

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



U.S. Customs and
Border Protection

AUDITOR

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

AGENCY

Name of Agency:	U.S. Customs and Border Protection
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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:	El Paso, Texas
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Name of Chief or Director:	(b)(6)(b)(7)(C)
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PREA Field Coordinator:	(b)(6)(b)(7)(C)
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Sector or Field Office Physical Address:	9400 Viscount Boulevard, El Paso, Texas 79925
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Mailing Address: <i>(if different from above)</i>	
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SHORT-TERM HOLDING FACILITY BEING AUDITED

Information About the Facility

Name of Facility:	Ysleta Port of Entry
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Physical Address:	797 S. Zaragosa St., El Paso, Texas 79927
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Mailing Address: <i>(if different from above)</i>	
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Telephone Number:	(b)(6)(b)(7)(C)
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Facility Leadership

Name of Officer in Charge:	(b)(6)(b)(7)(C)	Title:	Port Director
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Email Address:	(b)(6)(b)(7)(C)	Telephone Number:	(b)(6)(b)(7)(C)
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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) Ysleta (YSL) Port of Entry (POE) Holding was conducted on Thursday, February 14, 2019, from 05:30 hours until 15:30 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 YSL Holding Facility. The Port of Entry has a short-term processing and holding area detaining male and female adult detainees, unaccompanied alien children (UAC) and family units for a time 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 YSL was Chief Border Patrol Officer/PREA Field Coordinator (b)(6)(b)(7)(C).

An entry-briefing, led by CBP Prevention of Sexual Assault (PSA) Coordinator (b)(6)(b)(7)(C) and the Auditor was conducted at 08:00 on the day of the on-site review. Those in attendance at the entry-brief were:

PSA Coordinator (b)(6)(b)(7)(C), HQ
Acting Assistant El Paso Port Director (b)(6)(b)(7)(C), El Paso
OFO National PREA Coordinator (b)(6)(b)(7)(C), HQ
USBP Assistant Chief (b)(6)(b)(7)(C), HQ
USBP Operations Officer (b)(6)(b)(7)(C), HQ
Chief CBP Officer/PREA Field Coordinator (b)(6)(b)(7)(C), El Paso Field Office
Chief (b)(6)(b)(7)(C), YSL
Supervisory Customs and Border Patrol Officer (SCBPO) (b)(6)(b)(7)(C), Paso Del Norte, POE

Immediately following the entry-briefing, all parties were given a tour of YSL by the SCBPO, which followed the path a detainee would follow from primary screening, into secondary screening, and into processing and holding. YSL contains both single and group holding areas. (b)(7)(E) are separated by gender for single adults. There are also (b)(7)(E) that have been designated for female-headed family units or male-headed family units.

The facility is comprised of two one-story buildings with the traffic lanes between both buildings. The larger detention building consists of a square-shaped processing area with a supervisory station in the center. This allows CBPOs and supervisors a direct line of sight to the processing area. Offices and search areas line the side walls and the primary screening counters are to the front. The detention area is to the left of the supervisor's station. All hold rooms have a (b)(7)(E). The detention area also has a private search area and private showering area. Fifteen minute visual checks are mandated by policy and were witnessed by the Auditor during the on-site visit. There are partitioned toilets in the single-gender holding rooms and family units are escorted to a private bathroom, where parents can assist their children. The processing area includes an office with windows where a detainee can make a private anonymous call to DHS Office of the Inspector General (OIG).

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 number of Officers working in the detention area remains fluid and varies in accordance with the flow of detainees. The (b)(7)(E) in the supervisor's offices and at the El Paso Field Office 24 hours/7 days a week.

The second building houses several offices, including two supervisor's offices with (b)(7)(E). The Auditor was not able to view all detention areas via the (b)(7)(E) due to what appeared to be a programming malfunction. A maintenance ticket was generated while the Auditor was on-site and the progress of this repair is being monitored by the OFO HQ Team Lead. The Auditor was informed monitoring of the (b)(7)(E) was currently operational at both a tactical location and the local Field Office. This was verified by telephone communication.

The second building also contains (b) (7)(E). These (b) (7)(E) are utilized by OFO pending transport and are monitored by YSL Officers. There is a contract security station in this area which provides armed external security, but the security Officers do not have detainee contact.

SUMMARY OF OVERALL FINDINGS:

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

On Thursday, February 14, 2019, an exit briefing for Ysleta Port of Entry was held. The exit briefing was opened by PSA Coordinator (b)(6)(b)(7)(C) and conducted by Creative Corrections Certified PREA Auditor (b)(6)(b)(7)(C).

Those in attendance for the briefing were:

PSA Coordinator (b)(6)(b)(7)(C), HQ
Acting Assistant El Paso Port Director (b)(6)(b)(7)(C), El Paso
Port Watch Commander (b)(6)(b)(7)(C), El Paso
Watch Commande (b)(6)(b)(7)(C), El Paso
Field Office Watch Commander (b)(6)(b)(7)(C), El Paso
Chief CBP Officer/PREA Field Coordinator (b)(6)(b)(7)(C), El Paso Field Office
OFO National PREA Coordinator (b)(6)(b)(7)(C), HQ
USBP Assistant Chief (b)(6)(b)(7)(C), HQ
USBP Operations Officer (b)(6)(b)(7)(C), HQ
SCBPO (b)(6)(b)(7)(C), Paso Del Norte

Scope of the Audit: Prior to the on-site audit, the Auditor was able to review the HQ and Local Pre-Audit Questionnaires (PAQs), the HQ Responsive Documents and Data Requests, local documents, including YSL 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.

Following the entry briefing, the Auditor was given a complete tour of the the facility. The Auditor had complete access to the facility and observed primary screening, secondary screening, processing, and holding areas. The Auditor was provided with a private interview room for staff and detainee interviews with a speaker telephone to access interpretive services. The Auditor was able to use a telephone line to privately call OIG.

During the on-site audit, the Auditor was able to interview staff from all three shifts. In total, the Auditor interviewed seven local SMEs and 11 random staff. The Auditor had been given a target number of five staff interviews and completed eight including four additional local SMEs. Note: Two of the local SMEs interviewed are Shift Commanders who serve all three Ports of Entry in El Paso. The Auditor was able to review the staff training curriculum and training completion records as well as the Strip and Body Cavity Search records for 2018 and 2019.

The Auditor interviewed seven detainees, including three with dependent children. Of the seven detainees, four were female and three were male. The detainees were from Mexico, Honduras, Nicaragua and Cuba and spoke several dialects of Spanish. There were no difficulties with utilizing interpretive services. All seven detainees were Limited English Proficient. No detainee reported a disability. None of the detainees identified as Lesbian, Gay, Bi-Sexual, Transgender, Intersex (LGBTI). During the Audit Process, the Auditor reviewed the compliance of 25 Subpart B standards at Ysleta POE Holding Facility. The Auditor found YSL meet 24 standards (115.111; 115.113; 115.114; 115.116; 115.117; 115.118; 115.121; 115.122; 115.131; 115.132; 115.141; 115.151; 115.154; 115.161; 115.162; 115.163; 115.164; 115.165; 115.166; 115.167; 115.176; 115.177; 115.182, and 115.186; and did not meet one standard (115.115).

SUMMARY OF AUDIT FINDINGS	
Number of standards exceeded:	0
Number of standards met:	24
Number of standards not met:	1
OVERALL DETERMINATION	
<input type="checkbox"/> Exceeds Standards (Substantially Exceeds Requirements of Standards) <input type="checkbox"/> Meets Standards (Substantial Compliance; Complies in All Material Ways with the Standards for the Relevant Review Period) <input checked="" type="checkbox"/> Does Not Meet Standards (Requires Corrective Action)	<input type="checkbox"/> Low Risk <input checked="" type="checkbox"/> Not Low Risk

PROVISIONS

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

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

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

Notes:

The facility meets the standard. The agency has taken definitive steps to inform the public, all employees, and detainees of its adherence to the PREA Standards. Both CBP Directive 2130-030 Prevention, Detection and Response to Sexual Abuse/Assault in CBP Holding Facilities (1/19/2018), and the Commissioner's memorandum on Unaccompanied Alien Children in Extended Detention (UAC) (Undated, posted 12/21/18) to all CBP employees clearly outline the duty of all CBP staff members to prevent, detect and respond to all allegations or observations of sexual abuse. Zero tolerance posters are throughout the facility. Departmental pamphlets clearly define zero tolerance for sexual abuse and were available in the facility screening lobby. Interviews with HQ and Local SMEs emphasize staff training on Zero Tolerance and local random staff interviews verify the staff has been trained. The Auditor was able to interview both the HQ PSA Coordinator and the PREA Field Coordinator. These interviews verify both the agency and the facility have dedicated personnel to insure PREA provisions are in compliance.

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

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

Notes:

(a) The facility meets the standard provision through appropriate levels of supervision, operational procedures and (b) (7)(E). Directive 2130-030 requires OFO to develop facility based guidelines to meet the supervision needs of each facility. Interviews with the Assistant Port Director and Port Shift Commanders verify shift supervisors have both the responsibility and latitude to move shift staff or request additional staff from adjoining ports of entry as supervision needs require. During the on-site audit, the Auditor never witnessed a level of supervision lower than best practice for holding facilities.

(b) The facility meets the standard provision. Directive 2130-030 requires each Field Office implement an annual review process for all detention facilities. The Port Shift Commander detailed monthly supervisor meetings during interview in which supervisory personnel discuss security concerns, special incidents and circumstances and strategies to meet supervision demands. Notes from these monthly meetings are forwarded to the Shift Commanders and the Port Director and their deputy. The Port Director, their deputy and the Shift Commanders review the monthly reports and prepare a review for the Field Office. In doing so, they take into consideration all elements outlined in standard provision (c).

(c) The facility meets the standard provision. Elements detailed in the standard provision are regularly discussed by supervisors and the Shift Commanders. These elements include the physical layout of the facility, the current size and composition of the detainee population, the prevalence of substantiated and unsubstantiated incidences of sexual abuse and other relevant factors including the length of time the detainees are in custody. This practice was confirmed by interviews with the PREA Field Coordinator, supervisors and Shift Commanders. Supervisors have continuous access to Shift Commanders and often call during off duty hours, particularly when the composition of detainees is high or the flow of detainees out of holding has been interrupted. Normally, supervision concerns result in staff from the previous shift being held over.

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

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

Notes:

(a) The facility meets the standard provision. CBP National Standards on Transport, Escort, Detention and Search (TEDS) (October, 2015) requires juveniles be treated at all times in their best interest in the least restrictive environment and all guidelines for Special Populations be taken into consideration. All unaccompanied minors received at El Paso's three POEs are immediately transferred to PDN. This includes YSL and the Shift Commander verified the transfer of UACs is immediate. PDN has developed a comprehensive program to meet the needs of UACs while maintaining them in an environment physically separated from adult detainees. UACs are moved to the top of the list for processing and their processing and the vetting of any accompanying adults is completed as quickly as possible. The Auditor reviewed the Port of El Paso's UAC Extended Detention Procedures Plan.

(b) The facility meets the standard provision. Because of the availability of the PDN unit, unaccompanied minors are immediately separated from accompanying adults unless the relationship has been properly vetted and verified prior to holding. YSL SME and random staff interviews confirm data base searches with separate interviews of both the minor and the accompanying adult are used to vet the relationship. Random staff interviews reveal processing staff possess specific skills to conduct dynamic interviews of UAC and accompanying adults. The Port of EL Paso has developed a special policy as detailed in standard provision (a) to address concerns surrounding the recent influx of UACs.

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

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

Notes:

(b) The facility meets the standard provision. CBP TEDS sets specific guidelines for cross-gender viewing and searches in the absence of truly exigent circumstances. Interviews with Local SMEs and all random staff support the standards and report strip and body cavity searches are not performed without exigent circumstances being present. Children and UACs are not searched. Procedures and supervisor interviews reveal body cavity searches of a juvenile would have to be performed at a medical facility by a medical professional. All interviewed parents indicate their children were not searched and their children were never out of their sight. All detainees report they were pat searched and the search was performed by an Officer of the same gender.

(c) The facility meets the standard provision. CBP TEDS requires all strip and body cavity searches be documented. The Auditor requested and was shown the search training curricula provided to all staff twice a year when they have firearms re-certification. This curricula met the requirements of the standard provision. The Auditor was given two search logs for 2019 and 2018 and allowed to review them in their entirety on premises. This review reveals strip searches were performed in exigent circumstances after probable cause had been established and reviewed by a supervisor. Probable cause surrounded (b) (7)(E) that the detainee was in possession of contraband on their person.

(d) The facility does not meet the standard provision. YSL has developed internal procedures and practices which allow for privacy during detainee changing, toileting and showering as required in the standard provision and CBP TEDS. The facility has not established the firm practice of making deliberate announcements when opposite gender staff enter a holding room, area, search room, shower or lavatory. This practice is required by the standard provision. Training documents confirm all staff have been trained to perform this function and it is reinforced on their PREA Quick-Reference Cards, but both staff and detainee interviews reveal announcements are not consistently practiced. Interviews with the training SME and supervisory staff confirm all officers have been trained to make cross-gender announcements. Most detainees interviewed and a significant percentage of interviewed staff admit the announcements are not consistent. Corrective action is required. **Corrective Action:** Provide documentation all staff have been trained to adhere to the practice of cross-gender staff announcements as required by the standard provision. There was also no opportunity to view the (b) (7)(E) due to a technology malfunction, therefore, the Auditor could not verify (b) (7)(E) does not compromise the privacy of detainees when using the toilet. **Note:** The malfunctioning technology was repaired and the Auditor was able to review the missing screenshot. This matter is abated effective 5/23/2019.

(e) The facility meets the standard provision. CBP TEDS prohibits the search or examination of a detainee's person solely to determine their gender. All staff and supervisors report they would ask a detainee to self-identify if they had a need to know the detainee's gender. They all report strip searches cannot be performed except in exigent circumstances and with supervisory review when they have reasonable suspicion that contraband is present. A review of the search logs reveals no strip searches were conducted to determine a detainee's gender.

(f) The facility does not meet the standard provision. The agency produced no specific training materials for pat-down searches of transgender detainees or cross-gender searches of any detainee; specifically how to properly search the breast and groin areas. This lapse in training has created a situation where Officers perform differently when

performing cross-gender searches or searching transgender detainees. Some Officers respond to the detainee's self-identification and they are pat searched-down by an Officer of the same gender as how they identify. Some Officer's ask the detainee the status of their genitalia and they are searched by an Officer of the same biological gender as they indicate, regardless of their gender identification. Two Officers report not being comfortable with searching a transgender detainee and have requested a fellow Officer assume the pat-down search. **Corrective Action:** Provide documentation of specific consistent training on cross-gender and transgender pat-down searches which results in staff understanding and consistent practice.

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

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

Notes:

(a) The facility meets the standard provision. Staff interviews verify the steps Officers would take to provide accommodations to detainees with disabilities. These accommodations included typing or writing questions in Spanish for detainees with hearing impairment and reading materials for detainees who could not see. Staff report detainees with mental health issues were removed from group holding and close supervision was maintained until they were transported to the hospital for evaluation and treatment as required.

(b) The facility meets the standard provision. CBP Directive 2130-030 requires limited English proficient (LEP) detainees are to be provided in-person or telephonic interpretation services that are accurate, effective and impartial. All PREA posters are posted in both English and Spanish, but also provide direction in other commonly spoken languages. All interviewed staff except one are fluent in Spanish and English. All staff report they have been able to assist LEP detainees via the available U.S. Citizenship and Immigration Service (USCIS) interpretive language telephone line.

(c) The facility meets the standard provision. CBP Directive 2130-030 directs other detainees are not to be utilized as interpreters when a detainee has alleged sexual abuse or has been found to be sexually abused. The Auditor was able to verify local practice at YSL is consistent with the Directive through interviews with the Assistant Port Director, Shift Commander and Supervisors. All interviewed Officers reinforce other detainees may not be used in these circumstances and state they would use a neutral staff member if appropriate or the language line as per their directions in muster.

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

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

Notes:

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

(b) The facility meets the standard provision. Interview with the HQ HRM SME verifies new employees and employees seeking promotion must complete an application which asks about previous sexual misconduct and informs staff of an affirmative duty to disclose any such future misconduct.

(c) The facility meets the standard provision. The Auditor selected the names of 15 random staff members of all ranks from YSL. A supervisor and the HQ PSA Coordinator submitted these names to HQ Personnel Security Division SME. A computer check of these employees found the agency to be in compliance with pre-hire and five-year updated investigations.

(d) The facility meets the standard provision. YSL currently uses no contractors who have contact with the detainees.

(e) The facility meets the standard Provision. CBP Directive 2130-030 requires HRM to promulgate policies and procedures insuring compliance with the requirements of the standard provision. Interview with the HQ HRM SME confirms it is agency policy to rescind an offer of employment to a prospective employee or to terminate the employment of any employee who makes a material omission or provides false information regarding sexual abuse misconduct. Staff are informed of the policies regarding material omissions and providing false information in the CBP Code of Conduct which is referenced in their yearly required ethics training taken online.

(f) The facility meets the standard provision. CBP Directive 2130-030 allows for the provision of providing any substantiated allegations of sexual abuse regarding a former employees upon receiving a request to do so from an institutional partner for whom such an employee has applied to work, unless prohibited by law. Interview with the HQ HRM SME verifies this practice by the agency.

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

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

Notes:

(a) The standard provision is not applicable as YSL has acquired no new facility or undergone a major expansion since May 6, 2014.

(b) The facility meets the standard provision. When (b) (7)(E) was recently installed at YSL, the Assistant Port Director verified PREA supervision and privacy concerns were taken into consideration.

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

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

Notes:

(c) The facility meets the standard provision. CBP Directive 2130-030 specifies the treatment services to be provided to a detainee victim of sexual assault. YSL utilizes the services of University Medical Center, Hospitals of Providence Sierra Campus or Las Palmas Medical Center for forensic examinations of sexual abuse victims determined to be evidentiary or medically appropriate at no cost to the detainee and only with the detainee's consent. The examination is to be performed by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). This practice was confirmed via Local SME interviews with shift supervisors. The Auditor confirmed the services with both hospitals. Recommendation: The El Paso POE should consider entering into a MOU with both hospitals specifying available victim services.

(d) The facility meets the standard provision. The Auditor determined both hospitals have sexual abuse advocacy services in-house. Local SME interview with the Shift Commander verifies sexual abuse victims from YSL would have access to victim services at the hospital. Interviews with Supervisors and Officers confirmed this.

(e) The facility meets the standard provision. SME interview with the Assistant Port Director verifies both the El Paso Police Department and the County Sheriff's Office have been advised of and are agreeable to following PREA requirements. Recommendation: YSL should consider entering into a MOU with all local law enforcement to specify the agencies follow applicable PREA requirements. **Note:** The Auditor was able to see a formal written request submitted to the El Paso Police Department on 5/14/2019 requesting they follow the requirements of the standard.

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

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

Notes:

(c) The facility meets the standard Provision. CBP Directive 2130-030 requires prompt reporting of all sexual assaults/allegations to the facility administrator or agency office. All interviewed local SMEs and random staff report they will immediate report such incidents up the chain of command and to the Joint Intake Center (JIC). Interviewed SMEs also report the incident, if in violation of the law, would be reported to local law enforcement. Additional confirmation of the reporting was received during the interviews with the port Shift Commanders who reports they are informed of all allegations and ensure that all appropriate agency offices and local law enforcement are notified immediately. These requirements are also specified on the staff's PREA Quick Reference Card.

(d) The facility meets the standard provision. Interview with the HQ PSA Coordinator verifies they are advised of all incidents/allegations of sexual abuse by both JIC and OIG.

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

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does not meet Standard (requires corrective action)

Notes:

(a) The facility meets the standard provision. All YSL staff have received the mandatory eight-point PREA training including the agency's zero tolerance policies, detainee's rights to be free of sexual abuse and staff duty to report all allegations of sexual abuse. Staff interviews confirm this training was received annually via PALMS. The Auditor reviewed the training curriculum and training records while on-site. Note: Contractor (maintenance, janitorial and external security) staff is not trained as YSL insures the contracting staff and detainees have no contact. The facility has addressed this issue by initiating internal procedures which require detainees to be removed from any area where contractors need to clean or conduct maintenance. The contract employees are then escorted to the empty area. This practice was witnessed by the Auditor during the on-site audit in two separate areas. There is no medical staff at this time at YSL and no volunteers work at CBP holding facilities at this time.

(b) The facility meets the standard provision. Reviewed training records verify all staff at YSL were trained within two years of the effective date of the standards or upon their hire, if hired after the initial training. Training records confirm staff received refresher training as required. Staff interviews confirm PALMS training, pat-down search refresher training during weapons re-qualification, and training on PREA and UAC related local procedures during musters.

(c) The facility meets the standard provision. Training records are maintained electronically and are maintained for a minimum of five years as required by the standard. Local SME interview with the Training Supervisor verifies compliance.

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

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

Notes:

The facility meets the standard. YSL maintains colorful, large print posters of DHS's Zero Tolerance Policy in all detainee holding areas, in all processing areas, in all staff lounges and office areas, in all public lobbies and in all primary areas. The posters are printed and posted in English and Spanish, but also contain a box providing zero tolerance and reporting information in all common languages. Detainee interviews verify all detainees saw the posters and most read them. All interviewed detainees could read Spanish and report being able to read the posters. In addition, the agency provides Zero-Tolerance brochures in their public lobby and addresses Zero-Tolerance prominently on it's website at <https://www.cbp.dhs.gov.prea>.

§115.134 – Specialized training: Investigations.

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

Notes:

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

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

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

Notes:

(a) The facility meets the standard provision. CBP TEDS requires all detainees be assessed for being at-risk of sexual assault before being placed in a (b) (7)(E). SME and random staff report they consider the 11 factors detailed in CBP TEDS including previous criminal record, age, physical build, identification as LGBTI, history of sexual abuse victimization or perpetration and the detainee's verbalized concerns for their own safety. Local SME and random staff interviews demonstrate a proficiency on the part of staff to establish a dialogue with the detainee, to look for and respond to non-verbal cues and to ask additional questions until the Officer determines if the detainee is vulnerable to sexual assault.

(b) The facility meets the standard provision. SME and random staff report the review of the 11 factors in CBP TEDS and interview of detainees includes considering if a detainee is at risk of being sexually victimized as well as being sexually abusive. All detainees at YSL are asked about concerns for their personal safety in holding. This practice was

verified by both staff and detainee interviews. All interviewed detainees report feeling safe. Interviewed staff were directly asked if they were assessing detainee safety based on being placed in holding cells either individually or in small groups. Both the majority of interviewed SMEs and Officers responded the screening is required prior to holding and they explain to the detainees how they are going to be held and ask if they have any concerns for their safety.

(c) The facility meets the standard provision. CBP TEDS requires the processing Officer consider factors outlined in the standard provision. Randomly interviewed Officers were able to recite these factors, which are also on the PREA Quick Reference Card. They were also able to reference these questions to safety concerns in holding.

(d) The facility meets the standard provision. Interviewed Local SMEs report upon a detainee being identified as “high risk” and no single cell being available, Officers will consult the on-duty supervisor and an Officer will be detailed to provide continuous sight and sound supervision. The majority of Officers confirm they have reviewed “high risk” situations for sexual abuse and state they would report their concern to the supervisor and either a single cell placement or continuous supervision would be provided.

(e) The facility meets the standard provision. CBP TEDS requires staff to ensure assessments are conducted in privacy where sensitive information cannot be learned by other parties. The dissemination of sensitive information is to be controlled on a “need to know” basis. Random staff interviews verifies this practice, which was also supported by detainees reporting they were asked questions in private.

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

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

Notes:

(a) The facility meets the standard provision. Both CBP TEDS and CBP Directive 2130-030 provide multiple ways for detainees to report sexual abuse/assault, retaliation and/or staff neglect or violations leading to sexual assault. HQ and Local SME interviews, staff interviews and detainee interviews verify detainees may report abuse orally or in writing to staff; third party reports are accepted, and detainees may request to make private anonymous telephone calls to OIG. Both SME and random staff interviews reveal detainees at Ysleta may call OIG in private from an office in the processing area with the Officer standing outside. The detainee does not have to state the reason for the call. Interviewed detainees reference the number on the poster and knew it was a government office where they could report sexual abuse/assault, but few understood the role of OIG.

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

(c) The facility meets the standard provision. Random staff interviews confirm they must accept oral, written or third party reports of sexual abuse. Staff also verified all reports, regardless of type, must immediately be forwarded to their supervisor and an incident report must immediately be generated electronically.

§115.154 – Third-party reporting.

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

Notes:

The facility meets the standard provision. CBP Directive 2130-030 directs third parties may report sexual abuse on behalf of detainees. DHS posters direct third parties on how to make written or telephonic reports to OIG. YSL staff are required to allow private and anonymous calls from detainees to OIG. During the on-site audit, the Auditor was able to place a call to OIG from the office designated for detainee private calls. CBP’s website also provides the email link for OIG at <https://www.cbp.dhs.gov.prea>.

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

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

Notes:

(a) The facility meets the standard provision. CBP Directive 2130-030 requires all staff to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse/assault; retaliation against detainees or staff who made such a report or participated in an investigation of sexual abuse, or any staff neglect or violation of responsibilities contributing to an incident of sexual abuse/assault. All interviewed Local SMEs and random staff affirm these responsibilities and most responded with the phrase "duty to report". All interviewed random staff except two state they could report sexual abuse outside of the chain of command by calling OIG.

(b) The facility meets the standard provision. YSL staff have gone over the PREA Quick Reference Cards at muster. Staff report during random staff interviews they must immediately report the incident to their supervisors and the supervisor must ensure the incident is reported to local law enforcement, JIC, and the Commissioner's Situation Room.

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

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

§115.162 – Agency protection duties.

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

Notes:

The facility/agency meets the standard. CBP TEDS requires when any agency employee has a reasonable belief circumstances may exist which place a detainee at imminent risk of sexual assault, the employee has a duty to take immediate action to protect the detainee. Local interviews with the Assistant Port Director and Local SMEs affirm the detainee must immediately be protected by isolation or direct constant supervision (sight and sound) or both. Random staff interviews confirm they would protect any detainee at imminent risk of sexual abuse/assault by isolation or direct supervision as directed by their supervisor who they would discuss the risk with.

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

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

Notes:

(a) The facility meets the standard provision. CBP Directive 2130-030 requires should a detainee have been sexually abused/assaulted at another facility prior to arriving at YSL, the agency or administrator of the sending facility must be notified. Interview with the PREA Field Coordinator and the Deputy Port Director verifies the El Paso Port Director or their designee would make this notification.

(b) The facility meets the standard provision. The standard provision requires the notification be made within 72 hours of receiving the allegation. The PREA Field Coordinator and Deputy Port Director state the El Paso Port Director or their designee will make the notification immediately.

(c) The facility meets the standard provision. The PREA Field Coordinator indicates the notification would be documented both with a follow-up email, which would copy the supervisor and with an electronic notation made by the supervisor on the incident report.

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

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

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

Notes:

(a) The agency/ facility meets the standard provision. CBP Directive 2130-030 requires upon learning of a detainee sexual assault, the first responding Officer or their supervisor is to perform all first responder duties delineated in the standard provision.

In addition to training all law enforcement personnel on first responder duties, the agency/facility have provided all law enforcement Officers with pocket reference cards of their first responder duties and YSL reviews these cards at staff musters. The agency/facility meets the standard provision.

(b) The standard provision is not applicable. Only law enforcement Officers interact with detainees during their entire hold at YSL.

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

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

Notes:

(a) The facility meets the standard provision. CBP Directive 2130-030 is the agency's coordinated institutional plan for prevention, detection and response to sexual abuse. The Directive provides a clear progressive plan for the prevention, detection and response components of addressing sexual abuse in holding.

(b,c) The facility meets the standard provision. CBP Directive 2130-030 requires YSL to notify another DHS facility if the victim of sexual abuse/assault is transferred. The Port Shift Commander or designated supervisor makes the notification. This notification also includes the detainee's need for medical or social services. YSL must also make the same notifications to a non-DHS facility, if the law allows for this notification. This notification is also made by the Port Shift Commander or their designated supervisor. These requirements were verified by the PREA Field Coordinator.

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

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

Notes:

The facility meets the standard. Interviews with both the HQ LER SME and the HQ SAAI SME verify agency policy is to remove staff from contact with detainees pending the outcome of an investigation into alleged sexual abuse/assault or violation of agency policies at the consideration and discretion of agency management including the Port Director and Field Office Director. The Assistant Port Director reports the Port Director would reassign any staff member from detainee contact, who allegations of sexual abuse/assault or violations of policy had been made against. This re-assignment would remain in force until the completion of the investigation. YSL by practice, does not allow contact between contractors and detainees and has no volunteers. Interview with the HQ LER SME reports Officers do not supervise contractors, but control detainee exposure. Should contractor/detainee contact somehow occur and there is an allegation of sexual abuse/assault; by first responder procedure, the contractor would be removed from detainee contact and the Port Director would seek the removal of the contractor from the facility. This practice was verified by the Assistant Port Director.

§115.167 – Agency protection against retaliation.

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

Notes:

The facility meets the standard. CBP TEDS prohibits all CBP staff from retaliating against any person, including a detainee, who alleges or complains about mistreatment, participates in an investigation into an allegation of staff misconduct, including sexual abuse, or for participating in sexual activity as a result of force coercion, threats, or fear of force. The training on and implementation of this policy was verified by Interviews with the HQ SAAI SME and the Local Port Shift Commander. Random Staff interviews resulted in a consistent response that any form of retaliation by either a detainee or a staff member cannot be tolerated and would be reported either up the chain of command or to the OIG, if circumstances required such a report.

§115.171 – Criminal and administrative investigations.

- Exceeded Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does not meet Standard (requires corrective action)

Notes:

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

§115.172 – Evidentiary standard for administrative investigations.

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

Notes:

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

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

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

Notes:

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

(c) The agency meets the standard provision. Interview with the HQ HRM SME reveals there were no reports of substantiated sexual abuse/violation of sexual abuse policies for staff at YSL. Interview with the HQ SAAI SME confirms all substantiated cases of sexual abuse are referred to appropriate law enforcement agencies by the Port Director and notification is coordinated by HQ SAAI SME. The Deputy Port Director reported that this notification would be directed by HQ SAAI.

(d) The agency meets the standard provision. Interview with the HQ SAAI SME verifies removals for substantiated sexual abuse/violations of sexual abuse policies would be reported to relevant licensing bodies, to the extent known. This report would be made by HQ SAAI.

§115.177(a) and (b) – Corrective action for contractors and volunteers.

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

Notes:

(a) The facility meets the standard provision. CBP Directive 2130-030 requires that any contractor or volunteer suspected of perpetrating sexual abuse and/or assault is to be removed from all duties requiring detainee contact pending the outcome of the investigation. Interviews with Local SMEs reveal all suspected perpetrators of sexual abuse are to immediately be removed from contact with detainees. CBP facilities do not utilize volunteers and YSL has excluded contractors from contact with detainees by local procedure and practice. Interview with the HQ SAAI SME verifies any substantiated allegations of sexual abuse would result in notification of the allegation to appropriate law enforcement agencies and to the Office of Acquisition to have the contractor barred from federal service. They would also notify any appropriate licensing bodies of any substantiated allegations of sexual abuse.

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

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

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

Notes:

(a,b) The facility meets the standard provision. Detainee victims of sexual abuse at YSL would be immediately transported to University Medical Center, Providence Sierra Campus or to Las Palmas Medical Center. Both facilities offer the comprehensive medical services as outlined in the standard provision. The services would be provided to the victim at no charge and even if the victim refuses to cooperate with the sexual abuse/assault investigation. Local SME interview with the Port Shift Commander verified these services and requirements. Other SME supervisors verified these services would be provided without cost to the detainee and regardless of cooperation.

§115.186(a) – Sexual abuse incident reviews.

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

Notes:

The agency meets the standard. The HQ PAQ indicates there have been no investigations of sexual abuse allegations at this facility in the past 12 months. Interview with the HQ PSA Coordinator reveals their office regularly receives sexual abuse incident reviews within 30 days after the conclusion of a sexual abuse investigation at a facility. The Incident Review Committee (IRC) is comprised of three CBP HQ Program Managers. The Deputy Port Director indicates the El Paso Port Director would implement any recommendations made by the IRC. **(See additional Notes).**

§115.187 – Data collection.

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

Notes:

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

ADDITIONAL NOTES

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

115.186 While there were no reported incidents of sexual abuse at Ysleta in the past 12 months, there was an allegation of sexual abuse (inappropriate sexual contact) made by a citizen in 2015 during a pat-frisk search, incidental to a secondary screening vehicle search. This secondary search is conducted when there is a concern that contraband is present or other illegal activity may be involved. The subject was pat-frisked when they became belligerent and CBPOs became concerned for their personal safety. A supervisor was present and the subject was not detained. The subject made a complaint to OIG several weeks after the incident that there was inappropriate sexual contact made by the same-gender CBPO during the pat-frisk search. The incident was investigated by SAAI (then Internal Affairs) and found to be unsubstantiated.

Because this is the first cycle of PREA compliance audits since the incident, the incident was reviewed this year as per PREA policies and procedures. The review determined nothing could have been done to prevent or mitigate the incident at the time. It was further determined procedures were properly followed and staff exercised great restraint during the incident.

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

_____ March 20, 2019
Date

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



U.S. Customs and Border Protection

AUDITOR

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

AGENCY

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

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

Name of Sector or Field Office:	El Paso, Texas
Name of Chief or Director:	(b)(6)(b)(7)(C)
PREA Field Coordinator:	(b)(6)(b)(7)(C)
Sector or Field Office Physical Address:	9400 Viscount St., Suite 104, El Paso, Texas 79925
Mailing Address: (if different from above)	Same as Above

SHORT-TERM FACILITY BEING AUDITED

Information About the Facility	
Name of Facility:	Ysleta Port of Entry
Physical Address:	797 S. Zaragosa Street, El Paso, Texas 79927
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), Ysleta Port of Entry (POE), was conducted on February 14, 2019, and the preliminary findings report was submitted on March 23, 2019. Following comments from CBP Headquarters and from the Auditor, the report was submitted in Final Draft on May 23, 2019.

At that time, the Auditor reviewed the compliance of 25 Subpart B standards and the Ysleta POE was found to be in compliance with 23 standards: (115.111; 115.113; 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 Ysleta POE was found to not be in compliance with one standard: (115.115). One standard (115.118) was not applicable at the Ysleta POE.

On July 17, 2019, the Ysleta POE submitted a preliminary Corrective Action Plan (CAP) with a completion date of August 19, 2019. The CAP was reviewed by the Certified PREA Auditor and Program Manager for Creative Corrections. Several documents were requested by the Reviewing Auditor and clarification of transgender pat-down searches. On April 13, 2020, the Ysleta POE submitted several training documents, musters and staff sign-offs as documentation for required staff re-training. While there was continuous communication between Creative Corrections and CBP Headquarters, the CAP was not completed within the required 180 day 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 relied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit.

§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 April 13, 2020, the Ysleta 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 Ysleta 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.

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

 June 9, 2020
Date