

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) (b)(6)(b)(7)(C)	Telephone Number:	(b)(6)(b)(7)(C) (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:	Tucson 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:	2430 S. Swan Rd. Tucson, AZ
Mailing Address: (if different from above)	

SHORT-TERM HOLDING FACILITY BEING AUDITED

Information About the Facility			
Name of Facility:	Tucson Coordination Center		
Physical Address:	2430 S. Swan Rd., Tucson, AZ		
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:	Acting Branch Chief
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) U.S. Border Patrol (USBP), Tucson Coordination Center (TCC), Tucson, AZ, was conducted on July 16 and 17, 2019. 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 Tucson Coordination Center (TCC). The station 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, under normal operating circumstances, pending transfer for removal or detention. 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 Tucson Coordination Center (TCC) was Special Operations Supervisor (b)(6)(b)(7)(C).

Upon arrival at the facility, the Auditor was met by Special Operations Supervisor (b)(6)(b)(7)(C). Upon completion of the initial interviews, an entrance meeting was held. Attending the entrance meeting were:

- (b)(6)(b)(7)(C), Certified PREA Auditor, Creative Corrections
- (b)(6)(b)(7)(C), Assistant Chief, USBP, HQ
- (b)(6)(b)(7)(C), Branch Chief of Compliance, Tucson Sector
- (b)(6)(b)(7)(C) Branch Chief
- (b)(6)(b)(7)(C), Special Operations Supervisor
- (b)(6)(b)(7)(C), Operations Officer
- (b)(6)(b)(7)(C), Program Manager, Privacy and Diversity Office (PDO), HQ
- (b)(6)(b)(7)(C) and Diversity Office/Deputy PSA Coordinator, PDO, HQ

At this time, the Auditor explained the audit process and answered any questions the attendees had. We further discussed the schedule for the audit, interviewing locations, and operational concerns the Auditor needed to be aware of before beginning.

Upon completion of the meeting, a facility tour was conducted.

The Tucson Coordination Center (TCC) is located in Tucson, Arizona, and shares the property with the Tucson CBP Station and the Tucson Sector Headquarters. The facility is located in a separate building.

The facility consists of administrative offices located outside of the holding cell area; these offices are occupied by the staff of the processing center. The detention area is located through a secured door. Upon entering, you enter into the main control area. The main control is occupied by the Supervisors. The control room has (b)(7)(E) (b)(7)(E).

The cell areas consist of two sides, north and south. The (b)(7)(E) for (b)(7)(E). The (b)(7)(E) with a toilet/sink combination located within each cell. These are located either behind block walls or behind doors; these walls and doors provide privacy while toileting. The doors and walls are approximately three feet high. The showers are located on the north side cell area; they are utilized for showering all detainees at the facility. All of the cells throughout the facility have large windows that provide a direct view into each cell, with the exception (b)(7)(E) that have blinds that completely block any view into the cells.

The facility is staffed by Border Patrol Agents, who deal directly with the intake and processing of the detainees. The facility also has G4S Transportation Officers who provide transportation for the Tucson Sector, initial intake, searching of all detainees, and feeding of the detainees.

The facility also has DHS Volunteers who assist with general functions at the facility; these volunteers are separated

into two groups: sworn law enforcement officers and mission support volunteers. The sworn law enforcement officers can assist with direct supervision of the detainees. The mission support volunteers assist with general duties, which include assisting in feeding, food cart replenishment, searching detainee belongings, and assistance to the G4S Transportation Officers.

The facility houses unaccompanied children, family units, and single male and female detainees. The family units and unaccompanied children are housed in the south side cell area; the doors on their cells are left open to create the least restrictive atmosphere as possible. During the audit, the Auditor confirmed this practice; the family units were freely moving in and out of their cells. A CBP Agent designated as the Juvenile Coordinator is assigned to supervise the family units and unaccompanied children.

The facility receives detainees from all CBP Stations within the Tucson Sector; the G4S Transportation Officers operate a bus that will transport detainees from other stations to the Tucson Coordination Center. The facility also receives detainees who are taken into custody by the Agents assigned to the Tucson Station. The normal procedure for intake is as follows: upon the arrival of a detainee, they will be unloaded from the transport vehicle under the supervision of an Agent or a DHS Volunteer who is a sworn law enforcement officer. The detainees are escorted in to the sallyport where they begin to be separated based on a number of different factors, including whether the individual is male or female, an unaccompanied male or female juvenile, or part of a family unit. The Tucson Coordination Center also separates individuals based on the assessed risk, whether they have a criminal history, certain medical conditions, a contagious condition, etc. The G4S Transportation Officers will conduct pat searches, and search and tag the detainees' belongings. An Agent will start the intake process, and the detainee will be asked questions related to their overall safety, including physical safety. All of the information is uploaded into the Detention Module. Upon finishing the intake process, the detainees will be escorted into the facility and (b) (7)(E). The location of the cell is determined by the assigned Agent, who acts as the coordinator for either the north side or south side. All unprocessed single male and single female detainees are usually placed in (b) (7)(E) on the south side until they are processed. Once the processing has been finished, they are moved to the north side. All family units and unaccompanied children will remain on the south side. This processing method further ensures the safety of the detainees.

During the on-site audit, the Auditor viewed the intake process and the movements of the detainees within the holding area. The Auditor found that the detainees were under direct supervision at all times while outside of the (b) (7)(E). Multiple Agents are assigned to both the north side and south side and are continuously monitoring the detainees both inside and outside the cells.

Upon completion of the audit, an exit meeting was held. Attending the exit meeting were:

- (b)(6)(b)(7)(C), Certified PREA Auditor, Creative Corrections
- (b)(6)(b)(7)(C), Assistant Chief, USBP, HQ
- (b)(6)(b)(7)(C), Branch Chief of Compliance, Tucson Sector
- (b)(6)(b)(7)(C), (A) Branch Chief
- (b)(6)(b)(7)(C), Special Operations Supervisor
- (b)(6)(b)(7)(C), Operations Officer
- (b)(6)(b)(7)(C)-Phipps, Program Manager, Privacy and Diversity Office (PDO), HQ
- (b)(6)(b)(7)(C), Privacy and Diversity Office/Deputy PSA Coordinator, PDO, HQ

At this time, the Auditor provided an overview of the audit and interviews.

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 and Local Pre-Audit Questionnaires (PAQs), the HQ Responsive Documents and Data Requests, local documents, including the Tucson Coordination Center specific documents, HQ Participation documents, and medical provider websites. The Auditor was also able to conduct four HQ SMEs interviews and to speak to the author of the local PAQ.

The Auditor had complete access to the facility and detention areas, as well as having the opportunity to observe the processing of the detainees. The Auditor was provided with a private interview room for Agent and detainee interviews with a speaker telephone to access interpretive services.

During the on-site audit, the Auditor was able to interview eleven Agents from all three shifts. This included two local SMEs, Two G4S Transportation Officers, one G4S Transportation Supervisor, and three DHS Volunteers. The Auditor had the opportunity of interviewing ten detainees, as follows: one unaccompanied child, two family units, and seven single detainees.

During the Audit Process, the Auditor reviewed the compliance of 25 Subpart B standards at the Tucson Coordination Center. The Auditor found Tucson Coordination Center met 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.

The facility has not met standards 115.113 and 115.115.

Corrective Action: Provide documentation of the annual review of detainee supervision guidelines and application for the Tucson Coordination Center which takes into account all of the areas enumerated in subpart (c) of this standard with the results forwarded to the PSA.

Corrective Action: Provide documentation all law enforcement staff at the Tucson Coordination Center have received specific training regarding the searching of transgender detainees.

Standard 115.118 is not applicable to the facility.

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"/> Low Risk
<input type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period)	<input checked="" type="checkbox"/> Not Low Risk
<input checked="" type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)	

PROVISIONS

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

Notes:

(a) On March 11, 2015, CBP Commissioner, signed a memorandum, titled, CBP Policy on Zero Tolerance of Sexual Abuse and Assault, which constitutes CBP's policy on zero tolerance of sexual abuse and assault. CBP Directive 2130-030, Prevention, Detection, and Response to Sexual Abuse and Assault in CBP Holding Facilities, dated January 19, 2018, mandates zero-tolerance toward all forms of sexual abuse and sexual assault and outlines their 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. CBP Directive 2130-030 was provided to all CBP employees on February 5, 2019, and again on February 12, 2019, through the agency email program referred to as CBP Central. The Random Agent interviews confirm they were provided, and are familiar with, CBP Directive 2130-030. This policy is currently available to all agency personnel and to the public 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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(a) The standard requires the Tucson Coordination Center maintain sufficient supervision of detainees, including through appropriate staffing levels, and where, applicable, (b) (7)(E) to protect detainees against sexual abuse. CBP National Standards on Transport, Escort, Detention and Search (TEDS) contains comprehensive supervision guidelines. The Auditor confirmed with the facility Supervisors that the facility is staffed 24 hours a day, and the staffing levels are fluid depending upon detainee flow and needs of the facility. When a detainee is taken into custody they will be under direct supervision; the Auditor was informed the Tucson Coordination Center maintains enough Agents, G4S Transportation Officers, and DHS Volunteers 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 (b) (7)(E) (b) (7)(E). The cells have toilets located behind a partition or a door, which are approximately three feet tall. The facility has (b) (7)(E); the windows and doors are covered with curtains. The Agents confirmed that a detainee will be placed in the cell to shower and will knock when finished. The only time Agents would consider opening the door is if they felt there was an issue; if they need to, they would knock on the door first and announce they were opening the door.

(b)(c) Directive 2130-030 requires the Tucson Coordination Center to review those supervision guidelines and application at the facility at least annually to determine whether adequate levels of detainee supervision and monitoring exist. The results of the annual review are to be provided to the PSA Coordinator. The SMEs confirmed they conducted an assessment when reviewing the placement of DHS Volunteers. The SME also provided documentation of the assessment at the sector level which dictates staffing at each facility in the sector. The SME confirmed the supervision guidelines take into account the physical layout of the facility, composition of detainees, the prevalence of substantiated and unsubstantiated instances of sexual abuse, findings, and recommendations of incident reviews and any other relevant factors. They further confirmed that supervision guidelines are outlined in the policy. This was confirmed during the policy review. During the facility tour, the Auditor found that the facility utilizes staff in an extremely efficient manner, assigning staff to specific demographics of detainees, such as family units and unaccompanied juveniles. These assignments ensure the needs of the detainees are constantly met, therefore standard provision (c) is in compliance; however, the Auditor was not provided documentation that an annual review of the supervision guidelines was performed during the audit period at the Tucson Coordination Center. **Corrective Action:** Provide documentation of the annual review of detainee supervision guidelines and application for the Tucson Coordination Center which takes into account all of the areas enumerated in subpart (c) of this standard with the results forwarded to the PSA.

§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 the Tucson Coordination Center to place each at-risk 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 Agents who would process unaccompanied juveniles and family units taken into custody. When discussing family units, or unaccompanied children (UAC), the Agents confirmed 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 units are (b) (7)(E) with the same makeup (mothers and children, and fathers and children). This is done for the overall safety of the family unit; they are under the direct supervision and have an Agent designated as the Juvenile Coordinator directly supervising the family units and unaccompanied children. The Agents indicated that unaccompanied juveniles would be housed together by gender. The facility was housing male juveniles and female juveniles at the time of the audit. The Agents also confirm that minors accompanied by an adult are thoroughly vetted to the extent they can to ensure a parental or legal guardianship relationship exists. 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. The process of housing was confirmed during the interviews with both the Agents and detainees. The detainees who were identified as unaccompanied children and family units confirmed the housing arrangements explained to the Auditor.

§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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(b)(c) CBP TEDS details the type and conditions under which searches can and will be performed to ensure the safety of Agents, civilians, and detainees. It prohibits cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances including consideration of Agent 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 Agents must not conduct visual body cavity searches of juveniles and will refer to all such body cavity searches of juveniles to a medical practitioner. During the Supervisor and Agent interviews, they explained that upon arrival at the facility, the G4S Transportation Officers conduct pat searches. Both the Agents and G4S Transportation Officers confirmed all pat searches are completed by an Agent of the same gender, or the gender that the detainee identifies as. All Agents have been trained in cross-gender pat-down search procedures; these were initially taught at the academy. The Agents attend quarterly training, and one of the mandatory annual training topics is arrest, handcuffing, and search procedures. The interviewed Agents confirmed they received the training in the academy and during scenario training annually. The G4S Transportation Officers receive training through G4S in search techniques, including cross-gender pat searches. They further confirm the facility does not conduct strip searches and body cavity searches. The Auditor received the training records for the G4S Transportation Officers and confirmed they have received the training. This was further confirmed during the interviews with the G4S Transportation Officers.

The detainees interviewed indicated that they were pat searched by a staff member of the same gender; they also confirmed they were asked what gender they identify as prior to the search.

(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); the toilet areas are blacked out on (b) (7)(E). The toilets in the cells are located behind partitions and doors that block the view from both the windows and (b) (7)(E). The Agents, G4S Transportation Officers, and DHS Volunteers confirmed they knock on the door and announce upon entering. The (b) (7)(E) have large windows that allow the detainees to see anyone approaching the cell. The facility has showers where the windows are completely blocked with curtains. It was confirmed that the detainees are not held at the facility any longer than necessary to process. The Detainees interviewed stated that they have the opportunity to shower privately and are not seen. During the onsite audit the Auditor observed the showering process and found that the detainees have privacy while showering. The detainees further stated that they have privacy while changing their

clothes and performing bodily functions.

(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, Agents 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. Agent interviews indicate they are aware of the prohibition on searching detainees to determine their gender.

(f) CBP TEDS directs the Agent to ask the detainee what their gender identity is if it is unknown. CBP TEDS further directs the Agent, if feasible, to have the same gender agent conduct the pat-down search. The Agents and G4S Transportation Officers confirmed that if detainees identified as a transgender person, they would utilize an Agent or G4S Transportation Officers of the same gender identity to conduct the pat-down search. If the same-gender Agent or G4S Transportation Officers were not available, they confirmed they would utilize the cross-gender pat-down search techniques to pat search the detainee. They further confirmed they have received training on cross-gender pat searches and explained they would use the blade or backs of their hands to do the search; however, the staff have not been provided training and direction on searching transgender people. At the time of the audit, no transgender or intersex detainees were in custody. **Corrective Action:** Provide documentation all law enforcement staff at the Tucson Coordination Center have received 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)
- ☐ Not Applicable (provide explanation in notes):

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) to 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 Agent utilizes Interpreters and Translations Incorporated to provide information to detainees in a language they understand. The Agents further state blind detainees would be dealt with individually with the Agent 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 Agents 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 cannot 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 PREA binder located in the Bubble. The interviewed Agents confirmed they always have found a way to interact with the detainees; this interaction is necessary to complete the processing of the detainee. They further confirmed 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)
- ☐ Not Applicable (provide explanation in notes):

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.

(b) The HQ HRM SME stated interviews are conducted with new applicants as well as applicants for promotion. The interview includes specific questions about any previous sexual abuse misconduct. The HQ HRM SME also confirmed material omissions regarding this type of misconduct or providing false information are grounds for termination or withdrawal of an offer of employment.

(c)(d)(e) 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. She further stated all staff have an affirmative duty to disclose any such misconduct, false information, and any material omissions. This information is provided to them upon hiring when issued the U.S. Customs and Border Protection Standards of Conduct and they are reminded annually during training on the Performance and Learning Management System (PALMS). The SME also informed the Auditor rechecks are initiated every five years. The Auditor submitted thirteen 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. These rechecks included G4S Transportation Officers. (f) The HQ HRM SME 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 the Tucson Coordination Center 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 Local SME stated that if a (b) (7)(E) was going to be installed, the facility 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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(c)(d) CBP Directive 2130-030 requires the Tucson Coordination Center 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, Agents will permit the detainee to use such services to the extent available, consistent with security needs. The Facility SMEs 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 examination. They further stated that a detainee would be transported to the University Medical Center-Banner in Tucson, Arizona, for a forensic medical examination. The facility SMEs confirmed they offer a Sexual Assault Examination provided by a SANE, and victim advocacy would be offered by the Southern Arizona Center Against Sexual Assault. The Auditor contacted both the University Medical Center-Banner and the Southern Arizona Center Against Sexual Assault and spoke with a supervisor at both locations. They confirmed they offer the services as outlined by the facility SMEs. These procedures include protocols to maximize the potential for obtaining usable physical evidence. The Auditor further confirmed with the SMEs that anyone under the age of 18 involved in an incident would be taken to Southern Arizona Child Advocacy Center (CAC) for examination. This was confirmed by reviewing the CAC website.
 (e) The Local SMEs confirmed that the Tucson Police Department would conduct the criminal investigation of alleged sexual abuse at the facility. He provided confirmation that they would follow the provisions of the standards and all applicable Arizona State Laws.

§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)
- ☐ Not Applicable (provide explanation in notes):

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 Commissioner's Situation Room, Joint Intake Center (JIC), and local law enforcement. 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 further confirmed the on duty supervisor would make the notification. 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 Tucson Police Department would be notified as they have the legal authority to conduct criminal investigations. All notifications would be documented in the Incident report. The Tucson Coordination Center 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)
- ☐ Not Applicable (provide explanation in notes):

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 the Tucson Coordination Center 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 confirmed that the interviewed Agents assigned to the Tucson Coordination Center had received this training within the past 12 months. The Auditor further confirmed the training is provided every two years. The G4S Transportation Officers and DHS Volunteers also confirmed that they had received training. The DHS Volunteers participated in a course offered through the Federal Emergency Management Agency (FEMA). The G4S Transportation Officers received training through G4S; this was confirmed through review of training records.

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

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

Notes:

CBP has published its zero-tolerance policy through its webpage (<https://www.cbp.gov/about/care-in-custody>). The Tucson Coordination Center 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). All interviewed detainees were aware of the posters and related that they knew how to report if anything occurred.

§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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(a)(b)(c)(d) CBP TEDS states before placing any detainees together in a holding room the processing Agent 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 SMEs, Supervisors, and Agents confirm the assessment is completed upon intake to the facility. The interviewed Agents confirmed that they ask if the detainee has any safety concerns before placing them into a (b) (7)(E). They further confirmed if they had any concerns of self-harm or victimization, they would keep the detainee separate, rather than placing them into a cell with any other detainees. They also indicate they received training on the assessment through PALMS. The interviewed detainees confirmed they were asked questions about safety concerns, age, name, county of origin, and traveling companions. The unaccompanied children confirmed they are separated from the adult detainees, and the family units confirmed they are placed with other family units where the parent is the same gender.

(e) CBP TEDS requires the Tucson Coordination Center 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 Supervisors and Agents understood their obligation on not disclosing any information from the assessment.

§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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(a)(b) CBP Directive 2130-030 requires detainees to 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 Agent 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 Agents 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 Agent interviews, they confirmed if a detainee indicated they wanted to call OIG, they would be taken into an office to call and placed in the room by themselves to call. The interviewed Supervisors and Agents indicated that the detainee would not have to provide a specific reason for wanting to call OIG. They also indicated that they would dial the number for them and leave the room to ensure they were contacting OIG. The interviewed detainees were all aware of the posters on how to report, and confirmed they understood how to report. The Auditor confirmed that the telephones at the facility were operational; the Auditor utilized the telephone to conduct interviews with detainees. The Auditor also confirmed the number on the DHS PREA posters goes to OIG.

(c) CBP TEDS requires Agents at the Tucson Coordination Center to receive allegations reported to them from third parties in writing, anonymously, and verbally and promptly record such reports according to operational procedures. The interviewed Local SME, Supervisors, and Agents confirm all verbal allegations of sexual abuse or sexual assault made to them would be documented in writing. They would also report this information immediately 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)
- ☐ Not Applicable (provide explanation in notes):

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)
- ☐ Not Applicable (provide explanation in notes):

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 Agent 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 Agents 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 the Tucson Coordination Center 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 the Tucson Coordination Center 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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

CBP TEDS states if an Agent 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 Agents interviewed indicate any detainee believed to be in imminent danger of being sexually abused will be separated from other detainees. 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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(a)(b) A memorandum was issued on August 13, 2014, by the Chief, U.S. Border Patrol, titled “Implementation of the Standards to Prevent, Detect, and Respond to Sexual Abuse in CBP Holding Facilities” which requires the supervisor to contact the appropriate office of the agency or the administrator of the facility where the alleged abuse occurred and advise them of the allegation. The policy further states the notification will be made as soon as possible, but no later than 72 hours after receiving the allegation, and the supervisor will document that such notification was provided. 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 the Tucson Coordination Center staff.

(c)(d) CBP Directive 2130-030 requires that staff who make 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 were 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)
- ☐ Not Applicable (provide explanation in notes):

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 to 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 receive. Supervisors or Agents are always present with DHS volunteers. 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 Agents indicate they would separate the victim from the abuser, provide medical assistance if needed, preserve evidence to the extent possible, and notify their Supervisor. The DHS Volunteers and G4S Transportation Officers have all been trained on the PREA Policy, and the Auditor confirmed during their interviews that part of the training is their duty to report immediately to an Agent.

§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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(a) CBP Directive 2130-030 indicates that 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 assault is transferred to another DHS facility, the Tucson Coordination Center 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 assault is transferred to a non-DHS facility, the Tucson Coordination Center 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, the Tucson Coordination Center 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. The Tucson Coordination Center 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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

CBP Directive 2130-030 requires agency management consider whether any staff, contractor or volunteer alleged to have perpetrated sexual abuse and 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 if the seriousness of the allegation make removal appropriate. The procedure was confirmed during the Local SME interview; he further indicates the Tucson Coordination Center 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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

CBP Directive 2130-030 prohibits Agents, and other CBP personnel from retaliating against any person or detainee, who reports, complains about, or participates in an investigation of sexual abuse and assault. This retaliation prohibition is also detailed in the PREA training (PALMS) each staff member receives at the Tucson Coordination Center. The Auditor interviewed the local SME, Supervisors, and Agents. Each was aware of the policy prohibiting retaliation against anyone who makes an allegation of sexual abuse or participates in the investigation. The Local SME informed the Auditor there had been no allegations of retaliation made at the Tucson Coordination Center 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 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 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 in lieu 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 in lieu of removal for violations of the agency's zero-tolerance policy. They further indicate there were no such resignations or removals at the Tucson Coordination Center within the last 12 months.

(d) CBP Directive 2130-030 requires OPR to report all removals or resignations in lieu 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 in lieu of removal for violations of the agency zero-tolerance policy. They confirm there were no such resignations or removals at the Tucson Coordination Center 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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(a)(b) 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, the Tucson Coordination Center does not allow contractors or DHS volunteers in the holding area without the presence of Supervisors or Agents. The Auditor did not observe any contractors or DHS volunteers alone in the holding rooms during the on-site visit. The Local SME indicates that if sexual misconduct was alleged to have occurred by them, it 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)
- ☐ Not Applicable (provide explanation in notes):

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 services and medications without cost even if the detainee does not name the abuser or cooperate with the investigation. The Auditor further confirmed with the SME that anyone under the age of 18 involved in an incident would be taken to a Child Advocacy Center for examination or counseling services.

§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)
- ☐ Not Applicable (provide explanation in notes):

Notes:

(a) CBP Directive 2130-030 requires after every investigation of sexual abuse and 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. The Tucson Coordination Center 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 report. The initial Audit Report was submitted on September 11, 2019. (b)(6)(b)(7)(C)
(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

September 11, 2019
Date

(b)(6)(b)(7)(C)
Secondary Auditor/Reviewer Signature

February 3, 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) -Reviewing Auditor	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:	Tucson Sector
Name of Chief or Director:	(b)(6)(b)(7)(C)
PREA Field Coordinator:	(b)(6)(b)(7)(C), Special Operations Supervisor
Sector or Field Office Physical Address:	2430 S. Swan Rd. Tucson, AZ
Mailing Address: (if different from above)	Same as Above

SHORT-TERM FACILITY BEING AUDITED

Information About the Facility			
Name of Facility:	Tucson Coordination Center		
Physical Address:	2430 S. Swan Rd., Tucson, AZ		
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:	Acting Branch Chief
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 Protection (CBP), U.S. Border Patrol (USBP), Tucson Coordination Center, was conducted on July 16–17, 2019, by (b)(6)(b)(7)(C) Certified PREA Auditor, Creative Corrections, LLC, and the preliminary findings report was submitted on September 12, 2019. Following comments from CBP Headquarters and from (b)(6)(b)(7)(C), Certified PREA Auditor, (Reviewing Auditor), the report dated February 3, 2020, was submitted as a Final Draft on February 3, 2020.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the Tucson Coordination Center 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). The Tucson Coordination Center was found to not be in compliance with two standards: (115.113 and 115.115). Standard 115.118 was not applicable to the Tucson Coordination Center.

On March 23, 2020, the Tucson Coordination Center submitted a preliminary Corrective Action Plan (CAP) dated March 21, 2020, with a projected completion date of January 31, 2020. Several documents were sought and received by the Auditor conducting the CAP Final Determination for the Tucson Coordination Center. In conjunction with the CAP, an Annual Review of Detainee Supervision Guidelines document was submitted to comply with standard provision 115.113 (b). This information was reviewed by the Certified PREA Reviewing Auditor and Program Manager for Creative Corrections and was accepted. Tucson Coordination Center is now compliant with standard 115.113.

On September 29, 2020, the Tucson Coordination Center submitted a copy of a memorandum from the Chief, Strategic Planning and Analysis Directorate, dated September 17, 2020, to all CBP Chief Patrol Agents and all Directorate Chiefs reinforcing proper pat search techniques to comply with standard provision 115:115 (f). In conjunction with the memorandum, a Muster Module was attached which provides requirements of Safety Searches, Threat Assessments, and Pat Search Techniques for cross-gender, same gender, transgender, and intersex detainees. On October 7, 2020, retraining roster sign-offs confirming attendance and understanding of the muster materials were received by Creative Corrections and the Reviewing Auditor. The Reviewing Auditor and Program Manager reviewed the documents and found Tucson Coordination Center to now be in compliance with standard 115.115.

The Tucson Coordination Center is now in compliance 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:

On April 7, 2020, the Tucson Coordination Center submitted a record of an Annual Review of Detainee Supervision Guidelines, which satisfied all elements of the standard. These elements included an accurate listing of all participants, a description of the facility and technologies employed, and a description of how the Center responds to and addresses the population make-up and flow of detainees who enter the Center. These considerations include the detention of special populations, including families and Unaccompanied Alien Children (UACs).

The Tucson Coordination Center is now compliant with standard 115:113 (b) and (c).

§115.115

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

Notes:

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

On September 29, 2020, the Tucson Coordination Center submitted the Muster Module to the Reviewing Auditor. On October 7, 2020, the facility forwarded a training roster, which confirmed substantial compliance for both staff retraining and understanding, with regard to the afore-mentioned Muster Module. The Reviewing Auditor had the opportunity to review both documents and found them to meet the requirements of all elements of the standard.

The Tucson Coordination Center is now compliant with Standard 115.115 (f).

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

AUDITOR CERTIFICATION:

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

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

 October 13, 2020
 Date