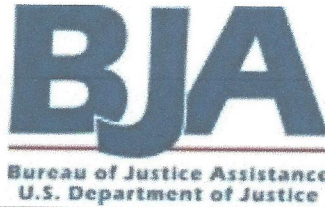
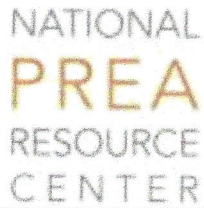


PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: Saguaro Correctional Center			
Physical address: 1250 East Arica Road, Eloy, Arizona 85131			
Date report submitted: 11/17/2014			
Auditor: Amy J. Fairbanks			
Address: P. O. Box 16054 Lansing, MI 48901			
Email: fairbaa@comcast.net			
Telephone number: 517 303-4081			
Date of facility visit: : November 3-5, 2014			
Facility Information			
Facility mailing address: <i>(if different from above)</i>			
Telephone number: (520) 464-0599			
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager: Todd Thomas	Title:		Warden
Email address: Todd.Thomas@cca.com	Telephone number:		(520) 464-0501
Agency Information			
Name of agency: Corrections Corporation of America			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 10 Burton Hills Blvd. Nashville, TN 37215			
Mailing address: <i>(if different from above)</i>			
Telephone number: (615) 263-3000			
Agency Chief Executive Officer			
Name: Damon Hininger	Title:		President and CEO
Email address: Damon.hininger@cca.com	Telephone number:		(615) 263-3301
Agency-Wide PREA Coordinator			
Name: Lisa Hollingsworth	Title: Senior Director, PREA Compliance		
Email address: Lisa.hollingsworth@cca.com	Telephone number:		(615) 263-3916

AUDIT FINDINGS

NARRATIVE:

The Prison Rape Elimination Act audit was conducted at the Saguaro Correctional Center, operated by Corrections Corporation of America on November 3-5, 2014. A complete tour of the facility was conducted which included the following: Administration building; food service operations, intake area, medical facilities, unit L (four distinct housing areas: restrictive housing -double celled, high security general population-double celled, a restrictive housing step down unit - double celled, and a protection unit); Units H, I and J (three pods with cells containing two bunks); programming and inmate work areas (library, education, chapel, hobby craft, vocational tech, recreation yard, laundry and the visiting area).

The following staff were interviewed: Agency PREA Coordinator; A/Warden; Assistant Warden; Chief of Security; Human Resource Manager, the facility Investigator; ten corrections officers from each shift, segregation and medical unit, six supervisors (captain, lieutenant, sergeant) from each shifts; two case managers, the classification direction (who completes intake screens) the chaplain, a treatment counselor, one teacher, the volunteer coordinator, two contract employees; one mental health staff; one nurses, the health administrator/facility asst. PREA manager, and

The following inmate interviews were conducted: five inmates from segregation, 2 from protective custody, 2 from the high security, 2 potential victims (one reported abuse and confirmed he was referred for treatment), 2 who reported a incident,2 with hearing challenges, 15 general population inmates. Of these inmates, 5 self-identified as a transgender, one self-identified as being homosexual. Seven inmates opted out of the interview. It should be noted that being transgender is inherit in some traditional Hawaiian cultures and does not present the concerns that would normally be found in other correctional environments. This belief was supported by inmate and staff interviews.

Documentation prepared for each standard was reviewed prior to and during the audit. In addition, random documentation was review such as personnel files, inmate files and logbooks. Posters announcing the audit were visible. No letters were received by the auditor prior to the visit. The facility reported that no advocacy groups have been in contact with them. Staff at this facility allowed the auditor to access any area of the facility, interview any staff and/or inmate requested and see any documentation requested.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Saguaro Correctional Center is a medium security facility housing 1392 inmates mostly from the state of Hawaii at the time of the audit. There are no youthful offenders housed at this facility. There are 310 staff, 20 contract staff and 34 volunteers. Within the facility fence there are four housing units, all are doubled celled with toilets and sinks in each room. The officer station is centrally located to ensure visibility of the living areas in each dormitory pod. An extensive camera system affords staff the ability to monitor operations throughout the facility with positioning to also afford privacy for shower use. Showers are available at the center of the pod, three showers with three shower heads each. Curtains provide privacy yet afford the officers the ability to ensure only legitimate activity is taking place.

SUMMARY OF AUDIT FINDINGS:

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 1

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 3

Standard
number here

**§115.11 - Zero tolerance of sexual abuse and sexual harassment;
PREA coordinator**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Written policy (b) upper level agency wide PREA coordinator(c) PREA compliance manager at the facility

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. The Agency wide PREA Coordinator was interviewed. The Agency head was interviewed by another auditor during an audit earlier this audit cycle. The Asst. PREA compliance manager was interviewed at a previous audit during this audit cycles; she was present at the facility during the entire audit.

Standard
number here

**§115.12 - Contracting with other entities for the confinement of
inmates**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) new contracts PREA requirements with private agency
- (b) new contract, contract monitoring included

This is not applicable to this facility as this is a private facility receiving a contract for housing inmates.

Standard
number here

§115.13 – Supervision and Monitoring

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) staffing plan, includes eleven considerations
- (b) document deviations
- (c) PREA coordinator and agency determine adjustments
- (d) Policy for unannounced rounds, prohibit staff from alerting others

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. A staffing plan is available with a process for annual review. It includes review of video monitoring and all the required elements of the standard. To date, there have been no deviations.

Standard number here **§115.14 – Youthful Inmates**

- 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 (requires corrective action)

N/A no youthful offenders. All documents reviewed showed inmates house here are 18 years or older. Interviews support that no youths are housed at this facility.

Standard number here **§115.15 – Limits to Cross-Gender Viewing and Searches**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Only exigent circumstances for cross gender strip or cavity
- (b) Prohibit cross gender pat down searches of females (August 15, 2015 or August 20, 2017)
- (c) Document cross gender strip searches, cavity searches and pat down searches of females
- (d) Inmates can shower, perform bodily functions, change clothes . . . opposite gender announce their presence when entering the housing unit
- (e) Transgender not searched for sole purpose of determining genital status.
- (f) Train security staff in cross gender pat down and transgender/intersex inmates

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Information is supported in the Post Orders. Only males are housed at this facility. Exigent circumstances can allow for cross-gender strip searches; there have been no occurrences to date. Policy requires it to be documented. Transgender inmates are not physically examined for the sole purpose of determine the inmate’s genital status. Staff has been recently trained on how to conduct cross-gender pat-down

searches as well as transgender searches in accordance with the standard, based on review of documentation and interviews.

Standard
number here

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Disabilities, intellectual, psychiatric or speech have equal opportunity, including written materials
- (b) Agency takes reasonable steps, including interpreters
- (c) Not rely on inmate interpreters (unless limited circumstances)

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Also, the facility has on staff a person qualified as an interpreter for deaf persons. At the time of the audit, the facility housed inmates who used a cane; non were wheelchair bound. Educational programming is available as well as material is available in English and Spanish. A language line was reportedly available in the event of receipt of an inmate who spoke another language. There were no non-English speaking inmates.

Standard
number here

§115.17 – Hiring and Promotion Decisions

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Not hire employee or contractor who has engaged in abuse, convicted of sexual activity by force, civilly or administratively adjudicated
- (b) Shall consider incidents of sexual harassment
- (c) Before hiring perform back ground checks, check references
- (d) Including contractors
- (e) Background check every five years
- (f) Ask applicants about previous misconduct described and impose continuing affirmative duty
- (g) Omissions grounds for termination

(h) Agency provides information to other

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation showed that background checks have been conducted. Potential staff and current staff sign a declaration regarding prior acts and a continuing duty to report. A review of personnel files supported this as well. A process for five year reviews has been implemented.

Standard number here **§115.18 – Upgrades to Facilities and Technology**

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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) New facility or expansion or modification

(b) Installing video monitoring

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. No expansion or modification has occurred.

Standard number here **§115.21 – Evidence Protocol and Forensic Medical Examinations**

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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Uniform evidence protocol, maximizes potential for obtaining usable physical evidence

(b) Protocols appropriate for youths

(c) Offer forensic medical exams, document efforts if they cannot

(d) Attempt to make available victim advocate from rape crisis center, if not then qualified staff person. Document efforts to secure services

(e) Accompany the victim if requested

(f) Request investigating agency follow the requirements

(g) Includes State entity or DOJ

(h) Qualified advocate has received appropriate education and has been appropriately screened.

This is addressed in Policy 14-2 Sexual Abuse Prevention and Response and 13-79 Sexual Assault Response. There is a memorandum of Understanding with the Eloy Police Department to conduct criminal investigations within the facility. Forensic examinations are not conducted at the prison. SANE/SAFE examinations would be conducted at an outside hospital. If not conducted by a SANE/SAFE examiner, efforts would be documented. Victim Services are provided by the Forensic Nurse Examiner Service in the state of Arizona based on a Memorandum of Understanding. The agency has requested that the investigating agency follows the requirements of the standards. No SANE/SAFE exams have been needed nor investigation of a criminal nature by the Eloy Police Department, although they are contacted for every incident and have participated with interviews of alleged victims.

Standard
number here

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Agency ensure administrative or criminal investigation completed for all allegations
- (b) Policy in place ensuring all allegations are referred, published on website or other means, all referrals documented
- (c) Publication describing responsibilities of separate entity and agency
- (d) State entity shall have a policy governing conduct of these investigations
- (e) DOJ

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. In addition, all completed investigations (nine) were reviewed.

Standard
number here

§115.31 – Employee Training

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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Train all employees with contact with inmates on ten elements
- (b) Tailored to the gender of the inmates at the facility
- (c) Current employees trained within one year
- (d) Document that employees understand the training they received.

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as 4-1 Staff Development and Training. Documentation as well as staff interviews supports that all staff with inmate contact have been trained and document that they understood the training they received. Staff was well educated on the requirements of PREA.

Standard
number here

§115.32– Volunteer and Contractor Training

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Train all volunteers/contractors with contact with inmates
- (b) Tailored to the services they provide, zero tolerance and how to report
- (c) Document that volunteers/contractors understand the training they received.

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation as well as contract staff interviews supports that those contractual staff and volunteers with inmate contact have been trained and document that they understood the training they received.

Standard
number here

§115.33 – Inmate Education

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Intake, inmates receive information zero-tolerance, how to report
- (b) Thirty days, comprehensive information including retaliation
- (c) Current inmates educated within one year and upon transfer if different
- (d) Provide in format accessible to all inmates – disabled and limited English
- (e) Documentation of inmate participation in education sessions
- (f) Ensure key information is readily and continuously available

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation and inmate interviews support that they have been educated in the requirements and understanding of the Prison Rape Elimination Act. This is accomplished through the use of videos, the inmate hand book, orientation and an annual review. All inmates were aware of PREA, the availability of the hotline

and outside resources available. Inmates confirmed that they were screened upon entry and again in 30 days. Some inmates who reported abuse verified that were referred for follow up treatment. Others would not confirm in the interview that they had reported an abuse.

Standard
number here

§115.34 – Specialized Training: Investigations

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Investigators have received special training
- (b) Includes techniques for interviewing abuse victims, Miranda and Garrity, sexual abuse evidence collection, criteria to substantiate
- (c) Documentation they have completed the training
- (d) State and DOJ provides training

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. One investigator at Saguaro Correctional Center has been to specialized training for investigators. The facility is located near three other CCA facilities who can provide backup support if needed.

Standard
number here

§115.35 – Specialized training: Medical and mental health care

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Full and part time medical and mental health care staff in the facility have been trained four requirements'
- (b) If they conduct forensic exams, they are trained
- (c) Documentation of training maintained
- (d) Also include training required for contractors and volunteer if that is their status

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Interviews with medical and mental health staff support that they have been trained in the required elements of the standard and reporting requirements.

Standard
number here

§115.41 – Screening for Risk of Victimization and Abusiveness

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) All inmates assess during intake screening and upon transfer to another facility for their risk of being abused or being an abuser
- (b) Takes place within 72 hours
- (c) Objective screening instrument
- (d) Considers ten areas
- (e) Considers prior acts of violence
- (f) Reassess within 30 days inmates risk
- (g) Reassessed when warranted
- (h) Not disciplined for not answering
- (i) Appropriate controls on dissemination

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as 13-50 Initial Intake Screening, 13-74 Privacy of Protected Health Information and 17-100 Admission & Orientation. Staff and inmate interviews, as well as a random review of documentation, supports that the facility assesses inmates during upon arrival with a screening tool that meets the requirements of the standard. Medical and mental health staff is actively involved in this process. Reassessment occurs within 30 days and when warranted. Inmate interviews support that they are not disciplined for not disclosing complete information in response to the questions asked. The information is appropriately controlled in a computerized system with controlled access and the inmate records which are maintained in the record office with controlled access. Inmates verified they are verbally asked regarding their perception of their sexual orientation. All inmates are reviewed two times a year; however, staff indicated and provided documentation that those identified as transgender will be interviewed regarding twice a year by medical staff.

Standard
number here

§115.42 – Use of Screening Information

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Information used to inform housing, bed, work, education to keep separated
- (b) Individualized determinations
- (c) Transgender case by case
- (d) Placement, programming for transgender determined twice a year
- (e) Transgender, intersex own views given serious consideration
- (f) Transgender, intersex given opportunity to shower separately
- (g) Not placed in dedicated facilities unless due to a consent decree

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. A locator board is kept current and provides instant information regarding housing, work and program assignments. Unit staff (counselor, case manager, and unit manager) is aware of who is housed in their unit and what the screening tool revealed. Transgender are afforded the opportunity to shower separate; this is noted in the inmate handbook.

Standard number here	§115.43 – Protective Custody
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) High risk victimization not placed in involuntary segregation unless no other alternative the less than 24 hours
- (b) Will have access to programs, privileges, education, work to the extent possible. If restricted shall document limitations
- (c) Assigned to involuntary until alternative means not to exceed 30 days
- (d) Document
- (e) Review every 30 days

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as 10-01 Segregation-Restrictive Housing Unit Management. There has been no use of involuntary segregation for an inmate at high risk of victimization. If separation is needed, the observation cells in the medical department can be used. This was confirmed by staff interviews; it was reported that placement may last one to two days.

Standard number here	§115.51 – Inmate Reporting
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- Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Multiple internal ways to privately report abuse, harassment, retaliation or staff neglect

(b) One method to report to public or private entity

(c) Staff shall accept verbal, writing, anonymous and third parties immediately and document

(d) Agency provides a method for staff to report privately

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as the inmate handbook. There is a 24 hour toll free hotline. This line is tested regularly. It does require the inmates to use a pin number. However the concerns are reported immediately. Anonymous reports can be made through health care requests or grievance forms without a signature. Staff can make private reports to a "concern line" associated with the company.

Standard
number here

§115.52 – Exhaustion of Administrative Remedies

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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

(a) Agency exempt If no administrative procedures to use grievance for inmate abuse

(b) No time limit on grievance for sexual abuse (1-4)

(c) Ensures not submitted to staff who is subject and not referred to that staff

(d) 90 days 1-4

(e) Third party permitted to file (1-4)

(f) Procedure for filing emergency grievance

(g) Can discipline where filed in bad faith

N/A - All PREA allegations are processed through the investigation protocol. Allegations reported on a grievance would not be processed as a grievance but instead channeled through to the investigator.

Standard
number here

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Access to outside victim advocates for emotional support services by mail or telephone, toll free hotline, reasonable communication in a confidential manner
- (b) Informed of the extent that it will be monitored
- (c) Maintain an MOU with community service providers

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. This is also noted in the inmate handbook. An organization called Wingspan provides this service.

Standard number here	§115.54 – Third-Party Reporting
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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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Method to receive and distribute publicly information on how to report

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Third party complaint information is available on the website: www.cca.com/security-operations/prea. To date, no third party complaints regarding sexual abuse or sexual harassment at this facility have been received.

Standard number here	§115.61 – Staff and Agency Reporting Duties
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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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Staff required to report immediately
- (b) Staff not reveal any information than it needs to appropriate staff
- (c) Practitioners required to report abuse, limits on confidentiality
- (d) If victim is under 18
- (e) All reports to facility's designated investigator

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Staff interviews support that they are aware of the requirement to report immediately and only share information of the alleged incident with necessary, specified staff. Inmate interviews confirmed that they were aware of this option.

Standard number here **§115.62 – Agency Protection Duties**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Inmate subjected to imminent abuse – immediately action.

Policy 14-2 Sexual Abuse Prevention and Response addresses the requirements of this standard. It was reported that there have been no incidents of imminent sexual abuse at this facility to date since implementation of the PREA standards.

No Standard number here **§115.63 – Reporting to Other Confinement Facilities**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Reporting to another facility
- (b) Within 72 hours
- (c) Documented
- (d) Facility head receives notification that investigation

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. No incidents have been reported from other facilities other than an allegation from three years prior.

Standard number here **§115.64 – Staff First Responder Duties**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) First security staff required to , separate, preserve, collect victim, collect abuser
- (b) If not security, staff required to request alleged victim not destroy physical evidence then notify security staff

Policy 14-2 Sexual Abuse Prevention and Response addresses the requirements of this standard. Staff interviews verified that staff was very aware of the duties as first responders, including requirements for preserving evidence, who was a member of the Sexual Abuse Response Team (SART) and who conducts the investigation.

Standard number here **§115.65 – Coordinated Response**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Staff interviews supported that staff were consistently aware of how to handle a report of sexual abuse or harassment.

Standard number here **§115.66 – Preservation of ability to protect inmates from contact with abusers**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Collective bargaining new contract limiting agency's ability
- (b) This standard doesn't restrict discipline and no-contact assignment

There are no collective bargaining units at the facility. There are no restrictions pertaining to discipline or no-contact assignments.

Standard number here **§115.67 – Agency protection against retaliation**

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Policy protects inmates and staff who report
- (b) Agency employs multiple protection measures
- (c) Monitor for retaliation for 90 days or beyond if needed
- (d) Inmates also periodic status checks
- (e) If fear of retaliation expressed, agency shall take appropriate measures
- (f) Do not have to monitor if allegation is unfounded

Policy 14-2 Sexual Abuse Prevention and Response addresses the requirements of this standard. Documentation reveals a mechanism for monitoring for retaliation, using multiple protection measures up to 90 days and beyond if deemed necessary. Staff interviews support compliance with these requirements as well.

Standard number here	§115.68 – Post-Allegation Protective Custody
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. As noted no use of segregated housing to protect and inmate alleging sexual abuse has occurred to date, as determined by review of documentation and interviews.

Standard number here	§115.71 – Criminal and Administrative Agency Investigations
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Investigation done promptly, thoroughly, objectively
- (b) Abuse – investigators have received specialized training
- (c) Investigators gather and preserve direct and circumstantial evidence

- (d) If criminal, will conduct interviews after consulting with prosecutor
- (e) Credibility assessed individually
- (f) Administrative investigations include whether staff actions or failures contributed, documented in the reports description of physical evidence, resonating behind credibility, investigative facts and findings
- (g) Criminal investigations thorough description of physical, testimonial and documentary evidence
- (h) Substantiated criminal referred
- (i) Agency retains all reports as long as abuser is incarcerated or employed plus five years
- (j) Departure of alleged abuser or victim does not terminate investigation
- (k) State, DOJ
- (l) Facility cooperates with outside investigators

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation supporting training for investigators was reviewed including the curriculum. Polygraphs are not conducted at this facility by the investigators. Nine completed investigations were reviewed. Staff are very committed to ensuring immediate and thorough investigations are conducted.

Standard number here	§115.72 – Evidentiary Standard for Administrative Investigations
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

No standard higher than preponderance of evidence

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Compliance was supported by staff interviews as well.

Standard number here	§115.73 – Reporting to Inmate
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Inform inmate whether allegation has been substantiated, unsubstantiated, or unfounded
- (b) If agency did not conduct, will request relevant information from investigative agency
- (c) When staff member did abuse (1 - 4)

- (d) When an inmate did abuse (1 – 2)
- (e) Notifications documented
- (f) Obligation terminated if released from custody

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation of notification was reviewed. The process was initiated July 2014.

Standard number here	§115.76 – Disciplinary sanctions for staff
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Staff disciplinary sanctions up to termination
- (b) Termination presumptive when sexual abuse
- (c) Commensurate with act, history, sanctions for similar histories
- (d) All reported to law enforcements unless not criminal and to licensing bodies

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. No staff have been disciplined and/or terminated for sexual abuse or harassment since the implementation of the PREA standards.

Standard number here	§115.77 – Corrective action for contractors and volunteers
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Contractor, volunteer reported unless not criminal
- (b) Facility takes remedial measures, consider prohibiting contact when not criminal

Policy 14-2 Sexual Abuse Prevention and Response addresses the requirements of this standard. Review of documentation and interviews supports that no contractors/volunteers have been disciplined and/or terminated for sexual abuse or harassment since the implementation of the PREA standards.

Standard number here	§115.78 – Disciplinary sanctions for inmates
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- Inmates subject to sanctions
- (b) Sanctions commensurate
- (c) consider mental disabilities
- (d) consider whether to require offender to participate in therapy
- (e) against staff if no staff consent
- (f) not falsifying if made in good faith
- (g) agency can prohibit all sexual activity between inmates but not deem it abuse if not coerced

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as 15-2 Disciplinary Procedures. Inmate sexual contact even if consensual is not allowed. Policy supports that sanctions are commensurate with the actions.

Standard number here	§115.81 – Medical and mental health screenings; history of sexual abuse
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Prison inmate experienced prior victimization follow up in 14 days
- (b) Prison inmate experienced prior perpetration follow up in 14 days
- (c) Jail inmate experienced prior victimization follow up in 14 days
- (d) This information limited to mental/medical and other staff deemed necessary
- (e) Get informed consent before reporting that didn't occur in an institutional setting

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as 13-50 Initial Intake Screening and 13-61 Mental Health Services. Interviews with mental health staff support that this practice is occurring.

Standard number here	§115.82 – Access to emergency medical and mental health services
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Victims unimpeded access to emergency services
- (b) If not on duty, first responders
- (c) timely information and timely access to prophylactic treatment
- (d) treatment provided to victims without treatment

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Policy 13-79 Sexual Assault Response, 13-34 Medical Emergency Response, and 13-80 Sick Call support the requirements of this standard as well. Inmates who reported abuse received medical and mental health training commensurate with the abuse they reported based on staff interviews, inmate interviews, and a review of documentation.

Standard number here	§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers
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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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Mental, medical to all victims evaluation and ongoing
- (b) Follow up, treatment plans, referrals
- (c) Consistent with community care
- (d) Pregnancy tests
- (e) If pregnant, appropriate legal treatment
- (f) STD tests
- (g) Treatment services without costs
- (h) Mental health evaluation of all know inmate on inmate abusers within 60 days

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Policy 13-79 Sexual Assault Response. There is a Sexual Abuse Incident Check list utilized to ensure the requirements of the standard that apply to male inmates are met.

Standard number here	§115.86 – Sexual abuse incident reviews
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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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Incident review unless unfounded
- (b) Within 30 days
- (c) Team includes upper level management with supervisors, investigator, medical/mental health
- (d) The team considers 1-6 (policy, motivation, area, staffing levels, monitoring technology, prepare a report)
- (e) Implement or document why not

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation and staff interviews support that incident reviews are being conducted.

Standard number here	§115.87 – Data Collection
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Accurate, uniform data, standardized instrument, definitions
- (b) Aggregate annually
- (c) Survey of Sexual Violence
- (d) Maintain from all available incident-based
- (e) Obtain from private facility
- (f) Provide to DOJ June 30

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Data is being collected and was available for review.

Standard number here	§115.88 – Data Review for Corrective Action
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- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Agency reviews data to assess, improve (1-3) identify problem areas, take corrective action, prepare annual report
- (b) Compare current with prior years

(c) Available to the public

Policy 14-2 Sexual Abuse Prevention and Response addresses the requirements of this standard as well as PREA 2013 Annual Report.

Standard
number here

§115.89 – Data Storage, Publication, and Destruction

- 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 (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- (a) Securely retained
- (b) Readily available to the public at least annually
- (c) Removes all personal identification
- (d) Maintained for 10 years

Policy 14-2 Sexual Abuse Prevention and Response and 1-15B Records Retention Schedule address this standard. Information is available on the website.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of her knowledge and no conflict of interest exists with respect to her ability to conduct an audit of the agency under review.

Amy Fairbanks



Date: 2/28/2015