

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
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AGENCY

Name of Agency:	U.S. Customs and Border Protection
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PROGRAM OFFICE

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

Name of Sector or Field Office:	Seattle, Washington
Name of Chief or Director:	(b)(6)(b)(7)(C)
PREA Field Coordinator:	(b)(6)(b)(7)(C)
Sector or Field Office Physical Address:	9901 Pacific Highway Blaine, WA 98230
Mailing Address: (if different from above)	

SHORT-TERM HOLDING FACILITY BEING AUDITED

Information About the Facility			
Name of Facility:	Peace Arch Port of Entry		
Physical Address:	9901 Pacific Highway Blaine, WA 98230		
Mailing Address: (if different from above)			
Telephone Number:	(b)(6)(b)(7)(C)		
Facility Leadership			
Name of Officer in Charge:	(b)(6)(b)(7)(C)	Title:	Port Director
Email Address:	(b)(6)(b)(7)(C)	Telephone Number:	(b)(6)(b)(7)(C)

AUDIT FINDINGS

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS:

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

A Prison Rape Elimination Act (PREA) on-site audit of the Customs and Border Protection (CBP) Office Of Field Operations (OFO) Peace Arch Port of Entry (POE) Holding facility was conducted on Tuesday, June 18, 2019, from 0600 hours until 1730 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 the Peace Arch POE Holding Facility. The Peace Arch POE has a short-term processing and holding area detaining male and female adult detainees, unaccompanied alien children (UAC) and family units for a period specified to be under 24 hours, pending transfer for removal or detention. 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 the Peace Arch POE was CBPO Supervisor/PREA Coordinator, (b)(6)(b)(7)(C). The Seattle Field Office has a PREA Coordinator assigned to each facility.

Upon arrival at the facility, the Auditor was met by Supervisor (b)(6)(b)(7)(C). After a brief introduction Supervisor Williams provided the Auditor a tour of the facility.

The Peace Arch POE is located in a multi-level building. The facility has a large common area for the initial screening process and two separate areas for detaining individuals.

The first area is located off of the main common area and contains (b)(7)(E). Interviews with Officers confirmed that (b)(7)(E). The cells have toilets located in the corner behind a half partition that completely blocks the view of the toilet. The CBP Sexual Abuse Posters and the DHS Language Identification Posters are located in this area outside of the cells. The CBP Sexual Abuse Posters are posted in both English and Spanish.

The second area is located down a secured hallway and (b)(7)(E). These cells are constructed in the same manner, with a toilet in the corner located behind a half partition, which blocks the view of the toilet. The CBP Sexual Abuse Posters and the DHS Language Identification Posters are also located in this area outside of the cells. The CBP Sexual Abuse Posters are posted in both English and Spanish. Interviews with the Officers confirm when a detainee is in a cell; they conduct 15-minute cell checks and complete a Personal Detention Log sheet. The (b)(7)(E) (b)(7)(E). When looking through the window in the door, a complete view of the cell can be made, other than the toilet area. The cells do not have (b)(7)(E)

When discussing family units, or unaccompanied children (UAC), the Officers confirm the following process; if a family unit is detained, they will be kept together, unless there is an indication of criminal activity involving the child, child abuse, neglect, unauthorized custody, etc. The family unit will either be placed in the large common area, in direct view of the Officers, or a conference room. The Officers indicate that unaccompanied juveniles would stay with either a supervisor or in the large common area under the direct supervision of a Supervisor.

All staff with direct contact to 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 detainee would be placed in another area under direct supervision until any work is complete. The number of Officers working in the detention area remains fluid and varies by 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.

Scope of the Audit: Before the on-site audit, the Auditor was able to review the HQ Pre-Audit Questionnaires (PAQs), the HQ Responsive Documents and Data Requests, local documents, including Peace Arch Bridge specific documents, HQ Participation documents, and medical provider websites. The Auditor was also able to conduct four HQ SMEs interviews.

The Auditor had complete access to the facility and observed primary screening, secondary screening, processing, and holding areas. The Auditor was provided with a (b) (7)(E) for Officer and detainee interviews with a speaker telephone to access interpretive services if needed.

During the on-site audit, the Auditor was able to interview Officers from all three shifts. In total, the Auditor interviewed two local SMEs and fifteen random Officers. The Auditor had the opportunity of interviewing two detainees who were detained and searched, although they were not placed into (b) (7)(E). These two detainees sat in the large common area used for public processing.

During the Audit Process, the Auditor reviewed the compliance of 22 Subpart B standards at Pacific Highway Holding Facility. The Auditor found Pacific Highway POE met 25 standards (115.111; 115.114; 115.116; 115.117; 115.121; 115.122; 115.131; 115.132; 115.141; 115.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182, and 115.186. The facility has not met the requirements of standard 115.113 and 115.115; Standard 115.118 is not applicable to the facility.

Corrective Action: The facility needs to conduct an annual review of the detainee supervision guidelines that takes all enumerated provisions of the standards into consideration, with the results forwarded to the PSA Coordinator.

Corrective Action: The agency needs to develop specific pat search training for transgender and intersex detainees. This training needs to be provided to the Officers and documented.

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

PROVISIONS

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

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

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

Notes:

(a) CBP Policy on Zero Tolerance of Sexual Abuse and Assault signed by CBP's Commissioner on March 11, 2015, constitutes the agency's zero tolerance policy. The Auditor was unable to view the Commissioner's memorandum, however, the memorandum was provided after the conclusion of the audit to confirm compliance. CBP Directive 2130-030, Sexual Abuse and Assault Prevention and Response, dated January 19, 2018, was issued to all staff through the agency's email program known as CBP Central on February 5, 2018, and reissued on February 12, 2018. These two policies mandate zero tolerance toward all forms of sexual abuse and sexual assault and outlines the agency approach to preventing, detecting, and responding to such abusive conduct. It defines in detail for all staff and detainees the prohibited acts. CBP National Standards on Transport, Escort, Detention, and Search (TEDS), dated October 2015, sets forth nationwide Standards that govern CBP's interaction with detained individuals. The random Officer interviews confirm they were provided and are familiar with the Commissioner's Memorandum and CBP Directive 2130-030. These policies are currently available to everyone on the agency webpage.

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

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

Notes:

(a) The standard requires the Peace Arch POE to maintain sufficient supervision of detainees, including through appropriate staffing levels and, where applicable, (b) (7)(E), to protect detainees against sexual abuse. The Auditor confirmed with the facility Supervisors that the facility is staffed 24 hours a day, and the staffing levels are fluid depending upon traffic flow and needs of the facility. The Officers rotate between working lanes, the interior counter, and the secondary processing area. When an individual is taken into custody, he/she will be under direct supervision; the Auditor was informed Peace Arch POE maintains enough Officers to provide a safe and secure environment for detainees. The Supervisors and the PREA Field Coordinator state the established staff positions are appropriate. The facility does not have any (b) (7)(E). The cells have toilets located in the rear corner behind a partition; the facility does not have showers. If a detainee is placed into the cells, they are checked every 15 minutes, and this is logged on the Personal Detention Log Sheet.

(b)(c) CBP Directive 2130-030 requires that OFO and USBP develop and document comprehensive detainee supervisions guidelines for facilities under their respective control which has been accomplished through the CBP National Standards on Transport, Escort, Detention, and Search. The Directive further requires the Office of Field Operations to develop and document a comprehensive detainee supervision guideline that meets the facility's detainee supervision needs and review those supervision guidelines and application at each facility at least annually to determine whether adequate levels of detainee supervision and monitoring exist. The results of the development of comprehensive detainee supervision guidelines and annual review are to be provided to the PSA Coordinator. The SME's confirm they conduct an annual review of the supervision guidelines taking into account physical layout of the facility, composition of detainees, the prevalence of substantiated and unsubstantiated instances of sexual abuse, findings, and recommendations of incident reviews and any other relevant factors, however, no documentation was provided. The staffing at the facility is determined on a yearly basis at the DHS Headquarters and Field Office Levels. The staffing is driven by workload, processing etc. not detention. The staffing for the facility is documented. The Supervisors stated that when someone is taken into custody they are immediately involved with the process, starting at the pat search, which needs supervisor approval. The Supervisors confirmed that they take all factors into consideration enumerated in the standard when making these detention decisions, and where to detain an individual, therefore meeting standard provision (c). They further confirmed that the facility has not had any incidents of sexual abuse, but if they had they would take the incident review into consideration. They further confirm that all detainees

are held following the detention process outlined in TEDS. I confirmed with both the Supervisors and Officers that all detention information, and vulnerability factors, are documented on the Personal Detention Log Sheet which is utilized when a person is left unattended in a secure area. They further confirmed that supervision guidelines are outlined in the policy; this was confirmed during the policy review of TEDS. The Auditor reviewed every Personal Detention Log Sheet for the auditing period and found that the Supervisors are reviewing and documenting the supervision guidelines on an individual basis whenever someone is detained, however, the annual assessment with the results forwarded to the PSA was not provided. **Corrective Action:** Provide documentation of an annual review of the detainee supervision guidelines taking into account all enumerated provisions of standard provision (c) into consideration, this information shall be forwarded to the PSA Coordinator.

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

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

Notes:

(a)(b) CBP TEDS requires Peace Arch POE to place each juvenile in the least restrictive setting appropriate to their age and special needs, provided the setting is consistent with the need to ensure the safety and security of the detainee and that of others. The Auditor interviewed Officers who process unaccompanied juveniles and family units taken into custody. When discussing family units, or unaccompanied children, the Officers confirm the following process: If a family unit is detained, they will be kept together, unless there is an indication of criminal activity involving the child, child abuse, neglect, unauthorized custody, etc. The family unit will either be placed in the large common area, in direct view of the Officers, or in a conference room under direct supervision. The Officers indicate that unaccompanied juveniles would stay with either a Supervisor or in the large common area under the direct supervision of a Supervisor. The Officers also confirm that minors accompanied by an adult are thoroughly vetted to the extent feasible to ensure a parental or legal guardianship relationship. This includes the use of consulates, legitimate documentation, and interviews. If a legal relationship cannot be established, the minor is handled as an unaccompanied juvenile separated from adults, in the least restrictive setting. At the time of the audit, neither juvenile detainees nor family units were being detained.

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

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

Notes:

(b)(c) CBP TEDS details the type and conditions under which searches can and will be performed to ensure the safety of Officers, civilians, and detainees. It prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances including consideration of officer safety, or when performed by medical practitioners. If performed, the policy requires these strip/body cavity searches be recorded in the electronic system of record. The policy further states Officers must not conduct visual body cavity searches of juveniles and will refer to all such body cavity searches of juveniles to a medical practitioner. The Supervisors and Officers confirmed the facility does not conduct strip searches and body cavity searches.

(d) CBP TEDS specifies the requirement that enables detainees to shower (where showers are available), perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or under medical supervision. The (b) (7)(E) do not have (b) (7)(E). The toilets in the cells are located behind partitions that completely block the view from the window in the door. The Officers confirm they knock on the door and announce upon entering. The (b) (7)(E) have large windows that allow the detainees to see the Officers approaching the cell. The facility does not have shower facilities, and it was confirmed that the detainees are not held at the facility any longer than necessary to process which is under 12 hours.

(e) CBP TEDS prohibits staff from searching or physically examining a detainee for the sole purpose of determining the detainee's gender. If the detainee's gender is unknown, Officers are to ask the detainee their gender or gender identity. If the detainee declines to state their gender, the gender will be recorded in the appropriate electronic system(s) of record as unknown. Officer interviews indicate they are aware of the prohibition on searching detainees to determine their gender.

(f) The Auditor confirmed that a muster training memorandum was issued on December 2018, relating to guidelines for pat searching transgender or intersex detainees. The memorandum also stated the CBP Personal Search Handbook was going to be revised. This directed the Officer to ask the detainee how they identify, and an officer of that gender would conduct the pat search. The interviewed Officers confirm they received cross-gender pat search training in the academy, and would conduct these searches utilizing the blade or back of their hands if needed during an immediate search for safety. During the Supervisor and Officer interviews, they explained that an Officer would conduct an immediate search for weapons when a detainee is taken into custody. This can happen in the lanes of travel, the secondary processing area or inside the facility. This search is only for weapons or instruments that may injure the officer. All pat searches must be approved by a Supervisor and conducted with a witness. The Officers conduct same-gender pat searches; this was confirmed by interviews with the Officers. The Supervisors interviewed further confirmed that all shifts are staffed with both male and female officers and cross-gender pat searches do not occur. The Officers further confirmed they attend mandatory quarterly use of force training which includes scenario training and handcuffing and searching procedures to include cross-gender pat searches. The training was also confirmed through an interview with the Training Officers. During the Officer interviews, less than half of the officers stated that if the detainee's gender were in question, they would ask how they identify and an Officer of the detainee's identified gender would conduct the pat search. The remaining officers stated they received pat search training, to include cross gender searches which would be conducted with a witness, and would need Supervisor approval to conduct such searches. The Supervisors further confirmed the process on transgender searches since they need to authorize all pat searches. The facility has a PREA reference binder that has the muster training memo in it for reference if needed. The Auditor confirmed with the supervisors that when the memo was issued, they presented the information at muster and reviewed the material with the officers. This included the information in policy. **Corrective Action:** The agency needs to develop specific pat search training for Transgender and Intersex detainees. This training needs to be provided to the Officers and documented.

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

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

Notes:

(a)(b)(c) CBP TEDS and CBP Directive 2130-030 requires detainees with disabilities (e.g., detainees who are hearing impaired; those who are blind or have low vision; or those who have intellectual, psychiatric, or speech disabilities) have access to CBP efforts to prevent, detect, and respond to sexual abuse and assault. When necessary to ensure effective communication with detainees who are hearing impaired, steps are to include providing access to in-person, telephonic, or video interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. During staff interviews, the Auditor was informed if a communication problem exists during processing; the Officer utilizes Interpreters and Translations Incorporated to provide information to detainees in a language they understand. The Officers further state blind detainees would be dealt with individually with the Officer reading them information, and if deaf, they would write back and forth. For low mental functioning individuals, they would provide a verbal explanation to ensure they understood the information. The Officers confirm they would refer to the DHS publication, "A Guide to Interacting with People Who Have Disabilities" to assist in giving guidance on the best way to accommodate detainees who are deaf and can't speak, psychiatric, low-level learning, or low functioning detainees. The Auditor reviewed the publication and confirmed all of the disabilities are addressed. This publication was in the aforementioned PREA Binder. The interviewed Officers confirm they always have found a way to interact with the detainees; this interaction is necessary to complete the processing of the detainee. They further confirm they do not use other detainees to interpret and would not in a situation of sexual abuse or assault.

§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) CBP Directive 2130-030 requires the Office of Human Resource Management (HRM) to establish policy and procedures to ensure CBP does not hire or promote personnel or enlist the services of a volunteer who have had previous substantiated allegations of engaging in sexual abuse and assault to any position where the employee may interact with detainees in CBP holding facilities. The Auditor interviewed the HQ HRM SME and was informed CBP

would not hire or promote any employee, contractor or enlist service of any volunteer, who has been found to have engaged, been convicted of engaging, or civilly or administratively adjudicated to have engaged in sexual abuse as defined in the Standard and agency policy. The facility currently does not have volunteers.

(b)(c)(d)(e)(f) The standard requires that when the agency is considering hiring or promoting staff, it shall ask all applicants who may have contact with detainees directly about previous misconduct described in paragraph (a) in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees and also impose upon employees a continuing affirmative duty to disclose any such misconduct. The standard further requires the agency to perform a background investigation before enlisting the services of any contractor who may have contact with detainees. The HQ HRM SME also stated interviews are conducted with new applicants as well as applicants for promotion includes specific questions about any previous sexual abuse misconduct. CBP Directive 2130-030 requires the Office of Professional Responsibility (OPR) ensure background investigations are conducted for applicants for employment and contractors having contact with detainees to determine the suitability and updated background investigations be conducted every five years for CBP personnel who may have contact with detainees. The HQ PSD SME indicates background checks for CBP are the most thorough investigations performed for DHS. She confirms the background investigators ask all potential employees and contractors if they have engaged in, or have ever been charged with, sexual abuse. She related an affirmative response results in the individual not being hired. The facility does not currently have contractors who have contact with detainees. The SME also informed the Auditor rechecks are initiated every five years. The Auditor submitted ten names to OPR to review for background rechecks. The documentation provided by HQ demonstrated the five-year recheck was initiated within five years as required. The HQ HRM SME stated material omissions regarding this type of misconduct or providing false information are grounds for termination or withdrawal of an offer of employment. The HQ HRM SME also informed the Auditor all staff have an affirmative duty to disclose any such misconduct, false information, and any material omissions. This information is provided to staff upon hiring, when issued the U. S. Customs Border Protection Standards of Conduct and they are reminded annually during training on the Performance and Learning Management System (PALMS). They further confirmed that if a former employee were involved in a substantiated investigation and a future institutional employer where the employee applied to work requested the information, they would provide the information.

§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 Peace Arch POE has acquired no new facility or undergone a major expansion since construction.

(b) The facility has not made any upgrades to the (b) (7)(E) at the facility; the SME stated that if any (b) (7)(E) were going to be installed they would take into consideration sexual safety as well as the overall safety of the detainees.

§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)(d) CBP Directive 2130-030 requires Peace Arch POE to provide emergency medical treatment and crisis intervention services, including a forensic medical exam, in accordance with professionally accepted standards of care to alleged victim detainees of sexual assault. The treatment is without financial cost to the detainee and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. CBP TEDS requires if the detainee is transported for a forensic examination to a medical facility that offers victim advocacy services, Officers will permit the detainee to use such services to the extent available, consistent with security needs. The SME confirmed a victim would receive medical and mental health treatment at no cost as well as allowing advocacy personnel access to detainees which is provided at the hospital along with the Sexual Assault Nurse Examiner (SANE) examination. He further stated that a detainee would be transported to Peace Health St. Josephs Center in Bellingham, Washington, for a forensic medical examination. The SME confirmed they follow the guidelines set down by the Washington Coalition of Sexual Assault Programs. These procedures include protocols to maximize the potential for

obtaining usable physical evidence. The Auditor further confirmed with the SME that anyone under the age of 18 involved in an incident would be taken to the Child Advocacy Center in Bellingham Washington. The Auditor contacted both the Peace Health St. Josephs Center and the Child Advocacy Center. The Auditor spoke with a supervisor at each facility and verified that they offer the services as outlined above.

(e) The Local SME confirmed the Blaine Police Department would conduct the criminal investigation of alleged sexual abuse at the facility. He provided an email from the Chief of Police that confirmed they would follow the provisions of the standards and all applicable Washington State Laws. The Auditor further confirmed this with a Blaine Police Officer who had responded to the facility for an incident.

§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)(d) CBP Directive 2130-030 requires staff with knowledge, suspicion, or information of any incident of sexual abuse and/or assault of a detainee in a holding facility; retaliation against any person, including a detainee, who reports, complains about, or participates in an investigation about an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to report to the Joint Intake Center (JIC). The Local SME and Supervisors confirm an allegation of sexual abuse would be reported to JIC and the Commissioner's Situation Room in accordance with policy. They confirmed that this notification would be made by the Supervisor involved in the initial response. The PREA Field Coordinator confirms an Incident Report to the JIC and the Commissioner's Situation Room would be submitted upon learning of an incident. He also indicated the Blaine Police Department would be notified as they have the legal authority to conduct criminal investigations. All notifications would be documented in the Incident report. Peace Arch POE did not have any incidents of sexual abuse within the last 12 months.

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

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

Notes:

(a)(b)(c) CBP Directive 2130-030 requires all uniformed Agents and Officers, Special Agents, fact finders, contractors, and volunteers who may have contact with detainees in CBP holding facilities receive PREA training as required in Subpart B of the DHS Standards. The Auditor reviewed the training curriculum provided to staff at Peace Arch POE through PALMS. This training includes the agency's zero-tolerance policy for all forms of sexual abuse, the definitions, and examples of prohibited and illegal sexual behavior, the right of detainees to be free from sexual abuse, and the right of staff and detainees to be free from retaliation for reporting it. The training also provides information on where sexual abuse may occur; recognition of physical, behavioral, and emotional signs of sexual abuse; and methods of preventing and responding to such occurrences. Staff are instructed on how to avoid inappropriate relationships with detainees, and how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming detainees. The Auditor confirmed during interviews and review of the training materials that these topics are provided in training. The Auditor was provided a roster printed from PALMS showing all employees assigned to Peace Arch POE have received this training within the past 12 months. The Auditor further confirmed the training is provided every two years. The Local SME and Supervisors state Peace Arch POE does not have any contractors or volunteers who have contact with detainees. The facility has a cleaning contractor; interviewed Officers stated that they do not enter the holding areas when detainees are present, if the cleaning crew needs to go into the area the detainees would be moved to a different location under direct supervision.

§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:

CBP has published its zero-tolerance policy through its webpage (<https://www.cbp.gov/about/care-in-custody>). Peace Arch POE notifies all detainees of its zero-tolerance policy through posters located in the holding area. The Auditor observed posters in English and Spanish. Information on the posters includes: CBP has zero-tolerance for sexual abuse/assault; reporting can be anonymous and confidential; be safe and get help; tell a CBP official; call the DHS OIG

(toll-free number provided), and telecommunication devices available by calling a toll-free number (provided). At the time of the audit, no detainees were held at the facility.

§115.134 – Specialized training: Investigations.

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

Notes:

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

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

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

Notes:

(a)(b)(c)(d) CBP TEDS states before placing any detainees together in a holding room the processing Officer must assess the information before them to determine if the detainee may be considered an at-risk detainee, or at risk of posing a threat to others. This assessment by policy includes: whether the detainee has exhibited a mental, physical or developmental disability; the age of the detainee; their physical build; any prior arrests or incarcerations; is the detainee identified as LGBTI or gender non-conforming; any prior sexual victimization; and the detainee's own concerns about his/her physical safety. The Local SME and Supervisors confirm the assessment is completed utilizing the US Customs and Border Protection Assessment for Transport, Escort, and Detention form. This form takes into consideration all provisions of the standard. The interviewed Officers confirm they ask if the detainee has any safety concerns before placing them into a holding cell. They further confirm if they had any concerns of self-harm or victimization, they would keep the detainee under direct supervision, rather than placing them into a cell with any other detainees. They also indicate they received training on the assessment through PALMS.

(e) CBP TEDS requires Peace Arch POE to implement appropriate controls on the dissemination of private and sensitive information provided by detainees during this risk assessment. Agents can disclose this information only to those with a need to know. The Local SME and Supervisors indicate the US Customs and Border Protection Assessment for Transport, Escort, and Detention form is transferred with the detainee in a folder to their final destination. The detainees are not held at the facility for any longer than 12 hours, and the facility is not equipped to house long-term detainees.

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

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

Notes:

(a)(b) CBP Directive 2130-030, requires detainees be provided with multiple ways to privately report sexual abuse and assault, retaliation for reporting sexual abuse and assault, or staff neglect or violations of responsibilities that may have contributed to such incidents. It further requires the facility to provide at least one way for detainees to report sexual abuse to a public or private entity not connected to the agency. Detainees must be able to report confidentially and anonymously, if desired, as well as both verbally and in writing. CBP's procedures for reporting alleged sexual abuse and assault are to be visible or continuously and readily available to detainees at holding facilities and posted on the CBP public website. The Auditor confirmed during the Local SME and Officer interviews the detainees are provided the reporting information through posters placed in the holding area. During the facility tour, the Auditor observed the posters; they are in both English and Spanish. The interviewed Officers further confirm they utilize Interpreters and Translators Incorporated for any other language interpretation. The posters state the detainee can report to the DHS OIG. The posters provide the telephone number to call. During the Supervisor and Officer interviews, they confirm if a detainee indicated they wanted to call OIG, the detainee would be taken into an office to make the telephone call. The interviewed Supervisors and Officers indicate the detainee would not have to provide a specific reason for wanting to call OIG, would dial the number for them to ensure they were calling OIG, and leave the room for their privacy.

(c) CBP TEDS requires Officers at Peace Arch POE to receive allegations reported to them from third parties and promptly record such reports according to operational procedures. The interviewed Local SME, Supervisors, and Officers confirm all verbal allegations of sexual abuse or sexual assault made to them would be documented in writing.

§115.154 – Third-party reporting.

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

Notes:

CBP Directive 2130-030 states detainees may utilize third-party individuals to report allegations of sexual abuse. The agency provides reporting information for anyone wishing to report any allegation on behalf of a detainee on their webpage <https://www.cbp.gov/about/care-and-custody/how-make-report>. The information on the webpage provides a toll-free telephone number, USPS address and email, address to the JIC, and a toll-free telephone number, a direct complaint link and USPS address for DHS OIG for anyone wishing to make an allegation on behalf of a detainee.

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

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

Notes:

(a)(b) CBP Directive 2130-030 requires staff to report as promptly as possible any knowledge, suspicion, or information of the following: an incident of sexual abuse and/or assault of a detainee in a holding facility; retaliation against any person, including a detainee, who reports, complains about, or participates in an investigation about an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. CBP Directive 2130-030 also requires all staff to report any misconduct upon becoming aware of it. CBP TEDS requires staff to immediately report: any knowledge, suspicion, or information regarding an incident of sexual abuse against any detainee; retaliation against detainees or staff who reported or participated in an investigation about such an incident; and staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. CBP Directive 51735-013A, Standards of Conduct, dated March 13, 2012, not only allows staff to report within their chain of command, it requires them to report outside of their chain of command to either JIC, or by contacting CBP Office of Professional Responsibility, OPR, and contacting DHS OIG to report all allegations of misconduct. The Auditor confirmed the reporting requirements during the Local SME, Supervisor, and Officer interviews. They stated they would immediately report any allegation of sexual abuse, retaliation, or staff failure to perform their duties utilizing the reporting avenues outlined in the policy.

(c) CBP Directive 2130-030 requires staff not reveal any information related to a sexual abuse report except as necessary to aid the detainee, protect other detainees or staff, or to make security and management decisions. This information about confidentiality is provided to all staff in the mandatory PALMS PREA training, as well as in policy. Interviews with the Local SME, Supervisors, and Officers confirm information would not be shared with other staff except on a need-to-know-basis or during an investigation into the matter.

(d) CBP Directive 2130-030 requires CBP staff to notify relevant agencies if the alleged victim of a sexual assault is a vulnerable adult or under the age of 18. Interviews with the Local SME and Supervisors confirm should a vulnerable adult or person under 18 be sexually assaulted at Peace Arch POE, the Supervisor would submit an Incident Report to the JIC and the Commissioner's Situation Room. Notifications would be completed as required by CBP Directive 3340-025E. The PREA Field Coordinator stated he would make the notification to the proper State Agencies. Staff at Peace Arch POE indicate the facility has not had any incidents requiring this type of notification during the last 12 months.

§115.162 – Agency protection duties.

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

Notes:

CBP TEDS states if an Officer has a reasonable belief a detainee may be subject to a substantial risk of imminent sexual abuse, he or she shall take immediate action to protect the detainee. The Local SME, Supervisors, and Officers interviewed indicate any detainee believed to be in imminent danger of being sexually abused will be separated from other detainees and placed under direct supervision. They all confirm the facility can place a detainee in a holding cell by themselves for protection, if needed.

§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)(b) CBP Directive 2130-030 requires staff at Peace Arch POE, upon receiving an allegation that a detainee was sexually abused while confined at another facility, to notify the prior agency or administrator. Notification will be made as soon as possible, but no later than 72 hours. A memorandum, titled Standards to Prevent, Detect, and Respond to Sexual Abuse and Assault in CBP Holding Facilities was issued to CBP staff on August 12, 2014, by the Acting Assistant Commissioner. The memorandum requires CBP staff to report allegations received at CBP facilities to the prior agency or administrator of the facility within 72 hours. The Auditor was unable to review the document prior to the audit, however, the memorandum was provided after the conclusion of the audit and compliance was verified. An Incident Report to JIC and the Commissioner's Situation Room would be submitted as required by CBP Directive 3340-025E. Interviews with the Local SME and Supervisors confirm these notifications would be done immediately. There were no notifications made by this facility during the last 12 months as no alleged incidents at other facilities have been reported to any Peace Arch POE staff.

(c)(d) CBP Directive 2130-030 requires that staff who makes the notification to other confinement facilities document the date and time the administrator at the other facility was notified of the allegation. Local SME and Supervisors confirm these notifications and documentation of the notification would be done immediately by the on-duty facility Supervisor. They further indicate if an allegation was received, it would be referred for an immediate investigation as outlined in the policy.

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

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

Notes:

(a)(b) CBP Directive 2130-030 details the responsibilities of the first staff on the scene of a reported allegation of sexual abuse. The Directive requires staff members separate the alleged victim and abuser, preserve and protect the crime scene, and if the abuse occurred within a period that still allows for the collection of physical evidence, request the alleged victim and abuser do not take any actions that could destroy physical evidence. This is further outlined in the PALMS training that all staff complete. Peace Arch POE does not allow contractors, volunteers, or civilian staff into the holding area while detainees are present. The policy does, however, address their responsibilities if they do encounter a detainee and something is reported to them. The policy requires a contractor, volunteer, or civilian staff to request the alleged victim not to take any actions that could destroy physical evidence and notify law enforcement staff. The interviewed Officers indicate they would separate the victim from the abuser, provide medical assistance if needed, preserve evidence to the extent possible, and notify their Supervisor. During the on-site audit, the Auditor did not observe any contractors, volunteers, or civilian staff in the holding area.

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

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

Notes:

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

(b)(c) CBP Directive 2130-030 states if an alleged victim of sexual abuse and/or assault is transferred to another DHS facility, Peace Arch POE must inform the receiving DHS agency of the alleged incident and the alleged victim's potential need for medical or social services. If the alleged victim of sexual abuse and/or assault is transferred to a non-DHS facility, Peace Arch POE must inform the receiving facility or agency, as permitted by law, of the incident and the alleged victim's potential need for such services, unless the alleged victim requests otherwise. The Local SME confirms that during the last 12 months, Peace Arch POE has had no cases requiring any such notification to a DHS or non-DHS facility. All incidents of this type require the Supervisor to submit an Incident Report to the JIC and the Commissioner's Situation Room upon notification. Any transfer or move would require the Supervisor to update JIC of the incident, and notify the receiving facility. This process was detailed to the Auditor by the Local SME and Supervisors as Peace

Arch POE has had no incidents for the Auditor to review. Notifications would be completed as required by CBP Directive 3340-025E.

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

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

Notes:

CBP Directive 2130-030 requires agency management consider whether any staff, contractor or volunteer alleged to have perpetrated sexual abuse and/or assault should be removed from duties requiring detainee contact pending the outcome of an investigation and shall do so if the seriousness and plausibility of the allegation make removal appropriate. The HQ SAAI SME indicates any allegation of sexual assault or sexual abuse involving staff, a contractor, or volunteer would result in the person being removed from detainee contact pending the outcome of an investigation when the seriousness of the allegation makes removal appropriate. The procedure was confirmed during the Local SME interview; he further indicates Peace Arch POE had not had any allegations of sexual abuse made against a staff member requiring this type of response.

§115.167 – Agency protection against retaliation.

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

Notes:

CBP Directive 2130-030 prohibits Agents, Officers, and other CBP personnel from retaliating against any person or detainee, who reports, complains about, or participates in an investigation of sexual abuse and/or assault. This retaliation prohibition is also detailed in the PREA training (PALMS) each staff member receives at Peace Arch POE. The Auditor interviewed the local SME, Supervisors, and Officers and each was aware of the policy prohibiting retaliation against anyone who makes an allegation of sexual misconduct or participates in the investigation. The Local SME informed the Auditor there had been no allegations of retaliation made at Peace Arch POE during the last 12 months.

§115.171 – Criminal and administrative investigations.

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

Notes:

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

§115.172 – Evidentiary standard for administrative investigations.

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

Notes:

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

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

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

Notes:

(a) CBP Directive 2130-030 informs CBP personnel they may be subject to disciplinary or adverse action up to and including removal from their position and Federal Service for substantiated allegations of sexual abuse and assault and/or for violating CBP's sexual abuse policies. The Auditor confirmed with the HQ LER SME and HQ SAAI SME that staff would be subject to disciplinary action up to and including removal from Federal Service for a substantiated allegation of sexual abuse or violating the agency sexual abuse policy.

(c) CBP Directive 2130-030 requires OPR to report all removals or resignations instead of removal to appropriate law enforcement agencies for violations of the agency or facility sexual abuse and assault policies unless the activity was not criminal. The Local SME and HQ SAAI SME confirm CBP would notify law enforcement of all removals or resignations instead of removal for violations of the agency zero-tolerance policy. They further indicate there were no such resignations or removals at Peace Arch POE within the last 12 months.

(d) CBP Directive 2130-030 requires OPR to report all removals or resignations instead of removal to any relevant licensing bodies for violations of the agency or facility sexual abuse and assault policies, to the extent known. The Local SME and HQ SME from OPR confirm OPR would notify licensing bodies, if known, of all removals or resignations instead of removal for violations of the agency zero-tolerance policy. They confirm there were no such resignations or removals at the Peace Arch POE within the last 12 months.

§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:

CBP Directive 2130-030 requires any contractor or volunteer suspected of perpetrating sexual abuse and assault be removed from all duties requiring detainee contact pending the outcome of an investigation, as appropriate. As previously stated, Peace Arch POE does not allow contractors or volunteers in the holding area when detainees are present. The Auditor did not observe any contractors or volunteers in the holding rooms during the site visit. The Local SME indicates that if for some reason they had contact with a detainee and sexual misconduct was alleged to have occurred by them; this would result in their removal from duties and contact with any detainees pending investigation. He indicated he would be responsible for notifying both the local law enforcement and any licensing bodies.

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

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

Notes:

(a)(b) CBP Directive 2130-030 requires alleged sexual assault victims be provided timely unimpeded access to emergency medical treatment and crisis intervention services, including emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. It also requires emergency medical treatment services to be provided to the alleged victim without financial cost and regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. The Local SME and Supervisors confirm they are aware of alleged victims of sexual assault are to receive all medical service and medications without cost even if the detainee does not name the abuser or cooperate with the investigation. They are also aware all detainees requiring any medical treatment must be transported to Peace Health St. Josephs Center in Bellingham, Washington, for a medical forensic examination. The SME confirmed a victim would be transported to Peace Health St. Josephs Center in Bellingham, Washington for a forensic medical examination. The facility SME confirmed they follow the guidelines set down by the Washington Coalition of Sexual Assault Programs. These procedures include protocols to maximize the potential for obtaining usable physical evidence. The Auditor further confirmed that Washington is a Child Advocacy Center State and all child victims under the age of 18 would be taken to the Child Advocacy Center in Bellingham for treatment. The Auditor contacted both the Peace Health St. Josephs Center and the Child Advocacy Center. The Auditor spoke with a supervisor at each facility and verified that they offer the services as outlined above.

§115.186(a) – Sexual abuse incident reviews.

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

Notes:

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

§115.187 – Data collection.

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

Notes:

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

ADDITIONAL NOTES

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

The Auditor was unable to complete the final report. The initial Audit Report was submitted on August 25, 2019. (b)(6)(b)(7)(C), Certified PREA Auditor has reviewed the written notes provided by the Auditor for accuracy within the report and made appropriate changes based on the written notes. Additionally, grammatical corrections were made, structure of some standard provisions were adjusted, and post audit policy reviews were included in the report.

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 25, 2019
Date

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

January 30, 2020
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:	Office of Field Operations
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SECTOR OR FIELD OFFICE

Name of Sector or Field Office:	Seattle, Washington
Name of Chief or Director:	(b)(6)(b)(7)(C)
PREA Field Coordinator:	(b)(6)(b)(7)(C)
Sector or Field Office Physical Address:	9901 Pacific Highway Blaine, WA 98230
Mailing Address: (if different from above)	Same as Above

SHORT-TERM FACILITY BEING AUDITED

Information About the Facility			
Name of Facility:	Peace Arch Port of Entry		
Physical Address:	9901 Pacific Highway Blaine, WA 98230		
Mailing Address: (if different from above)	Same as Above		
Telephone Number:	(b)(6)(b)(7)(C)		
Facility Leadership			
Name of Officer in Charge:	(b)(6)(b)(7)(C)	Title:	Port Director
Email Address:	(b)(6)(b)(7)(C)	Telephone Number:	(b)(6)(b)(7)(C)

FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

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

An on-site audit of the Office of Field Operations (OFO), Peace Arch Port of Entry (POE), holding facility was conducted on June 18, 2019, and the preliminary findings report was submitted on August 26, 2019. Following comments from CBP Headquarters and from the Auditor, the report was submitted in Final Draft on January 30, 2020.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the Peace Arch POE was found to be in compliance with 22 standards: (115.111; 115.114; 115.116; 115.117; 115.121; 115.122; 115.131; 115.132; 115.141; 115.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182 and 115.186). Standard 115.118 is not applicable to the facility. The Peace Arch POE was found to not be in compliance with two standards: (115.113 and 115.115). Standard 115.118 was not applicable.

On March 9, 2020, the Peace Arch Port of Entry (POE) submitted a preliminary Corrective Action Plan (CAP) with a completion date of June 1, 2020. Several documents were requested by the Reviewing Auditor and clarification of transgender pat-down searches was sought and received. The CAP was reviewed by the Certified PREA Auditor and Program Manager for Creative Corrections. The Peace Arch POE submitted an Annual Review of Detainee Supervision Guidelines document to the Reviewing Auditor on March 23, 2020, which satisfied all requirements of standard 115.113. The Peace Arch POE also submitted several training documents, musters and staff sign-offs as documentation for required staff re-training which satisfied all requirements of standard 115.115.

All required corrective action was completed prior to the 180 day deadline.

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 Peace Arch POE submitted a record of an Annual Review of Detainee Supervision Guidelines dated March 23, 2020, to the Reviewing Auditor. This report was examined by the Reviewing Auditor and was found to be satisfactory. The Peace Arch-POE is now compliant with 115.113.

§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 July 21, 2020, the Peace Arch POE submitted both local and national documents outlining officer performance requirements regarding cross-gender staff announcements upon entering holding rooms, proper personal search techniques, cross-gender searches, determination of detainee gender identification and proper procedures for the pat search of transgender detainees. Also submitted were staff training muster sign-offs and acknowledgements. The Peace Arch POE is now compliant with Standard 115.115.

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.

Reviewing Auditor’s Signature

Date