----------------------------|

SECTOR OR FIELD OFFICE

| | |
|---|---|
| Name of Sector or Field Office: | Houston Field Office IAH POE Airport |
| Name of Chief or Director: | (b)(6)(b)(7)(C) |
| PREA Field Coordinator: | (b)(6)(b)(7)(C) |
| Sector or Field Office Physical Address: | 2323 S Shepard Drive Houston, Texas 77019 |
| Mailing Address: (if different from above) | Same as Above |

SHORT-TERM FACILITY BEING AUDITED

| | |
|---|--|
| Information About the Facility | |
| Name of Facility: | Houston George Bush Intercontinental Airport POE |
| Physical Address: | 3870 N Terminal Rd. Houston Texas 77032 |
| Mailing Address: (if different from above) | Same as Above |
| Telephone Number: | (b)(6)(b)(7)(C) |

| | | | |
|-----------------------------------|-----------------|--------------------------|--------------------|
| Facility Leadership | | | |
| Name of Officer in Charge: | (b)(6)(b)(7)(C) | Title: | Area Port Director |
| Email Address: | (b)(6)(b)(7)(C) | Telephone Number: | (b)(6)(b)(7)(C) |

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

An on-site audit of the U.S. Customs and Border Protection (CBP) Office of Field Operations (OFO), Houston George Bush International Airport (IAH) Port of Entry (POE), was conducted on June 11, 2019, and the preliminary findings report was submitted on July 17, 2019. Following comments from CBP Headquarters and from the Auditor, the report was submitted as a Final Draft on October 7, 2019.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the Houston George Bush International Airport POE was found to be in compliance with 21 standards: (115.111; 115.114; 115.116; 115.117; 115.122; 115.131; 115.132; 115.141; 115.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182, and 115.186). The Houston George Bush International Airport POE was found to not be in compliance with three standards: 115.113; 115.115; and 115.121. Standard 115.118 was found to not apply at the Houston George Bush International Airport POE.

On April 15, 2020, the Houston George Bush International Airport POE submitted a preliminary Corrective Action Plan (CAP) with a completion date of June 1, 2020. Also submitted was an Annual Review of Detainee Supervision Guidelines document to comply with standard provision 115.113, and a letter to the Houston Police Department requesting they follow the PREA standards when conducting sexual abuse and/or sexual assault investigations to comply with standard 115.121 (e). The Auditor reviewed the documents and determined both standards to now be in compliance. The Auditor requested documentation for standard provision 115.115 (f) and the requested documentation was received on August 21, 2020. This documentation was reviewed by the Certified PREA Auditor and Program Manager for Creative Corrections. The Houston George Bush International Airport POE is now compliant with all PREA standards. Although regular communication existed with the Houston George Bush International Airport POE, the corrective action was not completed within the 180-day time period.

PROVISIONS

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

§115.113

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

Notes:

On April 15, 2020, the Houston George Bush International Airport POE submitted a record of an Annual Review of Detainee Supervision Guidelines, dated January 8, 2020. The document included all of the elements as required in standard provision 115.113 (c). The Houston George Bush International Airport POE is now compliant with standard provision 115:113 (b) and (c).

§115.115

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

Notes:

On August 21, 2020, the Houston George Bush International Airport POE submitted training musters dated December 2018 referencing National Standards, Transport, Enforcement, Detention Search policy reinforcing proper personal search techniques, cross-gender searches, determination of detainee gender identification and proper procedures for the pat search of transgender detainees. The Houston George Bush International Airport POE also submitted a re-training memorandum dated July 30, 2020, to all staff reminding them of the search procedures that were established with the December 2018 muster. Staff training muster sign-offs and acknowledgements were also submitted. The Houston Bush International Airport POE is now compliant with standard provision 115.115 (f).

§115. 121

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

Notes:

On August 19, 2019, the Houston George Bush International Airport POE submitted a copy of correspondence dated July 26, 2019, to the Houston Police Department requesting that the agency agree to compliance with applicable requirements detailed in standard provision 115.121 (a through d). These policies include detainee victim consent to participation in forensic examinations conducted at a hospital by a SANE/SAFE; victim consent to participation in sexual abuse investigations; and the ability of the victim to have a sexual abuse advocate present at both. The law enforcement agency received the applicable standard requirements as an attachment. The Auditor accepted the correspondence, however, because the letter was submitted to the Houston Police Department after the audit, the Auditor advised the Houston George Bush International POE the letter could be utilized as documentation for corrective action. On April 15, 2020, the Houston George

Bush International Airport POE resubmitted the correspondence to the Auditor as requested. The Houston George Bush International Airport POE is now compliant with standard provision 115.121 (e).

| OVERALL DETERMINATION - AFTER IMPLEMENTATION OF THE CORRECTIVE ACTION PLAN | |
|---|--|
| <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) | |

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

August 28, 2020
Date