

# 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			
Name of Program Office:	U.S. Border Patrol		
SECTOR OR FIELD OFFICE			
Name of Sector or Field Office:	Detroit Sector		
Name of Chief or Director:	(b)(6)(b)(7)(C)		
PREA Field Coordinator:	(b)(6)(b)(7)(C)		
Sector or Field Office Physical Address:	26000 South Street, Building 1516, ANGB, Selfridge, Michigan, 48045		
Mailing Address: <i>(if different from above)</i>			
SHORT-TERM HOLDING FACILITY BEING AUDITED			
Information About the Facility			
Name of Facility:	Marysville Station		
Physical Address:	2600 Wills Road, Marysville, MI 48040		
Mailing Address: <i>(if different from above)</i>			
Telephone Number:	(b)(6)(b)(7)(C)		
Facility Leadership			
Name of Agent in Charge:	(b)(6)(b)(7)(C)	Title:	Patrol Agent-in-Charge (PAIC)
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 Prison Rape Elimination Act (PREA) on-site audit of Customs and Border Protection (CBP) U.S. Border Patrol (USBP) Marysville Station (MS) was conducted on Wednesday, May 29, 2019, from 07:00 hours until 16:45 hours. The audit was conducted by (b)(6)(b)(7)(C), Certified PREA Auditor, contracted through Creative Corrections, LLC of Beaumont, Texas. This was the first PREA audit for MS. MS is a short-term processing and holding area detaining male and female adults, Unaccompanied Alien Children (UAC), and family units for a time period specified to be under six hours, pending transfer for removal, detention, or placement. MS shares law enforcement duties with four other Border Patrol Stations in the Detroit Sector. Together, they patrol 863 miles of the border with Canada, which is entirely water.

The purpose of the audit was to determine compliance with the Department of Homeland Security (DHS) PREA Standards. The on-site audit followed the Auditor's electronic review of CBP's PREA policies and procedures and telephonic interviews with CBP Headquarters (HQ) Subject Matter Experts (SMEs).

The Point of Contact for MS was (b)(6)(b)(7)(C), Supervisory Border Patrol Agent (SBPA)/PREA Field Coordinator (PFC)

In an effort to facilitate midnight shift interviews and to return Agents to the field as quickly as possible, the formal entry briefing was foregone. The Auditor was informally introduced to the MS leadership team by the HQ USBP Assistant Chief and the Auditor reviewed the audit format and schedule with each member of the team. Those persons informally briefed were:

(b)(6)(b)(7)(C), Assistant Chief, USBP, HQ  
(b)(6)(b)(7)(C), Patrol Agent-In-Charge (PAIC), MS  
(b)(6)(b)(7)(C), Assistant Patrol Agent in Charge (APAIC), MS  
(b)(6)(b)(7)(C), SBPA/PFC, MS

Immediately following the entry-briefing, all parties were given a tour of MS by the SBPA, which followed the path someone would follow from their arrest/custody, processing, and being placed into holding. MS is comprised of a large masonry building secured by fencing and an electronic gate and sallyport to accept persons or groups of persons placed into custody. The building is separated by a manually locked door. The front area of the building contains administrative offices, a conference room, Agent workspace, an armory, a staff dining area, and a staff training/muster area.

Detainee screening/holding is adjacent to the administrative area through the previously noted manually locked door. There is a large counter providing an area for initial processing. The counter contains computer/database stations and (b)(7)(E) of the (b)(7)(E). Detainees are initially brought to the counter individually, their picture taken and initial information gathered. They are either seated in front of the counter or placed in one of (b)(7)(E). Each holding room (b)(7)(E). Male and female adults are always separated and UAC's are also separated by gender. Family Units are held in a holding room separate from adult male and female detainees. Each holding room has two partitioned toilets. (b)(7)(E) has been outfitted with fingerprinting equipment and is used for private processing.

The building is equipped with (b)(7)(E). There is currently (b)(7)(E) (b)(7)(E). A check of (b)(7)(E). Because the maximum time in custody is ordinarily six hours, there are no shower facilities for detainees. Within six hours, the detainee is ordinarily released, transported and lodged in a county jail, or turned over to other law enforcement authorities having jurisdiction.

All staff with direct contact with detainees are law enforcement officers. Detainees are removed from any area where janitorial or maintenance contractors must work and the workers are escorted in and out by law enforcement staff. The number of Agents working in the holding area remains fluid and varies in accordance with the flow of detainees.

**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 Wednesday, May 29, 2019, an exit briefing for MS was held at 4:15 pm. The exit briefing was conducted by Creative Corrections Certified PREA Auditor (b)(6)(b)(7)(C). Those in attendance for the briefing were:

- (b)(6)(b)(7)(C), PSA Coordinator, Privacy and Diversity Office, HQ (By conference call)
- (b)(6)(b)(7)(C), Assistant Chief, USBP, HQ
- (b)(6)(b)(7)(C), Patrol Agent-In-Charge (PAIC), MS
- (b)(6)(b)(7)(C), APAIC, MS
- (b)(6)(b)(7)(C), SBPA/PFC, MS

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 MS specific documents, HQ Participation documents, and medical provider websites. The Auditor also conducted four HQ Subject Matter Expert (SME) interviews and spoke to the Supervisor responsible for completing the Local PAQ. That Supervisor was temporarily assigned to another station during the on-site audit and their duties were assumed by the current SBPA/PFC. The Auditor also interviewed the Emergency Department receptionist at McLaren Port Huron Hospital.

The Auditor was given a complete tour of MS. The Auditor had complete access to the facility and observed all detainee processing areas and (b)(7)(E). UAC's are processed in the same area as adults, but are kept separate by Agents. They are placed in a separate hold room until released. The Auditor was provided with a private interview area for staff interviews. The Auditor was able to use a private telephone line to access the Officer of Inspector General (OIG).

During the on-site audit, the Auditor interviewed law enforcement personnel (Agents) from all three shifts. In total, the Auditor interviewed four Local SMEs and nine random staff. The Auditor had been given a target number of 12 staff interviews and completed 13. One Agent refused to be interviewed. The Auditor was able to review the staff training completion records. There were no strip (partial body search) or body cavity search records for the audit period as Local SME staff reported none had been conducted.

During the on-site audit, MS took no persons into custody and processed and/or detained no persons. The Auditor was therefore unable to interview any detainees.

During the Audit Process, the Auditor reviewed the compliance of 25 DHS Subpart B Standards at MS. The Auditor found MS met 23 standards (115.111; 115.114; 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, and 115.186; and did not meet two standards (115,113; 115.115).

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	23
Number of standards not met:	2
OVERALL DETERMINATION	
<input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards)	<input type="checkbox"/> Low Risk
<input type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period)	<input checked="" type="checkbox"/> Not Low Risk
<input checked="" type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)	

## PROVISIONS

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

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

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

#### Notes:

The facility meets the standard. The agency has taken definitive steps to inform the public, all employees, and detainees of its adherence to the PREA Standards. CBP Directive 2130-030 Prevention, Detection and Response to Sexual Abuse and/or Assault in CBP Holding Facilities (1/19/2018), the Commissioner's Memorandum dated March 11, 2011, "CBP's Policy on Zero Tolerance of Sexual Abuse and Assault" and the Commissioner's memorandum on Unaccompanied Alien Children (undated) issued to all CBP employees clearly outline the duty of all CBP staff members to prevent, detect and respond to all allegations or observations of sexual abuse. Zero tolerance posters are posted throughout the processing and holding areas of the facility. Interviews with the HQ and Local SMEs emphasize staff training on zero tolerance and local random staff interviews verify staff has been trained. The Auditor was able to interview both the HQ PSA Coordinator and the PFC. These interviews verify both the agency and the facility have provided dedicated personnel to insure PREA provisions are in compliance.

### §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 does not meet the standard provision. The Auditor was unable to determine appropriate levels of supervision through observation of staff supervision of detainees, operational procedures and (b) (7)(E). (b) (7)(E) appear to be adequate, but there were no detainees in the facility during the onsite audit. CBP Directive 2130-030 requires the development of facility-based staffing guidelines to meet the detainee supervision needs of each facility. The USBP Chief's memorandum of 8/13/2014 provides broad guidelines for supervision as required by the standard. Interviews with the PAIC, the APAIC and the PFC verify shift supervisors have both the responsibility and the authority to bring Border Patrol Agents in the field back into MS when an influx of arrests requires them to do so. The also utilize overtime. The PAIC, the APAIC and the PFC emphasized they would ensure all detainees are properly supervised by ordering Agent reassignments as necessary. However, there is no documentation of formalized staffing guidelines specific to MS.

(b) The facility does not meet the standard provision. CBP Directive 2130-030 requires each Sector Office implement an annual review process for all holding facilities. MS does not have a formal staffing review process with the Sector Office. Corrective Action is required. **Corrective Action:** Provide documentation of the comprehensive supervision guidelines and the annual staffing review for MS.

(c) The facility does not meet the standard provision. Areas of consideration detailed in the standard provision are regularly discussed by the PAIC, the APAIC and the PFC, but are not formally discussed nor documented as part of the annual review. Corrective Action is required. **Corrective Action:** Provide documentation of the annual staffing review for MS which addresses the six elements detailed in the standard provision.

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

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

#### Notes:

(a) The facility meets the standard provision. CBP National Standards on Transport, Escort, Detention and Search (TEDS) (October, 2015), requires juveniles be treated at all times in their best interest and all guidelines for Special Populations be taken into consideration. Local SME and random staff interviews verify UACs are held in the least restrictive environment while maintaining safety. MS/Sector procedures mirror agency requirements for USBP stations to transfer UAC's to the Department of Health and Human Services, Office of Refugee Resettlement (ORR) personnel as soon as possible. UAC's are separated from adults pending this transfer.

(b) The facility meets the standard provision. UACs are immediately separated from accompanying adults, unless the relationship has been properly vetted and determined to be appropriate prior to holding. Local SME and random staff interviews confirm a combination of agency and State Department data base searches with separate interviews of both the minor and the accompanying adult are used to vet the relationship. Staff are well-versed in dynamic interviewing skills including eye contact, interrupted speech patterns and the observation of the relationship between the parties involved.

**§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) The facility meets the standard provision. CBP TEDS sets specific guidelines for cross-gender viewing and searches in the absence of truly exigent circumstances. Interviews with Local SMEs and random staff support the standards and strip (partial body) and body cavity searches are not performed except in exigent circumstances, with body cavity searches of juveniles being referred to a medical practitioner. Children and UACs are not pat frisked, except for immediate searches in the field as determined by the Agent for personal/public safety. All interviewed Local SMEs and random staff indicate training on proper hand placement when searching breast and groin areas during immediate searches.

(c) The facility meets the standard provision. CBP TEDS requires all strip (partial body) and body cavity searches be documented. The Auditor requested and was shown the search training provided to all law enforcement personnel quarterly when they have firearms re-certification. It is detailed and provides specific procedural guidance as required by the standard. SME and random staff interviews verified this training and the requirement to document all strip (partial body) and cavity searches. There were no strip (partial body) or cavity searches performed at MS within the past 12 months and therefore, no search logs to review.

(d) The facility meets the standard provision. MS has developed internal procedures and practices which allows for privacy during detainee clothes changing and toileting as required in the standard provision and CBP TEDS. There are no shower facilities at MS. Random staff interviews confirm the practice of making deliberate announcements when opposite gender staff enter a holding room or search area. The Auditor could not observe this practice as there were no detainees on-site. A review of training records confirms staff have been trained to perform this function and it has been reinforced at muster. Staff at MS have not received the CBP Quick Reference Cards as they are currently out-of-stock and being reprinted. This was verified by the HQ USBP Assistant Chief.

(e) The facility meets the standard provision. All supervisory and random staff report they would ask the detainee to self-identify if they had a need to know the detainee's gender. They all report strip searches are not authorized to determine a detainee's gender.

(f) The facility does not meet the standard provision. While interviews with supervisors and Agents confirmed training for pat-down searches, the agency/facility produced no specific training materials for pat-down searches of transgender detainees. The training does cover hand placement/positioning around the breast and groin areas, but is not presented as gender specific. Interviewed random staff were candid in reporting field immediate pat-down searches of both genders are general practice and required for safety. The lapse in specific training for transgender searches creates a situation where staff interviews reveal Agents perform differently when searching transgender detainees. Some Agents respond to the detainee's self-identification and they are patted-down by an Agent or law enforcement Agent of the same gender as how they identify. Some Agents ask the detainee the status of their genitalia and they are searched by an Agent of the same biological gender as they indicate, regardless of their gender identification.

**Corrective Action:** Provide documentation all law enforcement staff at MS have received and understand specific training regarding the searching of transgender detainees.

**§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 provide reasonable accommodations to detainees who are hearing impaired, blind or have low vision, or who have intellectual or mental health disabilities. MS staff have received the recent guidance regarding disabled and Limited English Proficient (LEP) detainees and the materials were discussed in muster. Staff interviews verified the steps Agents and supervisors take to provide accommodations to detainees with these disabilities. These include processing staff reporting having read PREA notices to visually impaired and functionally illiterate detainees. MS has large print materials and has used written materials to communicate with hearing impaired persons. The APAIC indicates there are sign language resources available in the County Sheriff's Department and there is a high level of cooperation between the two agencies. Interviewed Local SMEs and random staff report there have been no detainees with pervasive disabilities held at MS.

(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 Limited English Proficient (LEP). All PREA posters are posted in both English and Spanish, but also provide direction in commonly spoken languages. All staff report they have been able to communicate with LEP detainees via the available "Interpreters and Translators Incorporated telephone line. All interviewed random staff members with the exception of three indicate they have used the interpretive services. All interviewed random staff are aware of this service.

(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 practice at MS is consistent with the Directive through interviews with the PAIC, the APAIC and the SBPA. All interviewed Agents reinforced other detainees may not be used in these circumstances and state they would use a neutral staff member if appropriate or the language line as per their directions in muster.

**§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) ensure compliance with hiring, promotion and discipline requirements as outlined in the standard provision. The Directive requires the Office of Acquisition to place policies and procedures in place to ensure CBP does not hire any contractors who have a history of sexual abuse. Interview with the HQ Hiring Center SME and documents downloaded from HRM verify compliance with the standard provision for employees.

(b) The facility meets the standard provision. Interview with the HQ Hiring Center SME verifies new employees and employees seeking promotion must complete an application which asks about previous sexual misconduct and imposes a continuing duty to disclose any such future misconduct.

(c) The facility meets the standard provision. The Auditor selected the names of 13 random staff members of all ranks from MS. The HQ USBP Assistant Chief via the PSA Coordinator submitted these names to the HQ Office of Professional Responsibility (OPR). Review of a computer check of these employees found the agency to be in compliance with pre-hire and five-year updated investigations.

(d) The facility meets the standard provision. MS currently uses no contractors who have contact with the detainees. Local procedures require staff to remove any detainees from an area where maintenance or janitorial contractors must work.

(e) The facility meets the standard provision. Interview with the HQ Hiring Center SME confirms it is agency policy to rescind an offer of employment to a prospective employee or to terminate the employment of any 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 false information in the CBP Code of Conduct which is referenced in their yearly required ethics training taken online through the Performance and Learning Management System (PALMS).

(f) The facility meets the standard provision. CBP Directive 2130-030 allows for the provision of 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. Interview with the HQ Hiring Center SME verifies this practice 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 MS has acquired no new facility or undergone a major expansion since May 6, 2014.  
b) The facility meets the standard provision. When (b) (7)(E) was last upgraded at MS, an interview with the PAIC verifies PREA supervision and privacy concerns were taken into consideration and approved by the Sector office.

**§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 Directive 2130-030 specifies the treatment services to be provided to a detainee victim of sexual assault. MS utilizes the services of McLaren Port Huron Hospital for forensic examinations of sexual abuse victims determined to be evidentiary or medically appropriate at no cost to the detainee and only with the detainee's consent. The examination is to be performed by a Sexual Assault Nurse Examiner (SANE) who is available on-call. The Auditor confirmed the services are provided at McLaren Port Huron Hospital with the Emergency Room receptionist.  
(d) The facility meets the standard provision. The Auditor determined McLaren Port Huron Hospital has community-based sexual abuse advocates available. Local SME interview with the PFC verified sexual abuse victims from MS would have access to victim services at the hospital. (e) The facility meets the standard provision. Interview with the PAIC verifies both the Marysville Police Department and the St. Clair County Sheriff's Office have been advised of and are verbally agreeable to following PREA requirements. The Sheriff's Department operates the County Jail and is PREA compliant.

**§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 Directive 2130-030 requires prompt reporting of all sexual assaults/allegations to the facility administrator or agency office. All interviewed Local SMEs and random staff report they will immediately report such incidents up the chain-of-command and to the Joint Intake Center (JIC). After discussion with the PAIC or APAIC, the SBPA or delegated supervisor is to inform local law enforcement, as appropriate. This report was confirmed by the PAIC during their interview.  
(d) The facility meets the standard provision. Interview with the HQ PSA Coordinator verifies the appropriate offices are advised of all incidents/allegations of sexual abuse by the JIC or the Commissioner's Situation Room (CSR).

**§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. All MS employees have completed the mandatory PREA training including the agency's zero tolerance policies, detainee's right to be free of sexual abuse, and staff duty to report all allegations of sexual abuse. The Auditor reviewed the training curriculum and training records while on-site. Staff interviews verified the above training was received via PALMS. Note: Contractor (maintenance and janitorial) staff is not trained as MS ensures contractors and detainees have no contact. The facility has addressed the issue of contract employees by initiating internal procedures which require detainees to be removed from any area where contractors need to clean or conduct maintenance. MS currently does not utilize volunteers.

(b) The facility meets the standard provision. Reviewed training records verify all active staff at MS were trained within two years of the effective date of the standards or upon their hire, if hired after the initial training. Training records confirm all law enforcement staff received annual refresher training as required. Random staff interviews confirm yearly PREA training on PALMS and bi-annual search training.

(c) The facility meets the standard provision. Training records are maintained electronically as required by the standard and Local SME interview with the PFC verified compliance. The Auditor had the opportunity to view all required staff training records.

**§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. MS maintains colorful, large print posters of DHS's Zero Tolerance Policy in all detainee 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. In addition, CBP addresses Zero-Tolerance prominently on its website, <https://www.cbp.gov/about/care-in-custody>.

**§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) The facility meets the standard provision. CBP TEDS requires all detainees be assessed for being at-risk of sexual assault before being placed in a hold room or holding facility. Based on this assessment, the processing Agent is to decide whether the detainee needs to be placed alone or placed away from certain other detainees. Local SME and random staff interviews demonstrate a proficiency on the station staff to establish a dialogue with the detainee to look for and respond to non-verbal cues and to ask additional questions until the Agent determines if the detainee is vulnerable to sexual assault. Vulnerable detainees are removed from contact with other detainees whenever possible. If not possible, continuous sight and sound supervision is required by local procedure and was verified by staff interviews.

(b) The facility meets the standard provision. All detainees at MS are asked if they have concerns about their personal safety in holding at MS. This practice was verified by interviews of both random staff and Local SMEs. Staff report they are asking questions to determine the detainee's safety in custody. They also report assessing for being potential victims or perpetrators according to their physical build, available criminal records and subsequent questioning.

(c) The facility meets the standard provision. CBP TEDS requires the processing Agent consider evaluation factors outlined in the standard provision. Randomly interviewed Agents were able to identify the factors required by the standard and indicate they have been trained on the required areas.

d) The facility meets the standard provision. Interviewed Local SMEs report upon a detainee being identified as "high risk" and no single cell being available, Agents will consult with the on-duty supervisor and an Agent will be assigned to provide continuous sight and sound supervision. This practice was confirmed through Agent interviews.



(e) The facility meets the standard provision. CBP TEDS requires staff to ensure assessments are provided in private where sensitive information cannot be learned by other parties. The dissemination of sensitive information is to be controlled on a "need to know" basis. Random staff interviews verify these practices. Agents regularly practice field interviews and report privacy in and around interviews is standard practice.

**§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. Both CBP TEDS and CBP Directive 2130-030 provide multiple ways for detainees to report sexual abuse/assault, retaliation and/or staff neglect or violations leading to sexual assault. Local SME and random staff interviews verify detainees may report abuse orally or in writing to staff; third party reports are accepted and detainees may request to make private anonymous telephone calls to OIG. Detainees are informed they can call OIG via posters. When questioned about detainee calls to OIG, the Agents report should a detainee request to call OIG or the number on the PREA poster, they will be escorted to an interview room. The Agent will dial the OIG hotline telephone number, hand the telephone to the detainee, and supervise the detainee from outside the office through the windows until they complete their call. Agents report they will not ask the detainee why they wish to call OIG.

(b) The facility meets the standard provision. Local SME and staff interviews reveal all staff have been trained to allow detainees to report sexual abuse to OIG, or to have a family member or other third party contact OIG.

(c) The facility meets the standard provision. Random staff interviews confirm they must accept oral, written or third party reports of sexual abuse. In turn, the allegations must immediately be reported to their supervisor.

**§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 provision. CBP Directive 2130-030 informs staff third parties may report sexual abuse on behalf of detainees. CBP makes public reporting procedures for sexual abuse of detainees at: <https://www.cbp.gov/about/care-in-custody>. DHS posters direct third parties on how to make written or telephonic reports to OIG. MS staff are required to allow private and anonymous calls from detainees to OIG. Interviewed staff report third parties can call OIG directly on the hotline number.

**§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) The facility meets the standard provision. CBP Directive 2130-030 requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse/assault; 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 of sexual abuse/assault. All interviewed Local SMEs and random staff affirmed these responsibilities. When staff were asked how they could report outside of the chain-of-command, they all reported they could call OIG or JIC.

(b) The facility meets the standard provision. MS staff have gone over the PREA requirements at muster and reported during random staff interviews they must immediately report any incident to their supervisor and their supervisor, in turn, must ensure the incident is reported to local law enforcement, JIC, and OIG.

(c) The facility meets the standard provision. Random staff interviews verify dissemination of information regarding a sexual assault is limited to their immediate supervisor, staff necessary to protect the detainee and the crime scene, and anyone else with a "need to know".

(d) The facility meets the standard provision. Interview with the HQ Sexual Abuse and Assault Investigations (SAAI) SME reveals sexual assaults of victims under age 18 and vulnerable adults will be reported to the designated State or local services agency by the PAIC or their designee and at the direction of the HQ SAAI SME. This practice was verified by the PAIC.

**§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/agency meets the standard. CBP TEDS requires any agency employee who believes circumstances exist which place a detainee at imminent risk of sexual assault to take immediate action to protect the detainee. Interviews with the PAIC, APAIC and the SBPA affirm the detainee must immediately be protected by isolation or direct constant supervision (sight and sound) or both. Random staff report any detainee who is determined to be of imminent risk of sexual abuse/assault would be removed from contact with other detainees and would be supervised as directed by the Local SMEs.

**§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 should a detainee have been sexually abused/assaulted at another facility prior to arriving at MS, the prior agency or administrator must be notified. Interview with the PFC verifies the PAIC or their designee would make this notification. This was confirmed by the APAIC, who verified a strong working relationship with the local jails and the St. Clair County Sheriff.

(b) The facility meets the standard provision. The standard provision requires the notification be made within 72 hours of receiving the allegation. The PFC reports the PAIC or their designee will make the notification immediately. The PAIC confirmed the report would be immediately following verification of the allegation. These actions meet the standard requirements.

(c) The facility meets the standard provision. The PFC indicates the notification would be documented by notation in the detainee's electronic file.

(d) The facility meets the standard provision. The PFC reports MS follows all agency reporting requirements as specified in CBP Directive 2130-030; upon notification from another facility of an allegation of sexual abuse/assault which occurred at MS, JIC shall be notified immediately. This was also confirmed in the SME interview with the PAIC.

**§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 agency/facility meets the standard provision. CBP Directive 2130-030 requires upon learning of a detainee sexual assault, the first responding Agent or their supervisor is to perform all first responder duties delineated in the standard provision. In addition to training all law enforcement personnel on first responder duties, MS reviews these duties at staff musters. All Local SMEs and Agents were able to recite their duties, as detailed in the standard, as first responders to a sexual abuse/assault incident.

(b) The standard provision is not applicable. Only law enforcement officers interact with detainees during their entire holding period at MS.

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

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

**Notes:**

(a) The facility meets the standard provision. CBP Directive 2130-030 is the agency's coordinated response plan for prevention, detection and response to sexual abuse. The Directive provides a clear progressive plan for all components of addressing sexual abuse in holding facilities. Interviews with all Local SMEs and random staff verified an awareness of their requirement to provide medical care. They were also aware detainees must have access to the advocates, if provided by McLaren Port Huron Hospital.

(b,c) The facility meets the standard provision. CBP Directive 2130-030 requires MS to notify another DHS facility if the

victim of sexual abuse/assault is transferred there. This notification must include the detainee's need for medical or social services, if the need exists. MS must also make the same notifications to non-DHS facilities, if the law allows for this notification. These requirements were verified by the PFC and would be made by the PAIC or their 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. With regard to staff, interviews with both the HQ LER SME and the HQ SAAI SME verified Agency policy is to remove staff from contact with detainees pending the outcome of an investigation into alleged sexual abuse/assault or violation of agency policies at the consideration and discretion of agency management including the PAIC and the Sector Chief. The PAIC would reassign any staff member, who allegations of sexual abuse/assault or violations of policy had been made against, from public contact. This re-assignment would remain in force until the completion of the investigation. MS by practice, does not allow contact between contractors and detainees and has no volunteers. Interview with the HQ LER SME reports Agents do not supervise contractors, but control detainee exposure. If contractor/detainee contact somehow did occur and there is an allegation of sexual abuse/assault; the contractor would be removed from any possible detainee contact and the PAIC through the Sector Chief would seek the removal of the contractor from the facility. This practice was verified by the PAIC.

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

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

**Notes:**

The facility meets the standard. CBP TEDS prohibits all CBP 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. The training on and implementation of this policy was verified by interviews with the HQ SAAI SME, the PAIC, the APAIC and the SBPA. Interviewed random staff report retaliation is prohibited by Directive and they have been trained to look for signs it was occurring.

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

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

**Notes:**

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

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

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

**Notes:**

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

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

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

**Notes:**

(a) The agency/facility meets the standard provision. CBP Directive 2130-030 states CBP personnel may be subject to disciplinary action up to and including removal from their position and Federal Service for substantiated allegations of sexual abuse/assault and/or for violating CBP's sexual abuse policies. There were no substantiated allegations of sexual abuse at MS during the last 12 months. Interviews with HQ LER SME verifies disciplinary action is pursued in all cases of substantiated sexual assault or violating sexual abuse policies and removal from their position and federal service is the presumptive action.

(c) The agency meets the standard provision. Interview with the HQ LER SME reveals there were no reports of substantiated sexual abuse/violation of sexual abuse policies for staff at MS. Interview with the HQ SAAI SME confirms all substantiated cases of sexual abuse are referred to appropriate law enforcement agencies by the PAIC/Detroit Sector Chief and notification is coordinated by HQ SAAI SME.

(d) The agency meets the standard provision. Interview with the HQ SAAI SME verifies removals for substantiated sexual abuse/violations of sexual abuse policies would be reported to relevant licensing bodies, to the extent known by 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. Interviews with the Local SMEs reveal all suspected perpetrators of sexual abuse will immediately be removed from contact with detainees. MS does not currently utilize volunteers and MS has excluded contractors from contact with detainees by local procedure and practice. Interview with the HQ SAAI SME verifies any substantiated allegations of sexual abuse would result in notification of the allegation to appropriate law enforcement agencies and licensing authorities by the Sector Chief or their designee.

(b) The facility meets the standard provision. Local SME interview with the PAIC verifies any contractor suspected of perpetrating sexual abuse would be removed from all duties where detainee contact could occur pending the outcome of the investigation.

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

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

**Notes:**

(a, b) The facility meets the standard provision. Detainee victims of sexual abuse at MS are be immediately transported to McLaren Port Huron Hospital. This hospital offers the comprehensive medical services as outlined in the standard provision. The services would be provided to the victim at no charge regardless of the victim's cooperation with the sexual assault investigation. Interview with the PAIC and the PFC verified these services would be provided and 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 agency meets the standard. The HQ PAQ indicates there have been no investigations of sexual abuse allegations at MS in the past 12 months. Interview with the HQ PSA Coordinator reveals their office regularly receives 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 three CBP HQ Program Managers. The PAIC indicated the Detroit Sector Chief would implement any recommendations made by the IRC.

**§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)
- 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**

\_\_\_\_\_  
**August 19, 2019**  
**Date**

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



U.S. Customs and Border Protection

**AUDITOR**

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

**AGENCY**

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

<b>Name of Program Office:</b>	U.S. Border Patrol
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**SECTOR OR FIELD OFFICE**

<b>Name of Sector or Field Office:</b>	Detroit Sector
<b>Name of Chief or Director:</b>	(b)(6)(b)(7)(C)
<b>PREA Field Coordinator:</b>	(b)(6)(b)(7)(C)
<b>Sector or Field Office Physical Address:</b>	26000 South Street, Building 1514, ANGB, Selfridge, Michigan, 48045
<b>Mailing Address: (if different from above)</b>	Same as Above

**SHORT-TERM FACILITY BEING AUDITED**

<b>Information About the Facility</b>	
<b>Name of Facility:</b>	Marysville Station
<b>Physical Address:</b>	2600 Wills Road, Marysville, Michigan 48040
<b>Mailing Address: (if different from above)</b>	Same as Above
<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

<b>Facility Leadership</b>			
<b>Name of Officer in Charge:</b>	(b)(6)(b)(7)(C)	<b>Title:</b>	Patrol Agent-in-Charge (PAIC)
<b>Email Address:</b>	(b)(6)(b)(7)(C)	<b>Telephone Number:</b>	(b)(6)(b)(7)(C)

## FINAL DETERMINATION

### SUMMARY OF AUDIT FINDINGS:

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

An on-site audit of the Customs and Border Patrol (CBP), U.S. Border Patrol (USBP), Maryville Station, was conducted on May 29, 2019, and the preliminary findings report dated June 28, 2019, was submitted on August 19, 2019. Following comments from CBP Headquarters and from the Auditor, the report was submitted as a Final Draft on August 21, 2019.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the Marysville Station was found to be in compliance with 23 standards: (115.111; 115.114; 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 and 115.186). The Marysville Station was found to not be in compliance with two standards: (115.113 and 115.115).

On October 18, 2019, the Maryville Station submitted a preliminary Corrective Action Plan (CAP) with completion dates of January 31, 2020, and February 29, 2020. Several documents were requested by the Auditor and clarification of transgender pat-down searches was sought and received. On April 29, 2020, the Marysville Station submitted an Annual Review of Detainee Supervision Guidelines document to comply with standard 115.113. This information was reviewed by the Certified PREA Auditor and Program Manager for Creative Corrections and accepted for compliance with the standard.

On September 29, 2020, the Marysville Station submitted a copy of a memorandum from the Chief, Strategic Planning and Analysis Directorate, dated September 17, 2020, to all Chief Border Patrol Agents and all Directorate Chiefs reinforcing proper pat search techniques. In conjunction with the memorandum, a Muster Module was attached which provides requirements of Safety Searches, Threat Assessments, and Pat Search Techniques for cross-gender, transgender, and intersex detainees. On October 7, 2020, Marysville Station submitted re-training roster sign-offs confirming attendance and understanding. The Muster and staff sign-offs were reviewed by the Auditor and found to meet compliance requirements for 115.115.

The Marysville Station is now compliant with all PREA standards.

Although there was regular communication between Creative Corrections and CBP Headquarters, the CAP was not completed within the required 180 day time period.

## PROVISIONS

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

### §115.113

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

#### Notes:

The Marysville Station submitted documentation of an Annual Review of Detainee Supervision Guidelines on April 29, 2020, which satisfied all elements of the standard. These elements included the correct listing of participants, a facility description, a review of all technology employed at the Station, and description of holding practices for all special detainee populations received at the Station. These populations include family units and Unaccompanied Alien Children (UACs). The submitted documentation was reviewed by the Auditor and the Creative Corrections Program Manager and found to satisfy the requirements of the standard.

The Marysville Station is now compliant with standard 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 September 29, 2020, the Marysville Station submitted a memorandum from the Chief, Strategic Planning and Analysis Directorate, dated September 17, 2020, to all Chief Patrol Agents and Directorate Chiefs on the pat search techniques of transgender and intersex detainees according to the detainee's declared gender identity. The memorandum also referenced sections 4.3 and 5.5 of the National Standards on Transport, Escort, Detention, and Search (TEDS) policy. The memorandum also included a Muster Module that provides instruction to Patrol Agents in the safe search of suspects, threat assessments, and pat search techniques for cross gender, same gender, transgender, and intersex detainees.

On October 9, 2020, the Marysville Station submitted the training roster, affirming the re-training and content understanding of all personnel at the Station. The Auditor reviewed the content of the memorandum, the Muster Module and the roster and determined that all three documents satisfied the requirements of the standard.

The Marysville Station is now compliant with Standard 115.115 (f).



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

**AUDITOR CERTIFICATION:**

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

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

\_\_\_\_\_  
 October 13, 2020  
**Date**