

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