

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:	Rio Grande Valley (RGV) 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:	4400 South Expressway 281, Edinburg, Texas 78539		
Mailing Address: (if different from above)			
SHORT-TERM HOLDING FACILITY BEING AUDITED			
Information About the Facility			
Name of Facility:	McAllen Border Patrol Station		
Physical Address:	3000 West Military Highway, McAllen, Texas 78503		
Mailing Address: (if different from above)			
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) United States Border Patrol (USBP) McAllen Border Patrol Station (MS) in McAllen, Texas, was conducted on Friday, August 16, 2019, from 05:30 hours until 16:40 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. The 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.

At the time of the on-site audit, all detainees had been removed from MS and were transferred to the recently opened Central Processing Center (CPC) in nearby Donna, Texas. Only detainees in need of protected status from smugglers would be placed in MS on the day of the on-site audit. No detainees were placed at MS during the 11 hour audit.

The purpose of the audit was to determine compliance with Subpart B of the Department of Homeland Security (DHS) Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in Confinement Facilities, 6 C.F.R. Part 115, (the "DHS PREA Standards"). 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 the MS audit was Special Operations Supervisor/PREA Field Coordinator (SOS/PFC) Jose E. Zuniga.

In an effort to facilitate midnight shift interviews and to return Agents to the field as quickly as possible, the Auditor initiated third-shift staff and supervisory interviews prior to the entry briefing. The Entry Briefing was held at 7:30 a.m. Those present at the Entry Briefing were:

(b)(6)(b)(7)(C), Deputy PSA Coordinator, Privacy and Diversity Office (PDO), HQ
(b)(6)(b)(7)(C), Deputy Patrol Agent in Charge, USBP, MS
(b)(6)(b)(7)(C), Assistant Chief, USBP, HQ
(b)(6)(b)(7)(C), Operations Officer, USBP, Rio Grande Valley (RGV) Sector
(b)(6)(b)(7)(C), Special Operations Supervisor/PREA Field Coordinator (SOS/PFC), USBP, MS

Immediately following the Entry-Briefing, the Auditor and Headquarters staff were given a tour of MS by the SOS/PFC, 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 contained within a very large fenced complex with several electronic gates providing access to the main structure and many supportive out-buildings; containers; vehicle and marine garages; and service sheds. Prior to the transfer of detainees to Donna CPC, the sally port and an adjacent fenced area had been designated for the reception of the large number of aliens crossing the border and being detained.

The masonry building has a secured public entrance which leads to an administrative area, staff areas, a muster area, a secure armory, and temporary secure weapon storage. Supervisors, Agents, and allied law enforcement personnel do not enter detainee holding areas with their sidearm. Entry to the secure holding area is gained via an electronic locking system. Upon entering the secure holding area, there is a secured control area (referred to at MS as "the Bubble") behind a processing counter. Behind the "Bubble" is a (b)(7)(E) the holding rooms, the station and the sector. This viewing area is currently staffed by Agents and Army National Guard personnel. (b)(7)(E) (b)(7)(E) (b)(7)(E) Detainees are processed at a counter in the secured area and there are also several private processing rooms.

To the right of the "Bubble" is a corridor with a room utilized by the contracted medical staff, a medical supply room and several small secured holding rooms with partitioned toilets. In response to the transfer of all detainees to Donna CPC, the contracted medical staff at MS was moved to Donna CPC as well.

In the area to the left, center and soft right of the "Bubble" are several large holding rooms where large detainee

groups were securely held according to their "travel status" (single, UAC or family), their gender and their country of origin. Each of these areas has two partitioned toilets allowing viewing by other detainees, but not by cross-gender staff.

Private security contractors from G4S provide transportation and supervision of detainees when MS is in use. They have been deployed to Donna CPC with the transferred detainees. When operational during the border surge, U.S. Coast Guard (USCG) personnel assisted with detainee property, medical checks, tender child care, and detainee transport throughout the facility. They did not have unsupervised contact with the detainees. Other military personnel were utilized at MS but were relieved of duty prior to the on-site audit. There were no assigned Office of Field Operations (OFO) staff assigned to MS during the on-site audit nor were there civilian DHS employees working at MS.

All staff with direct contact with detainees are law enforcement officers or enlisted members of the United States Coast Guard. At no time were Coast Guard personnel operating outside the direct view of sworn 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/Assigned OFO Officers working in the holding areas remains fluid and varies in accordance with the flow of arrestees/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.

An Exit Briefing was held in the MS Main Conference Room at 15:45. The Exit Briefing was opened by (b)(6)(b)(7)(C), PSA Coordinator (PDO) via telephonic conference, and was conducted by (b)(6)(b)(7)(C), Creative Corrections Certified PREA Auditor. Present at the Exit Briefing were:

(b)(6)(b)(7)(C), PSA Coordinator, PDO, HQ (By telephonic conference)
(b)(6)(b)(7)(C), Deputy PSA Coordinator, PDO, HQ
(b)(6)(b)(7)(C), Deputy Patrol Agent in Charge (PAIC), USBP MS
(b)(6)(b)(7)(C), Assistant Chief, USBP, HQ
(b)(6)(b)(7)(C), Special Operations Supervisor/PREA Field Coordinator (SOS/PFC), USBB, 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.

The Auditor was given a complete tour of MS. The Auditor had complete access to the facility and observed all custody areas, the processing area and holding rooms/areas. The Auditor was provided with a private interview area for staff interviews. There were no detainees present or received at MS during the 11-hour on-site audit. The Auditor was able to use a private telephone line to privately access OIG.

During the on-site audit, the Auditor interviewed law enforcement personnel (Border Patrol Agents and supervisors) from all three shifts. In total, the Auditor interviewed 10 BP Agents and seven local SMEs including the local SOS/PFC.

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 SME staff reported none had been conducted.

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, 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

- ☐ Exceeds Standards (Substantially Exceeds Requirements of Standards)
- ☐ Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period)
- ☒ Does Not Meet Standards (Requires Corrective Action)

- ☐ Low Risk
- ☒ 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:

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 (January 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 custody, processing and holding areas of the facility. Interviews were conducted with the HQ and Local SMEs who emphasize staff training on Zero-Tolerance. Local random staff interviews also verify staff has been trained in the prevention, detection, and response to Sexual Abuse and Assault. The Auditor also interviewed the HQ PSA Coordinator and the local PREA Field Coordinator from MS. The interviews confirm both the agency and the facility provide dedicated personnel to assure 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 meets the standard provision. The Auditor was unable to review appropriate levels of supervision through observation of staff supervision of detainees as there were no detainees in the facility during the on-site audit. The Auditor could only make an assessment of this standard provision by reviewing operational procedures and (b)(7)(E). (b)(7)(E) appear to be adequate. CBP Directive 2130-030 requires the development of staffing guidelines to meet the detainee supervision needs of each facility. The USBP Chief's memorandum of August 13, 2014 provides broad guidelines for supervision as required by the standard. Interviews with the Sector Operations Officer and the SOS/PFC confirm shift supervisors have both the responsibility and the authority to bring Border Patrol Agents in the field back into MS when supervision needs require them to do so.

(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 process for reviewing detainee supervision guidelines and their application at the holding facility at least annually. This was confirmed during the SME interview with the SOS/PFC. Corrective Action is required. **Corrective Action:** Provide documentation of the annual review of the supervision guidelines and their application for MS.

(c) The facility meets the standard provision. Areas of consideration detailed in the standard provision are regularly discussed by PAIC, the DPAIC and the SOS/PFC, but are not formally discussed as part of the annual review. Standard provision (b) requires this review and requirement was discussed with both the DPAIC and the SOS/PFC.

§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. SME and random staff interviews verify that UACs will be held in the least restrictive environment while maintaining safety. Sector procedures mirror agency requirements for BP stations to transfer UAC's to

Department of Health and Human Services, Office of Refugee Resettlement (ORR) personnel as soon as possible. UAC's are separated from adults and by gender 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. Interviewed staff were 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 SMEs and random staff indicated training 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. Random staff interviews verified this training. There were no strip (partial body) or cavity searches performed at MS within the past 12 months. Therefore, there were 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 as detainees are normally removed within 24 hours. The recent detainee surge created difficulties in quickly moving detainees and the construction of Donna CPC partially addressed this situation. Random staff interviews confirm the practice of making deliberate announcements when opposite gender staff enter a holding room or search area. Staff at MS have received the CBP PREA Quick Reference Cards which detail privacy rights.

(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. This lapse in training has created 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 their biological status and they are searched by an Agent of the same biological gender as they indicate, regardless of their gender identification. Corrective Action is required. **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 to provide reasonable accommodations to detainees who are hearing impaired, blind or have low vision, or who have intellectual or mental health disabilities. Staff interviews verified the steps Agents and supervisors would take to provide accommodations to detainees with these disabilities. Agent interviews revealed processing staff are aware of CBP expectations for accommodating detainees with disabilities around PREA requirements. Interviewed SMEs and random staff report there have been no detainees with pervasive disabilities and attribute this to the short time period

detainees are held at MS. Detainees with disabilities are often apprehended with family members who assist them.

(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. Interviewed MS staff report they have been able to communicate with LEP detainees via the available "Interpreters and Translators Incorporated" line. Many staff at MS speak fluent Spanish. All interviewed random staff members indicated they have used the interpretive services as necessary. There were no detainees to interview for verification during the on-site audit at MS.

(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 local SMEs. 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 referenced in their written musters.

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

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

Notes:

(a) The facility meets the standard provision. CBP Directive 2130-030 requires the Office of Human Resources Management (HRM) to ensure compliance with hiring, promotion and discipline requirements as outlined in the standard provision. The Directive requires the Office of Acquisition to put policies and procedures in place to ensure CBP does not hire any contractors who have a history of sexual abuse. An interview with the HQ HRM SME and documents downloaded from HRM verify compliance with the standard provision for employees.

(b) The facility meets the standard provision. An interview with the HQ HRM 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 16 random staff members of all ranks from MS. The Deputy PSA Coordinator, HQ submitted these names to the Office of Professional Responsibility, Personnel Security Division. A review of computer checks of these employees found the agency to be compliant 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. An interview with the HQ HRM 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.

(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. An interview with the HQ HRM 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, it was prior to the standard requirements. An interview with the SOS/PFC verifies PREA supervision and privacy concerns are taken into consideration and approved by the sector office and were considered during the recent construction at Donna CPC. No documentation was reviewed in this regard.

§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 Mission Hospital in Mission, Texas, 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 with an Emergency Room Supervisor at Mission Hospital via a telephonic conference on August 21, 2019.

(d) The facility meets the standard provision. The Auditor determined Mission Hospital has sexual abuse advocates available. A local SME interview with the SOS/PFC verified sexual abuse victims from MS would have access to victim services at that hospital and all services would be coordinated by the medical provider on duty. Medical services are provided by CBP contractor, Local Source.

(e) The facility meets the standard provision. An interview with the SOS/PFC verifies both the McAllen Police Department and the Hidalgo County Sheriff's Office have been advised of and are agreeable to following PREA requirements. The SOS/PFC showed the Auditor copies of the letters and PREA requirements sent to both law enforcement agencies. Coordination with local law enforcement was also verified at the sector level by the sector SOS.

§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 DPAIC, the SBPA or delegated supervisor is to inform local law enforcement, as appropriate. This report was confirmed by the SOS/PFC during their SME interview. There was one allegation of sexual assault during the audit period. That allegation was properly reported both to the JIC and to the McAllen Police Department. McAllen PD could not develop enough evidence for an arrest and the Office of Professional Responsibility/Investigative Operations Division/Sexual Assault/Abuse Investigations (OPR/IOD/SAAI) conducted an investigation and the allegation was unsubstantiated.

(d) The facility meets the standard provision. An interview with the HQ PSA Coordinator verifies the appropriate offices are advised of all incidents/allegations of sexual abuse by both JIC and the Commissioner's Situation Room.

§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; detainees' right to be free of sexual abuse; definitions and examples of prohibited and illegal sexual behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral and emotional signs of sexual abuse, and methods of preventing such occurrences; procedures for reporting knowledge or suspicion of sexual abuse; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming detainees; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victim's welfare for law enforcement or investigative purposes. The Auditor reviewed the training curriculum and training records while on-site. Staff interviews verified the above training via PALMS. Note: Contractors (maintenance and janitorial) are not trained as MS ensures the contractors and detainees have no contact. The facility addressed the issue of contractors by initiating internal procedures which require detainees to be removed from any area where contractors need to clean or conduct maintenance. MS was not utilizing contractors or volunteers during the on-site audit.

(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 a local SME interview with the SOS/PFC verified compliance. The Auditor viewed all required staff training records which verified compliance.

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

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

Notes:

The facility meets the standard. 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. They also contain a box providing Zero-Tolerance and reporting information in all common languages. Detainees are advised that they may report any concerns regarding sexual abuse directly to the Office of the Inspector General (OIG) anonymously. 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 holding 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 competency on the part of 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 or capable of sexual assault. Vulnerable detainees are removed from contact with other detainees whenever possible. Potential abusers are also placed in holding by themselves 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 will assess 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 they had been trained to look for.

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 detailed 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 privacy 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 this practice. Agents regularly practice field interviews and reported that privacy in and around interviews are standard practice and required by procedure. Agents were able to show and tell the Auditor where they take detainees for private interviews.

§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. HQ and local SME interviews, and 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. When questioned about detainee calls to OIG, the Agents report should a detainee request to call the OIG or the number on the PREA poster; they will be escorted to a processing room with windows where they can complete their call in private. Agents reported they shall supervise the detainee from outside the office during the 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 any 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, those reports 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 directs third parties may report sexual abuse on behalf of detainees. The public can also go to the CBP PREA website at <https://www.cbp.gov/about/care-in-custody>. DHS posters direct third parties as to how to make written or telephonic reports to the OIG. MS staff are required to allow private and anonymous calls from detainees to the OIG. Interviewed staff report third parties can call OIG directly on the hotline number. They also report that should a third party report abuse to them, they would immediately remove the detainee from holding, notify their supervisor and follow the same procedure as when a detainee reports abuse. During the on-site audit, the Auditor was able to successfully place a call to the OIG from a MS office telephone.

§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, all staff members except one reported they could call the OIG hotline or the Joint Intake Center (JIC). Several also identified trusted ranking members of leadership as referral sources.

(b) The facility meets the standard provision. MS staff addressed the PREA requirements at muster and reported during random staff interviews they must immediately report any incident to their supervisor. Their supervisor, in turn, must ensure the incident is reported to local law enforcement, JIC, and OIG. MS had one allegation of sexual assault (adult detainee on detainee) during the audit period. The Auditor was able to review both the redacted OPR report and the sexual abuse incident report. The incident was quickly and properly reported and investigated by both local police and OPR/IOD/SAAI. The allegation was unsubstantiated.

(c) The facility meets the standard provision. Random staff interviews verified the sharing 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. An 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 OPR SAAI SME. This practice was

verified by the SOS/PFC.

§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 SOS/PFC and the SBPAs 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 PAIC, the DPAIC or the Supervisor on duty. Reporting staff were able to detail actual circumstances where they initiated or witnessed these practices.

§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. An interview with the SOS/PFC verifies the PAIC or their designee would make this notification. This was confirmed by the SOS/PFC, who verified a strong working relationship with the Hidalgo County Sheriff's Office.

(b) The facility meets the standard provision. The standard provision requires the notification be made within 72 hours of receiving the allegation. The PREA Field Coordinator reports the PAIC or their designee will make the notification immediately. The PAIC confirmed the report would be immediately.

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

(d) The facility meets the standard provision. The PREA Field Coordinator reports the advised agency, if outside of the requirements of Subpart B of the DHS PREA Standards, would be notified of the incident. If part of CBP, the agency receiving the notice is required by Directive 2130-030 to notify the JIC.

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

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

Notes:

(a) The facility meets the standard provision. CBP Directive 2130-030 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. All reporting staff quickly responded that their first responsibility is to separate the alleged victim and abuser and to maintain supervision of both parties. In addition to training all law enforcement personnel on first responder duties, MS reviews these duties regularly at face-to-face staff musters. During on-site interviews, all SMEs and Agents were able to recite their duties as first responders to a sexual abuse/assault incident. The majority of interviewed personnel at MS had been issued CBP PREA Quick Reference cards. A list of those needing cards was given to the SOS/PFC.

(b) The standard provision is normally not applicable unless USCG personnel are deployed at MS. This concern was detailed in the narrative. Otherwise, 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. All Agents and supervisory staff have been issued and have signed for Directive 2130-030 upon hire or upon its issuance on February 5, 2008. The Directive provides a clear progressive plan for all components of addressing sexual abuse in holding facilities. Interviews with all SME's 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 Mission 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 SOS/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 OPR SAAI SME verified DHS PREA Standards indicate to remove from duties requiring detainee contact pending the outcome of an investigation when the seriousness and plausibility of the allegation make the removal appropriate. An interview with the HQ LER SME reports Agents do not supervise contractors, but control detainee proximity to contractors. If during contractor/detainee contact 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 SOS/PFC.

§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 SOS/PFC and the SBPAs. Interviewed random staff report retaliation is prohibited by directive and reported an obligation to report it to superiors or to the OIG if necessary.

§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 subjected 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 HRM/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. An interview with the HQ HRM/LER SME reveals there were no reports of substantiated sexual abuse/violation of sexual abuse policies for staff at MS. An interview with the HQ SAAI SME confirms all substantiated cases of sexual abuse are referred to appropriate law enforcement agencies by the MS PAIC or RGV Sector Chief and notification is coordinated by HQ SAAI SME.

(d) The agency meets the standard provision. An 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. Contractors who were convicted of or found to have a substantiated allegation of sexual abuse/sexual assault would be reported to the contracting authority, where the presumptive action would be removal. An interview with the HQ SAAI SME verified 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. A local SME interview with the SOS/PFC 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 needing medical/mental health services are to be immediately transported to Mission 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. Interviews with the SOS/PFC and supervisors verified these services would be provided, at no charge, regardless of the detainee's cooperation with any investigation.

§115.186(a) – Sexual abuse incident reviews.

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

Notes:

The agency meets the standard. The HQ PAQ indicates there was one closed investigation of sexual abuse allegations at this facility in the past 12 months. The case involved an allegation of adult detainee on detainee sexual assault. The Auditor was able to read the sexual abuse incident review for MS and found it to be timely, consistent with the investigation and complete. An 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 a minimum of three CBP HQ Program Managers. The SOS/PFC indicated the RGV 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

November 19, 2019
Date

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



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
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PROGRAM OFFICE

Name of Program Office:	U.S. Border Patrol
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SECTOR OR FIELD OFFICE

Name of Sector or Field Office:	Rio Grande Valley (RGV) Sector
Name of Chief or Director:	(b)(6)(b)(7)(C), Chief Patrol Agent
PREA Field Coordinator:	(b)(6)(b)(7)(C), Special Operations Supervisor/PREA Field Coordinator (SOS/PFC)
Sector or Field Office Physical Address:	4400 South Expressway 281, Edinburg, Texas 78539
Mailing Address: (if different from above)	Same as Above

SHORT-TERM FACILITY BEING AUDITED

Information About the Facility			
Name of Facility:	McAllen Border Patrol Station		
Physical Address:	3000 West Military Highway, McAllen, Texas 78503		
Mailing Address: <i>(if different from above)</i>	Same as Above		
Telephone Number:	(b)(6)(b)(7)(C)		
Facility Leadership			
Name of Officer 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)

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), McAllen Border Patrol Station (BPS), was conducted on August 16, 2019, and the preliminary findings report dated September 16, 2019, was submitted on September 17, 2019. Following comments from CBP Headquarters and from the Auditor, the report dated November 13, 2019, was submitted as a Final Draft on November 13, 2019.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the McAllen Border Patrol 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 McAllen Border Patrol Station was found to not be in compliance with two standards: (115.113 and 115.115).

On December 18, 2019, the McAllen Border Patrol Station submitted a preliminary Corrective Action Plan (CAP) with a completion date of January 1, 2020. The CAP was reviewed by the Auditor and found to be satisfactory. On March 20, 2020, the McAllen BPS submitted an Annual Review of Detainee Supervision Guidelines document, to comply with standard 115.113. The report was reviewed by the Certified PREA Auditor and Program Manager for Creative Corrections and accepted. The McAllen BPS is now compliant with standard 115.113.

The McAllen BPS submitted staff re-training, muster and staff sign-offs for standard 115.115 on November 14, 2020. These directives, musters and sign-offs were reviewed by the Auditor and Creative Corrections Program Manager and found to be acceptable. The McAllen BPS is now compliant with standard 115.115 and 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 McAllen BPS submitted a record of an Annual Review of Detainee Supervision Guidelines on March 20, 2020, which satisfied all elements of the standard. These elements included the correct listing of participants, a description of responses employed to respond to the different types of populations detained at the Station including families, LGBTQI detainees, and families. This document was reviewed against the standard requirements by the Auditor and was found to be satisfactory in satisfying those requirements. The McAllen BPS is now compliant with 115:113 (b).

§115.115

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

Notes:

On November 14, 2020, the McAllen BPS submitted both local and national documents outlining agent performance requirements regarding proper personal search techniques, pat search safety requirements, determination of detainee gender identification by interview and proper procedures for the pat search of transgender detainees, absent exigent circumstances. These documents included a memorandum issued on September 17, 2020 from the USBP Chief, Strategic Planning and Directorate which included specific muster materials to ensure USBP compliance with 115.115 (f). Also submitted were McAllen BPS staff training muster sign-offs following the delivery of the above training musters. The Auditor reviewed all materials detailed above plus the Agent sign-offs and found them to be satisfactory in achieving standard compliance. McAllen BPS is now compliant with standard provision 115.115 (f).

OVERALL DETERMINATION - AFTER IMPLEMENTATION OF THE CORRECTIVE ACTION PLAN

- | | |
|---|--|
| <input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards) | <input checked="" type="checkbox"/> 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

December 1, 2020
Date