

## Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    December 6, 2017

### Auditor Information

Name: Barbara Jo Denison	Email: denisobj@sbcglobal.net
Company Name: Shamrock Consulting, LLC	
Mailing Address: 2617 Xavier Ave.	City, State, Zip: McAllen, TX 78504
Telephone: 956-566-2578	Date of Facility Visit: Oct. 30-Nov 1, 2017

### Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 10 Burton Hills Blvd.		City, State, Zip: Nashville, TN 37215	
Mailing Address: SAA		City, State, Zip: SAA	
Telephone: 615-263-3000		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** “We help government better the public good through: CoreCivic Safety-We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community: We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties: We offer innovative and flexible real estate solutions that provide value to government and the people they serve.”

**Agency Website with PREA Information:** <http://corecivic.com/security-operations/prea>

### Agency Chief Executive Officer

Name: Damon Hininger	Title: President and Chief Executive Officer
Email: <a href="mailto:Damon.Hininger@corecivic.com">Damon.Hininger@corecivic.com</a>	Telephone: 615-263-3301

### Agency-Wide PREA Coordinator

Name: Eric Pierson	Title: Senior Director PREA Programs and Compliance
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<b>Email:</b> Eric.Pierson@corecivic.com	<b>Telephone:</b> 615-263-6915
<b>PREA Coordinator Reports to:</b> Bill Dalius, Vice-President, Correctional Operations	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 63

### Facility Information

<b>Name of Facility:</b>	Saguaro Correctional Center		
<b>Physical Address:</b>	1250 East Arica Road, Eloy, AZ 85131		
<b>Mailing Address (if different than above):</b>	SAA		
<b>Telephone Number:</b>	520-464-0500		
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b>	"In partnership with the state of Hawaii, SCC will ensure public safety and provide the highest quality correctional services in the United States."		

**Facility Website with PREA Information:** <http://corecivic.com/security-operations/prea>

### Warden/Superintendent

<b>Name:</b> Todd Thomas	<b>Title:</b> Warden
<b>Email:</b> Todd.Thomas@corecivic.com	<b>Telephone:</b> 520-464-0502

### Facility PREA Compliance Manager

<b>Name:</b> Jody Bradley	<b>Title:</b> Assistant Warden of Operations
<b>Email:</b> Jody.Bradleyjr@corecivic.com	<b>Telephone:</b> 520-464-0540

### Facility Health Service Administrator

<b>Name:</b> Daniel Marr	<b>Title:</b> Health Service Administrator
<b>Email:</b> Daniel.Marr@corecivic.com	<b>Telephone:</b> 520-464-0540

### Facility Characteristics

<b>Designated Facility Capacity:</b> 1926	<b>Current Population of Facility:</b> 1620
<b>Number of inmates admitted to facility during the past 12 months</b>	1646
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	844

<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			1646
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			393
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> N/A	<b>Adults:</b> 18-70+	
<b>Are youthful inmates housed separately from the adult population?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
<b>Number of youthful inmates housed at this facility during the past 12 months:</b>			0
<b>Average length of stay or time under supervision:</b>			784 days
<b>Facility security level/inmate custody levels:</b>			Medium Security/Medium Custody
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>			326
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>			95
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>			14
<b>Physical Plant</b>			
<b>Number of Buildings:</b> 13		<b>Number of Single Cell Housing Units:</b> 0	
<b>Number of Multiple Occupancy Cell Housing Units:</b>		6	
<b>Number of Open Bay/Dorm Housing Units:</b>		0	
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>		132	
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>			
182 cameras, 7 DVR's with record for 30 days access			
<b>Medical</b>			
<b>Type of Medical Facility:</b>		Observation	
<b>Forensic sexual assault medical exams are conducted at:</b>		Scottsdale Lincoln Health Network	
<b>Other</b>			
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>			48
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>			1

# Audit Findings

## Audit Narrative

The PREA on-site audit of the Saguaro Correctional Center was conducted October 30 – November 1, 2017 by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Jody Bradley, Assistant Warden of Operations, who is designated as the facility's PREA Compliance Manager, and Tatiana Murrieta, Quality Assurance Manager, answered questions during this review period.

On the first day of the audit, an entrance meeting was held with the following people in attendance:

Todd Thomas, Warden  
Jody Bradley, Assistant Warden of Operations  
Charles McBurney, Chief of Security  
Norm Carrier, Chief of Unit Management  
Tatiana Murrieta, Quality Assurance Manager  
Daniel Marr, Health Services Manager/Assistant PREA Compliance Manager  
Debra Shull, Human Resources Manager  
Mike Gawlik, Investigator  
Lt. Armando Perez, STG  
Traci Thompson, Warden Secretary  
Greg Susel, Operations/Finance Manager  
Juan Valenzuela, Grievance Coordinator  
Juan Montanez, Warehouse Manager  
Deborah Prososki, Instructor Supervisor  
Jerry Warner, Chaplain  
Daniel Quintanar, Maintenance Supervisor  
John Rael, Recreation Supervisor  
Chris Coleman, Laundry Supervisor  
Karen Johnston, RDAP Program Manager  
Lori Scadden, Master Scheduler  
Susie Culbertson, Records Supervisor  
Gerald Poehlman, K9 Senior Correctional Officer  
Dwayne Sigmon, Unit Manager  
Jesus Guilin, Unit Manager  
Roy Summerland, Unit Manager  
James Alexander, Unit Manager  
Vangie Rodriguez, Case Manager  
Edward Neff, Correctional Counselor  
Yvesse Graciano, Correctional Officer  
Jospeh Montiel, Food Service Manager  
Eric Pierson, Senior Director, PREA Compliance and Programs

On the first day of the audit, Jody Bradley, Assistant Warden of Operations/PREA Compliance Manager; Daniel Marr, HSA/Assistant PREA Compliance Manager; Tatiana Murrieta, Quality Assurance Manager; Yvesse Graciano, Correctional Officer and Eric Pierson, Senior Director, PREA Compliance and

Programs accompanied me on a tour of the facility, with the tour continuing on the second day of the audit when all housing units were visited. During the tour, the locations of cameras and mirrors and placement of PREA posters were observed. The layout of the housing units including shower/toilet areas and placement of PREA posters and information was observed. PREA posters are prominently displayed throughout the facility in common areas and in all housing units.

While touring the laundry, the laundry storage room and the dry storage room, it was recommended that additional cameras in these areas would assist staff in the supervision of inmate workers in these areas. The PREA Compliance Manager reported that the facility had also assessed these same areas as needing cameras and due to an upgrade of the camera system slated to begin in the first quarter of 2018, additional cameras were added to the 2018 Cap-Ex budget and the request is pending FSC's approval.

A blind spot was noted in the kitchen in the dishwashing area and in the prep area. It was recommended that a mirror be added that would capture inmates working in this dishwashing area and an adjustment be made to a mirror that is on the wall opposite the prep area to capture this area.

The internal reporting number (\*777) and the external reporting number (1-800-400-1001) were dialed on an inmate telephone. Inmates can dial these numbers and remain anonymous by entering an anonymous pin number (321321321#). When inmates dial \*777, the Warden, two Assistant Wardens, three Chiefs and the Contract Monitor receive the recorded message on their cell phones and the Investigator receives an e-mail alert. Calls made to the external reporting number go to the Southern Arizona Center Against Sexual Abuse (SACASA). The phones in all housing units are tested monthly to ensure that these reporting lines are accessible to inmates.

The facility has a Memorandum of Understanding (MOU) with the Southern Arizona Center Against Sexual Assault (SACASA) effective 1/1/17. The Executive Director of SACASA was contacted prior to the audit visit. SACASA provides services to all prisons in the lower portion of Arizona. The terms of MOU provides inmates of the Saguaro Correctional Center with a 24-hour sexual assault crisis hotline. Calls made to SACASA are confidential and inmates can remain anonymous if they choose to. Other services provided by SACASA are victim advocacy services. When notified by the facility or by the hospital that an inmate has been sexually assaulted and being transported to the hospital for a forensic exam, SACASA dispatches a victim advocate to the hospital to provide emotional and advocacy services to the victim upon the victim's request. SACASA also provides inmate victims with referrals and information for follow-up services.

The facility has an MOU entered into on 8/1/14 with the Scottsdale Lincoln Health Network Forensic Nurse Examiners. The Forensic Nursing Supervisor was contacted prior to the onsite visit to discuss the terms of the MOU. She stated that their agency has an agreement with the hospitals in Scottsdale to have inmate victims transported to the Honor Health Osborne Hospital for a SANE exam. A SANE would meet the victim at the hospital to conduct the exam. A victim advocate from the SACASA would be contacted to remain with the victim during the SANE exam upon the request of the victim. The victim would be provided resources and follow-up information for testing for sexually transmitted diseases per the CDC guidelines.

The facility has a Memorandum of Understanding (MOU) with the Eloy Police Department for the criminal investigations of allegations of sexual abuse at the Saguaro Correctional Center. The MOU was renewed on 9/27/17. The Sergeant of the Criminal Investigations Unit was contacted prior to the onsite audit to confirm and review the terms of the MOU. If the Eloy Police Department were contacted by the facility after receiving a report of a sexual assault, an officer would be dispatched to the facility to gather facts and assess the situation. If the allegation were an actual assault, the Sergeant of the Criminal Investigation Unit would make the decision of whether to dispatch a Sex Crime Detective and a Crime

Scene Technician to the facility to gather evidence. Following the criminal investigation, the facts would be presented to the District Attorney who would make the decision to prosecute or refer the investigation back to the facility.

During the tour, I spoke informally to inmates questioning them about their overall knowledge of the agency's zero-tolerance policy and methods of reporting available to them. Forty-three inmates were selected to be interviewed during the course of the audit. Of the 43 inmates interviewed, two inmates were assessed at initial PREA screening to be potential victims, one screened to be a victim, three screened to be potential predators, four inmates who self-disclosed being transgender, one inmate with a medical disability, two deaf inmates and one inmate who alleged sexual abuse. There were no inmates housed at the facility at the time of the audit who were blind, had low vision, hard of hearing, with cognitive deficits, with low reading skills or limited English proficient. There were no inmates who self-disclosed being gay, bisexual or intersex at the time of the audit.

Fourteen of the inmates interviewed when asked if female staff announce their presence when they enter their housing unit, responded that they did not hear them announce. They did report although that they feel they have privacy while toileting, showering and changing clothing when female staff are in their housing unit. Staff interviewed reported that female staff do make these announcements when entering the housing units. During the facility tour, "female on the floor" was announced as we entered each pod in each housing unit. A recommendation was made that the importance of these announcements being made consistently be stressed to staff and documenting in the housing log books that the announcement was made may be a way of ensuring accountability with this procedure.

In interview with two transgender inmates, they reported that they have not been offered the opportunity to shower alone and did not know that that was an option for them. Two additional transgender inmates were selected to be interviewed and also reported the same information. In discussion with the PREA Compliance Manager, he stated that transgender inmates could request to shower alone if they wanted to. Transgender inmates did not know that showering alone was an option for them. A recommendation was made that the facility develop a plan of how to accomplish this taking into consideration the times of the day that would be most convenient for the facility. After the facility develops this plan, it would be necessary for the transgender inmates currently housed at the facility be offered the opportunity to shower alone. In the future when transgender inmates are assigned to the facility, they should be made aware they have this option and housing officers must be informed that the transgender inmate wishes to shower alone and ensure that provisions are showering alone allowed.

Post Audit Note: Following the on-site audit visit, the facility revised their Standard Operations Procedure (SOP) that address the facility's contract requirements of the admission processing of inmates to include information that mental health staff will meet with transgender inmates to inform them of special shower time offered to them. The facility also developed and implemented a *Transgender Shower Protocol* to ensure that inmates that self-disclose being transgender at intake be allowed to shower alone if they choose to do so. The new procedure implemented will ensure that transgender inmates have a mental health follow-up meeting prior to leaving the intake pod. During this meeting, the inmate will be informed of the dedicated shower time of 0715 daily during count time. If the inmate chooses to shower alone, the inmate will need to submit a request to their Unit Manager. The Unit Manager will be responsible to inform unit staff in a memorandum that the inmate requests to shower alone. During the six-month Progress Report, the transgender shower time will be discussed with the transgender inmates and noted in the booking notes that the issue was discussed.

The eight transgender inmates housed at the facility during the audit visit were informed of the *Transgender Shower Protocol* which was reviewed individually with each of them and signed by the inmate and by the staff that presented the information to the inmate. This information was also presented

to the Classification Coordinator, the Mental Health Coordinator and to six Unit Managers and signed by them acknowledging that they had reviewed the information. The facility forwarded for my review copies of the Standard Operations Procedure and the eight *Transgender Shower Protocol* memorandums signed by the transgender inmates and the eight signed by the staff.

Inmates interviewed acknowledged receiving PREA training with written information during the intake and orientation process and every six months during their Progress Report. They were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment and were able to articulate during interview the methods of reporting allegations of sexual abuse and sexual harassment available to them. Inmates indicated that they feel safe from sexual abuse at this facility.

Eighteen inmate records were reviewed with the Records Supervisor to determine compliance with screening procedures and PREA education. In review of initial and 30-day screenings of those inmates that scored at risk of victimization or abusiveness, it could not be determined if these inmates had been referred to mental health for evaluation. In interview with the Mental Health Coordinator, she reported that she conducts a Mental Health Evaluation on all new inmates within seven days of their arrival to the facility. In conversation with the Health Service Administrator, he reported receiving the screenings of all inmates who score at risk of victimization or abusiveness. In the future, the Health Service Administrator will refer these inmates to the Mental Health Coordinator so that a brief encounter can be scheduled with these inmates and documented in a clinic note as well in the Offender Management System (OMSe).

Inmates who disclose being transgender or intersex per requirements of standard 115.42 are to be reviewed every six months. The facility is accomplishing this by reviewing with transgender inmates any concerns they may have every six months during their Progress Report and documenting this information in OMSe as a Booking Note. Any concerns expressed by the inmate at this time are referred to the PREA Compliance Manager for follow-up.

The agency's PREA Coordinator and the Executive Vice President and Chief Corrections Officer (agency head designee) were both interviewed at an earlier date by telephone. During the audit, 23 specialized staff and 21 random staff (one shift supervisor and six line staff from each of the three security shifts) were interviewed. Specialized staff were asked questions related to their specific role as well as the random staff questions. Staff confirmed receiving PREA refresher training annually and reviewing PREA policies and procedures during staff recalls. Staff were knowledgeable of their responsibilities of detecting, preventing and responding to sexual abuse and sexual harassment allegations. They knew how to respond if they learned that an inmate was in imminent danger of sexual abuse.

I reviewed the 27 Human Resource files with the Human Resources Manager of 25 staff and three contractors to determine compliance with background check procedures. Staff files included five each of promotions, transfers and new hires in the past 12 months and five files of staff employed for five years or less and five files of staff employed five years or greater. All files reviewed showed that criminal background checks for pre-employment and after five years of employment are being completed as required. Agency policy 14-2 requires that a *Self-Declaration* form (14-2H) be completed by applicants, employees, contractors and staff considered for a promotion to fulfill the requirements of standard 115.17, subsection (f). The files of staff promoted within the past 12 months, were not found to have 14-2H forms. The Human Resource Manager did not know that this was an agency requirement. This process will now be completed for all staff being considered for a promotion.

The same staff and contractor training records of those selected for review of Human Resource records were reviewed with the Learning and Development Manager for compliance of PREA training requirements. All files were complete and contained documentation of review of the agency's zero-tolerance policy (14-2) and completion of annual PREA training.

Volunteer records are maintained by the Programs Clerk. Volunteer files reviewed showed that volunteers have criminal background checks before being allowed access to the facility and receive annual PREA volunteer training as required.

Investigative files were reviewed with the facility's trained investigator. In the past 12 months, there were three PREA allegations reported and investigated. Allegations included one staff-on-inmate sexual abuse allegation that was referred to the Eloy Police Department for criminal investigation and was found to be unsubstantiated. There were two staff-on-inmate sexual harassment allegations with one determined to be substantiated and one unsubstantiated.

At the conclusion of the audit, an exit meeting was held with the Todd Thomas, Warden; Jody Bradley, Assistant Warden of Operations/PREA Compliance Manager; Daniel Marr, HSA/Assistant PREA Compliance Manager; Charles McBurney, Chief of Security; Tatiana Murrieta, Quality Assurance Manager; and Eric Pierson, Senior Director, PREA Compliance and Programs in attendance. The facility was commended on the excellent PREA program that they have developed and continue to perfect. ....

## **Facility Characteristics**

The Saguaro Correctional Center is located at 1250 East Arica Road, Eloy, Arizona. The institution is one of four institutions that is owned and operated by CoreCivic. CoreCivic contracts with the Hawaii Department of Public Safety for the confinement of its inmates.

Inmates of the Saguaro Correctional Center are offered a Drug Abuse Program (RDAP), Second Chance at Life Program, a Faith Based Program, Native Hawaiian Cultural Classes and Educational Services.

Construction of the Saguaro Correctional Center began in February 2005 and completed in June 2007. The main compound is approximately 20 acres inside a secure perimeter surrounded by a 16-foot chain-link fence. An armed correctional officer provides surveillance of the perimeter 24 hours a day, seven days a week.

The rated capacity of the Saguaro Correctional Center is 1926. The custody/security levels of the inmates is minimum, medium and maximum custody with an average length of stay being 784 days. The current number of staff is 326. The facility has 32 volunteers and 14 contractors. There are currently 14 vacancies, which include 6 Correctional Officers,

The Saguaro Correctional Center is comprised of 16 buildings in a campus-style layout. Staff, visitors, contractors and volunteers enter the facility through the Administration Building where entry-screening procedures are followed. A pedestrian sally port is located outside of the Administration Building and a Visiting Room is to the right with Attorney/Client Rooms, contact, and non-contact visitation areas.

A Master Control Room is located within the facility and is manned by at least two Correctional Officers at all times. Officers posted in Master Control operate alarmed doors, monitor cameras, among other duties of facilitating radio operations and issuance and accountability of chemical agents, equipment, emergency keys, etc. There are 111 interior cameras and 70 exterior cameras with DVR's that retain data for up to 30 days.

The General Support Building is located near the center core of the institution, which includes Central Control, Commissary, Warehouse, Medical Services, Food Service/Dining, Inmate Intake, Operations Office and the Laundry. On the East side of the facility, a Programs Building houses the Education and Vocational Training Programs. Four recreation yards are located in the center of the compound. All recreation yards are separately fenced, partially covered and partially uncovered, and are designated for use by inmates confined in specific housing units.

There are four general population-housing units located on the outside perimeter of the compound. Each of these housing unit has three pods in each with each pod having the capacity to house 120 inmates. A 360-bed high security unit (H Unit) and a 264-bed Restrictive Housing Unit (N Unit) are located on the East perimeter of the facility. At the time of the audit, two pods of the H Unit were closed. The remaining two pods can house up to 60 inmates each with one pod housing protective custody inmates and the other pod a segregation unit.

The facility has a Special Housing Incentive Program (SHIP). The SHIP Program provides structure to inmates in an attempt to return them to General population with limits and incentive for positive behaviors. The N Unit Houses the three levels of inmates in the SHIP program and disciplinary and administrative segregation inmates. A Bubble Control in H and N Units control all doors to the pods and the main door into the housing unit are controlled by Master Control.

General population housing units have a shower room with two sides divided by a concrete block wall with four shower heads on each side. There is a partial block wall in the front of the shower rooms with a shower curtain for privacy in the entry of each room. Each cell has its own toilet and wash basin. Restrictive housing units have three individual showers.

There are five covered recreational pens for restrictive unit inmates and open recreation areas for general population inmates.

The Saguaro Correctional Center utilizes direct supervision of its inmates. Seven counts are conducted in a 24-hour period. All security staff carry radios and there are call buttons in each cell that are answered by Master Control for general population housing units and by the Control Bubble in restrictive housing units. At a minimum, one unannounced PREA round per shift is required to be made by upper level supervisors.

The Saguaro Correctional Center has received accreditation from the American Correctional Association since 2009. Their initial PREA audit was conducted in 2014.

The Mission Statement of the facility is:

“In partnership with the State of Hawaii, SCC will ensure public safety and provide the highest quality correctional services in the United States.”

CoreCivic’s Mission Statement is:

“We help government better the public good through: CoreCivic Safety-We operate safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community: We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. Core Civic Properties: We offer innovative and flexible real estate solutions that provide value to government and the people they serve.”

## Summary of Audit Findings

The audit of the Saguaro Correctional Center revealed that the facility was found to exceed in seven standards and there were no standards that were found not to meet the standard. The remaining 38 standards were all found to meet the requirements of those standards. The audit findings are as follows:

**Number of Standards Exceeded:** 7

115.11, 115.13, 115.31, 115.32, 115.33, 115.41, 115.51

**Number of Standards Met:** 38

115.12, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.33, 115.34, 115.35, 115.42, 115.43, 115.52, 115.53, 115.61, 115.62, 115.63, 115.64, 115.65, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

**Number of Standards Not Met:** 0

There were no standards that did not meet the requirements of the standards

**Summary of Corrective Action (if any)** N/A

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?   
Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's

efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CoreCivic policy 14-2, documentation provided prior to the onsite audit and interview of the agency's PREA Coordinator and the facility's PREA Compliance Manager and the HSA/Assistant PREA Compliance Manager were used to verify compliance to this standard.

CoreCivic's policy 14-2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agencies approach to preventing, detecting and responding to such conduct. Page 3 of the policy includes definitions of prohibited behaviors.

Sexual activity between inmates or employees, contractors and volunteers is strictly prohibited and subject to administrative and criminal disciplinary sanctions. CoreCivic's policy 14-2 is comprehensive and clearly outlines the procedures to be followed to reduce and prevent sexual abuse and sexual harassment of inmates. The policy addresses each standard as guidance to staff ensuring compliance to the PREA standards. The agency exceeds in the requirements of this portion of the standard.

The agency employs a PREA Coordinator and the facility has a designated PREA Compliance Manager as outlined on page 2 of policy 14-2. The Assistant Warden of Operations is designated as the facility's PREA Compliance Manager and he reports directly to the Warden and the PREA Coordinator. The facility's Health Service Administrator is designated as the Assistant PREA Compliance Manager. In interview with the agency's PREA Coordinator on 3/2/17 and the PREA Compliance Manager during the on-site audit, they both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

### Standard 115.12: Contracting with other entities for the confinement of inmates

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CoreCivic is a private provider and does not contract with other agencies for the confinement of its inmates.

### Standard 115.13: Supervision and monitoring

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and

determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)   
Yes  No  NA

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on policy 14-2, pages 9 & 10, section D, the agency has developed and documented a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the recent population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the number and placement of supervisory staff, programs occurring on a particular shift and the resources the facility has available to commit to ensure adequate staffing levels. The agency also considers generally accepted detention and correctional practices and any finding of inadequacy from federal investigative agencies, internal or external oversight bodies, any applicable state or local laws or regulations and any other relevant factors.

The Chief of Security is responsible for reviewing the PREA staffing plan in conjunction with the daily shift rosters. If a position identified on the staffing plan is vacated for a shift, the Chief of Security will notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager is responsible for notifying the PREA Coordinator and documenting and describing the deviation on the 5-1B, *Notice to Administration* in IRD. The Warden reported during interview that he receives electronic copies of the staffing rosters and is informed of call-ins and use of overtime daily.

The staffing plan is reviewed annually by the PREA Compliance Manager who completes an *Annual PREA Staffing Plan Assessment* (14-2I) and forwards it to the Warden for review, who forwards the 14-2I to the PREA Coordinator. This annual review also includes assessments of the policy, physical plant, and video monitoring systems. The PREA Coordinator forwards the 14-2I to the Vice President of Facility Operations for signature and approval of any recommendations made which would include changes to the policy and procedures, physical plant, video monitoring or the staffing plan. The last *Annual PREA Staffing Plan Assessment* was completed on 9/5/17. There were no recommendations for any changes to the

established staffing plan. The *Annual PREA Staffing Plan Assessment* completed in 2016 included recommendations for the addition of two posts to the H unit for the first and second shifts and recommended cameras be added in the laundry, warehouse and storeroom.

In interview with the Warden and in documentation provided for review, since the last PREA audit there have been no deviations to the staffing plan. Due to the many levels of monitoring of the staffing plan, the facility exceeds in the requirement of this standard.

Per policy, shift supervisors conduct two unannounced PREA rounds per shift to identify and deter employee sexual abuse and sexual harassment. These rounds are documented on the *Daily Shift Roster* and in the housing logbooks. In addition to unannounced PREA rounds, there are seven counts conducted in a 24-hour period. Hourly watch tours are required in general population housing units until lockdown when they are conducted every 30 minutes. Security checks every 30 minutes are conducted in restrictive housing units. Employees are prohibited from alerting other employees that supervisory rounds are occurring.

In review of the policy, documentation provided for review prior to the onsite audit and during the onsite visit and in interview with supervisory staff and inmates, the practice of unannounced rounds confirmed numerous rounds being conducted on all three shifts on a daily basis. The facility exceeds in the requirements of this portion of the standard

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Saguaro Correctional Center does not house youthful offenders.

## Standard 115.15: Limits to cross-gender viewing and searches

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  Yes  No

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No  NA

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

Based on review of policy 14-2, pages 16 & 17, section K and policy 9-5, cross-gender inmate strip searches shall not be conducted except in exigent circumstances. In the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of inmates. If cross-gender strip searches are performed, the searches will be documented in the 5-1 Incident Report using form 5-1B, *Notice of Administration*.

Subsections 115.15 (b), 115.15 (c) and 115.15 (c)-2 of this standard are not applicable to this facility as the facility houses male inmates only.

Pat searches of transgender and intersex inmates will be completed by a staff member of the same sex for which the inmate has been classified by the customer. Searches or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status is prohibited. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing the medical records, or, if necessary, by a medical examination conducted in private by a medical practitioner.

In addition to general training provided to all staff, staff receive training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. The training curriculum on searches was provided for review. Staff sign a *Training Activity Enrollment/Activity Roster* form (4-2A) upon completion of this training. Receipt of this training was verified through review of random staff training records and confirmed by staff interviews of security staff who reported receiving this training. *Post Order CC-PO-17* gives security staff guidance on their responsibilities of performing searches. Staff sign a *Daily Post Order Review Sheet* (9-10B) acknowledging review of this information.

The agency has policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without staff of the opposite gender viewing their breasts, buttocks or genitalia. Female staff are required to announce their presence when entering inmate housing units as stated in policy 0-5, page 2, section C-8. The practice of opposite gender announcing their presence when they entered the housing units was observed while touring the facility. Signs on entry doors of all housing units read as follows: "Female staff may be present in the area on a daily basis". Inmates interviewed confirmed female staff are announcing their presence when they enter housing units and shared that they feel they have privacy when they shower, toilet and change clothing when female staff are in their housing unit.

Transgender and intersex inmates will be given the opportunity to shower separately due to a new transgender shower protocol developed after the on-site audit visit. Transgender inmates may request to shower separately through their Unit Manager at the designated time of 0715 daily. At the time of the audit, there were eight transgender inmates housed at the Saguaro Correctional Center and no intersex inmates. Four transgender inmates were interviewed and all reported that they were not offered the opportunity to shower alone. (See *Audit Narrative, Post Audit Note*, pages 6 & 7 for details)

## **Standard 115.16: Inmates with disabilities and inmates who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on review of policy 14-2, page 14, section I - 2, inmates are provided PREA education in formats accessible to all inmates, including those who are limited English proficient, deaf or hard of hearing, blind or have low vision, or otherwise disabled, as well as inmates who have limited reading skills.

All inmates view a *PREA: What You Need to Know* video, available in both English and Spanish during the Admission and Orientation (A & O) process. They receive a *Preventing Sexual Abuse and Misconduct* brochure (14-2 AA) and an *Inmate Handbook*, both available in English and Spanish at the time of intake and sign a *Receiving and Discharge Checklist* acknowledging receipt of the *Inmate Handbook*. At the conclusion of the orientation process, inmates sign an *Inmate Orientation Program Checklist* indicating that they have received the *Inmate Handbook* and all PREA related educational materials. Posters throughout the facility are in both English and Spanish. The Language Line Personal Interpreter Service is used for the translation of any other language.

The agency prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. In the past 12 months, there have been no instances where inmates were used for this purpose.

At the time of the onsite audit, there were no inmates who were hard of hearing, blind, had low vision, with cognitive disabilities, limited English proficient or with low reading skills. Two deaf inmates were interviewed by them reading the questions and writing their responses to the questions on paper. One of the deaf inmates was able to lip read some. They both were knowledgeable of the zero-tolerance policy and how to report allegations. They both said they understood the PREA information presented to them.

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Review of CoreCivic's policy 14-2, pages 5 & 6, section B, interview with the Human Resources Manager and random review of personnel files were used to verify compliance to this standard.

Per policy 14-2, the agency prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community or who has been civilly or administratively adjudicated to engage in these activities. All applicants complete a *Background Investigation Disclosure Authorization Form*.

All applicants, employees and unescorted contractors are asked about previous misconduct. The 14-2 H, *Self-Declaration of Sexual Abuse/Sexual Harassment* form (14-2 H) is completed as part of the hiring process and as part of the promotional process.

CoreCivic considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The agency requires that all applicants, employees and contractors who may have contact with inmates have a criminal background check. Background checks are performed by First Advantage. In the past 12 months, 95 criminal background checks have been completed on employees and 14 on contractors.

An effort is made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Criminal background checks are conducted every five years on current employees and contractors who may have contact with inmates.

CoreCivic mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct within 24 hours.

Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer that the employee has applied for work. According to documentation provided by the Warden, in the past 12 months there were no requests involving a former employee by an institutional employer that the employee engaged in sexual abuse.

In review of 25 random employee and three contractor personnel files, criminal background checks are being completed per agency policy and standard requirements. Personnel files were well organized and contained all the required documentation; therefore, the facility was found to exceed in the requirements of this standard.

## Standard 115.18: Upgrades to facilities and technologies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)   
Yes  No  NA

#### 115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)   
Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on policy 14-2, page 31, section V, when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion or modification of existing facilities on the ability to protect inmates from sexual abuse. According to the *PREA Physical Plant Considerations*, form (7-1B) completed on 8/17/17 that was provided for review, the facility has not acquired any new facilities, but they have made plans for modifications to the existing facility. The proposed project, with an expected completion date by the end of this year, includes the replacement of all interior unit dorm lighting with ungraded LED's. Consideration for this project was that the visibility in the housing units would increase and enhance staff supervision of inmates.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates from sexual abuse. Since the last audit, the Saguaro Correctional Center has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology. Plans are in place for an upgrade of the camera system to Milestone slated for early next year. The facility has assessed areas that additional cameras should be installed to enhance the ability to protect inmates from sexual abuse.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly

comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

Yes  No  NA

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to policy 14-2, pages 23 & 24, section O-4, CoreCivic and the Saguaro Correctional Center are responsible for conducting administrative sexual abuse investigations on both inmate-on-inmate and staff sexual misconduct. The facility has one trained facility investigator that is responsible for conducting administrative investigations of sexual abuse and sexual harassment. A Memorandum of Understanding (MOU), effective March 1, 2016 with the Eloy Police Department provides for criminal investigations of sexual abuse. The Eloy Police Department will follow the protocols, including uniform collection of evidence that maximizes the potential for obtaining usable physical evidence and fulfills all requirements of this standard.

The Saguaro Correctional Center does not house youth; therefore, element (b) of this standard is not applicable to this facility.

The facility offers all inmates who experience sexual abuse access to forensic medical examinations. An MOU effective August 1, 2014 with the Scottsdale Lincoln Health Network Forensic Nurse Examiners provides for forensic examinations for inmate victims of sexual abuse and provides for victim advocacy services at no cost to the inmate. In the past 12 months, there were no forensic medical examinations performed.

An MOU with the Southern Arizona Center Against Sexual Assault (SACASA) effective January 1, 2017 provides inmate victims of sexual abuse with crisis counseling and victim advocacy services at no cost to the inmate. SACASA also provides a 24-hour sexual abuse crisis hot line for reporting allegations of sexual abuse, advocacy services and referrals for follow-up treatment. Inmates are informed of the extent to which communication with SACASA will be monitored and to the extent of confidentiality in accordance with mandatory reporting laws. The facility also has a trained victim advocate who received victim advocacy training on 5/14/14 from the Arizona Coalition to End Sexual and Domestic Violence.

### Standard 115.22: Policies to ensure referrals of allegations for investigations

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 14-2, pages 21-23, Section O, outlines the agency's policy and procedures for investigating and documenting incidents of sexual abuse. The agency ensures that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The facility is responsible for conducting administrative investigations of allegations of sexual abuse and sexual harassment. If an allegation of sexual abuse or sexual harassment appears to be criminal, the Eloy Police Department will be

notified for investigation and referral for prosecution if warranted. All referrals of allegations of sexual abuse or sexual harassment for criminal investigations are documented.

As outlined in the terms of the MOU with the Eloy Police Department, the Eloy Police Department will coordinate and conduct a criminal investigation in accordance with the requirements of standard 115.21 (a).

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the CoreCivic website (<http://www.CoreCivic.com/security-operations/prea>). In the past 12 months, there was one allegation of staff-on-inmate sexual abuse that was referred for criminal investigation to the Eloy Police Department.

In review of investigative files, the agency/facility is ensuring that all allegations of sexual abuse and sexual harassment are being investigated in accordance with the agency policy and the PREA standards.

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No

### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

Policy 14-2, pages 6 & 7, section C-1-a addresses the agency's requirements of employee training. All CoreCivic employees receive training on the agency's zero-tolerance policy (14-2) for sexual abuse and sexual harassment at pre-service and annually at in-service. The training is tailored to the gender of the inmates at this facility. Employees who are reassigned from facilities housing female inmates are given additional training to meet the needs of the male population. Between trainings, employees are provided

with continuing PREA information at Staff Recall Meetings. In the past 12 months, all assigned employees have received the *PREA Overview* training.

Staff review agency policies, which includes policy 14-2 and an initial a *Policy Review Checklist* and sign a 4-2A, *Policy Acknowledgement* form.

The curriculum for this training was provided for review and found to contain all elements of 115.31 (a) as required. Staff sign a *Training Activity Enrollment/Attendance Roster* (4-2A) acknowledging that they have completed this training.

In addition to general training provided to all employees, security staff receive training in how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional, respectful manner. Staff also receive training on cross gender pat searches and searches of transgender and intersex inmates. Documentation of PREA training is maintained by the facility.

The Classification Supervisor, the PREA Compliance Manager or the Learning and Development Manager provide employees PREA training in pre-service and the Learning and Development Manager provide this training to all employees at in-service. In review of the training records of 25 employees, the records were found to be complete with all necessary documentation showing required PREA training at pre-service and annually as part of the in-service training. All training, including PREA training for employees is tracked electronically in the Learning Management System (LMS).

All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero-tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. They acknowledged receiving the required training on cross-gender pat searches that included searches of transgender and intersex inmates and were able to respond appropriately to questions asked of them about the training they received. It was evident by the amount of knowledge that all staff have of the policy and procedures to follow as outlined in policy 14-2 that the facility exceeds in the requirements of this standard.

## **Standard 115.32: Volunteer and contractor training**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

### **115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### **115.32 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CoreCivic policy 14-2, page 8, section 2, outlines the training requirements for volunteers and contractors. The objectives of the training ensure that volunteers and contractors are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents.

Volunteers and contractors of the Saguaro Correctional Center receive the same *PREA Overview* training that staff do and acknowledge receipt of this training by signing a *Policy Review Checklist*, a 4-2A, *Policy Acknowledgement* form and a *Training Activity Enrollment/Attendance Roster (4-2A)*. This documentation is maintained by the facility and electronically in LMS for contractors. The Programs Clerk maintains the volunteer training records that were found to be in excellent order.

The facility currently has 32 volunteers and 14 contractors. In review of random volunteer and contractor training files, showed that PREA training is being provided to them as it is to all employees. In interview with volunteers and contractors, they were knowledgeable of their PREA-related responsibilities. The facility was found to exceed in the requirements of this standard.

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  
 Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  
 Yes  No

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on CoreCivic's policy 14-2, pages 13 & 14, section I, all inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. In the past 12 months, 1646 inmates who were admitted to the Saguaro Correctional Center have received PREA information at intake.

Inmates are given an *Inmate Handbook* and sign a *Receiving and Discharge Checklist (17-100A)* acknowledging receipt of the *Inmate Handbook*. Pages 23-29 of the *Inmate Handbook* contain PREA information. Inmates also receive a *Preventing Sexual Abuse and Misconduct* brochure. A PREA information sheet is reviewed with inmates at intake and inmates sign and date the bottom of this form acknowledging receipt of this information. This form is also reviewed every six months during their Progress Report.

PREA information is posted in various locations throughout the facility providing ongoing PREA information be continuously available to inmates. The *Inmate Handbook*, the *Preventing Sexual Abuse and Misconduct* brochure and the posted PREA information is in both English and Spanish. The Language Line Personal Interpreter Service is used for the translation of any other language.

Inmates receive comprehensive PREA information during the orientation process. At the conclusion of orientation, inmates sign an *Inmate Orientation Program Checklist* indicating they have received PREA information as part of the orientation program.

All inmates interviewed were aware of the zero-tolerance policy and the methods of reporting sexual abuse and sexual harassment available to them. In review of 18 inmate-training records, documentation of inmate PREA education is being maintained by the facility. The facility was found to exceed in the requirements of this standard as evident by random inmate record review and in the response of inmates to interview questions and by the facility's efforts to provide training opportunities to inmates every six months and continuously through posted PREA information.

## Standard 115.34: Specialized training: Investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on CoreCivic's policy 14-2, page 7, section b-I, in addition to general training provided to all employees, CoreCivic ensure that facility investigators receive training on conducting sexual abuse investigations in confinement settings. The training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warning, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

At the Saguaro Correctional Center, there is one trained facility investigator. Documentation provided for review showed he completed the National Institute of Corrections (NIC) *PREA Update, Investigation, Standards and Required Specialty Training* on 9/20/17 and the general training provided to all employees.

A certificate of completion of this course is maintained by the facility. When interviewed, the facility investigator knew his responsibilities in conducting administrative investigations of sexual abuse and sexual harassment and referral to the Eloy Policy Department for any allegations that appear to be criminal.

## Standard 115.35: Specialized training: Medical and mental health care

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

**115.35 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

**115.35 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

**115.35 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to policy 14-2, page 7, section b-ii, in addition to the general training provided to all employees, all Qualified Health Care and Mental Health Professionals receive specialized medical training. This

training includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations of sexual abuse and harassment.

All health care staff view the CCA DVD *PREA Specialized Training for Medical and Mental Health Staff* and sign a *Training Activity Enrollment/Attendance Roster (4-2A)* at the completion of this training. This training is in addition to general training provided as well. Random review of the training records of medical and mental health care staff confirmed that this training is being completed and documentation is being maintained by the facility.

Medical staff do not perform forensic examinations. SANE examinations are performed by referral to the Scottsdale Lincoln Health Network and performed at the Honor Health Osborne Hospital.

Medical and mental health staff interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve the physical evidence.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.41: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.41 (a)**

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### **115.41 (b)**

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  Yes  No

#### **115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

#### **115.41 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  
 Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  
 Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Per policy 14-2, pages 13 & 14, section H, upon admission to the Saguaro Correctional Center all inmates are screened for their risk of being sexually abused or sexually abusive towards others. The *Sexual Abuse Screening Tool (14-2B)*, used for this purpose, is completed at arrival by shift supervisors in Receiving and Discharge. The form was provided for review and was found to contain all requirements of 115.41 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. In the past 12 months, 1646 inmates admitted to the facility were screened within 72 hours for their risk of sexual victimization and abusiveness.

Within 30 days of arrival to the facility, inmates are rescreened using the 14-2B form completed electronically in OMSe by Case Managers. An inmate's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. Inmates are not disciplined for refusing to answer screening questions or not disclosing complete information. *Sexual Abuse Screening Tools (14-2B)* are filed in the inmate central files that are locked in the Unit Manager's office in all housing units. To maintain confidentiality, all staff with the exception of Correctional Officers and Counselors, are allowed access to screening information.

In review of random electronic inmate files, the *Sexual Abuse Screening Tool (14-2B)* forms are being completed, reassessments are timely and PREA screenings are being maintained in the inmate's file. The facility was found to exceed in the requirements of this standard.

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
 Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to policy 14-2, section H-1, the agency uses the information from the risk screening form to make housing, bed, work, education and program assignments with the goal of separating inmates at high risk of being sexually victimized from inmates with those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each inmate. On interview with the Warden, he explained how the facility utilizes information from the 14-2B form. Inmates who are

identified from screening to be at risk for victimization or abusiveness are tracked by alerts entered into OMSe.

Inmates who are screened to be at risk of victimization are housed and those screened at risk for abusiveness are housed in separate cells at all times for their safety.

Guidelines on housing and program assignments for the management of transgender and intersex inmates are outlined in policy 14-2, pages 14 & 15, section J-1. Transgender and intersex inmates are reassessed at least twice per year to review any threats to safety experienced by the inmate as required by this standard and takes into consideration their own views regarding their own safety. This review is completed at the time of the inmate's Progress Report. Placement is made on a case-by-case basis to ensure the health and safety of the inmate.

According to agency policy, transgender and intersex inmates are given the opportunity to shower separately from other inmates. Upon request to their Unit Manager, transgender and intersex inmates can shower at a designated time. Four transgender inmates were interviewed and all reported that they were not offered the opportunity to shower alone. (See *Audit Narrative, Post-Audit Note*, pages 6 & 7, for details)

The agency does not place lesbian, gay bisexual, transgender or intersex inmates in dedicated facilities, units or wings solely based on such identification. At the time of the audit, there were eight transgender inmates housed at the facility. There were no inmates who self-disclosed being gay, bisexual or intersex housed at the facility. Four transgender inmates interviewed reported that they were not housed any differently because of their sexual orientation.

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to policy 14-2, pages 15 & 16, section J-1 and policy 10-1, pages 4 & 5, section 6-b, involuntary segregated housing may be used to house inmates at high risk for sexual victimization only after an

assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours.

The policies further state that if involuntary segregated housing is used for the safety of the inmate as a means of separation, it can be used for a period not to exceed 30 days and documented the basis for the use of involuntary segregated housing and the reason why no alternative means of separation could be arranged. If necessary to house an inmate in involuntary segregated housing for more than 30 days, a review of the inmate's status must be conducted every 30 days to determine whether there is a continuing need for separation from general population.

On interview with the Warden, he confirmed that in the past 12 months there were no inmates held in involuntary segregated housing. If it were necessary to move an inmate at high risk for victimization or who have alleged sexual abuse as a means of separation from a potential abuser, the facility would have many options because of the facility having several housing units and many pods that the inmate could be placed in until an alternate means of separation from an abuser could be arranged.

## REPORTING

### Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  
 Yes  No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 14-2, pages 16 & 17, section L, and page 19, section 3, outline the procedures for inmate reporting of allegations of sexual abuse and sexual harassment, retaliation by other inmates or staff or staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates can report verbally to any staff member, call or write someone outside the facility who can contact facility administrative staff, submit a *Medical Concern Form* and report to medical staff member during sick call, submit an *Inmate Request Form* to security staff or write a letter to the Warden sealed and marked "confidential".

Inmates are made aware of methods of reporting available to them in the *Inmate Handbook* in the *Preventing Sexual Abuse and Misconduct* brochure (14-2AA) and continuously through posters displayed throughout the facility. Through these sources, inmates are informed they can dial \*777, which is an internal reporting number that goes to the cells phones or e-mail to the Warden, the two Assistant Wardens, the three Chiefs, the PREA Investigator and the TDCJ Contract Monitor.

They are also informed that they can call any of the following external crisis lines: Against Abuse at 520-836-0858; Horizon Health Services at 866-495-6735; Pinal Hispanic Council at 866-495-6735; or SACASA at 800-400-1001 or 520-327-7273. Inmates are informed that any reports of sexual abuse are forwarded to authorities in accordance with mandatory reporting laws. Inmates are also instructed that they can forward a letter to the CoreCivic Managing Director, Facility Operations at 10 Burton Hills Boulevard, Nashville, TN 37215 or the Hawaii Mainland Branch at 919 Ala Moana Boulevard, Honolulu, HI 96814.

Employees must take all allegations of sexual abuse and harassment seriously whether they be made verbally, in writing, anonymously and from third parties and are required to document all reports as stated

on page 18, section 2 of policy 14-2. Employees may privately report sexual abuse and sexual harassment of inmates in writing or may contact the CoreCivic Ethics and Compliance Hotline at 1-866-757-4448. Reporting methods can be found on the CoreCivic website.

In the past 12 months, there are no inmates at the Saguaro Correctional Center that were housed solely for civil immigration purposes.

Inmates interviewed were aware of the methods of reporting available to them. Staff interviewed were aware of privately reporting sexual abuse of inmates. Due to the ability for inmates to call the internal reporting number and the option of several external crisis hot lines, the facility was found to exceed in the requirements of this standard.

## Standard 115.52: Exhaustion of administrative remedies

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
 Yes  No  NA

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time

period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)   
Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)   
Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)   
Yes  No  NA

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)   
Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   
Yes  No  NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Saguaro Correctional Center does not have an administrative procedure for addressing inmate grievances regarding sexual abuse. All PREA allegations received as a grievance are submitted to the facility investigator for immediate initiation of the PREA protocol.

## Standard 115.53: Inmate access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 14-2, page 10, section F, outlines the agency's policy on providing inmates with access to outside victim advocates for emotional support services related to sexual abuse. Inmates are given mailing addresses and telephone numbers, including toll-free hotline numbers available for reporting allegations of sexual abuse as well as to request emotional support services.

The Saguaro Correctional Center has an MOU with SACASA. The terms of the MOU provide inmates of the Saguaro Correctional Center with a 24-hour sexual abuse crisis hot line and provide inmates with confidential emotional support and advocacy services related to incidents of sexual abuse upon the request of the victim.

Inmates are informed of the services provided by SACASA through the information provided in the *Inmate Handbook* and the *Preventing Sexual Abuse & Misconduct* brochure (14-2 AA) and through posters displayed throughout the facility. These services are provided at no cost to the inmate and are available 24-hours a day, seven days a week. Inmates are informed that communication with this agency will not be monitored or recorded. Callers can remain anonymous if they wish to and are given information on the mandatory reporting laws and confidentiality.

Inmates interviewed were aware of the confidential support services available to them and how to access them.

### Standard 115.54: Third-party reporting

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency has a method to receive third-party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing to the PREA Coordinator or to the Warden. Per CoreCivic policy 14-2, page 18, section N-4, information on third party reporting is made available on CoreCivic's website with instructions for outside parties to contact the National Sexual Assault Hotline at 1-800-656-4673 or send a letter to the facility's Program Manager.

Inmates are made aware of this method of reporting in the *Preventing Sexual Abuse & Misconduct* brochure (14-2 AA) and in the *Inmate Handbook*. Inmates interviewed were knowledgeable of this method of reporting. During the past 12 months, there were no third party reports received.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?   
Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

#### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency/facility policy 14-2 on staff reporting duties was found on pages 17 & 18, section L-2. Staff must take all allegations of sexual abuse and sexual harassment seriously. All staff are required to report immediately to the facility Investigator any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment and any retaliation against inmates or staff who reported such an incident. Staff are to document all verbal reports promptly. Staff who fail to report allegations may be subject to disciplinary action.

Once an allegation is received, notifications are required to be made to the Warden or ADO if after hours, to the PREA Compliance Manager and the PREA Coordinator. If the allegation appears to be criminal, the Eloy Police Department is notified.

Staff are also required to report, according to policy, any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Interview with staff revealed that staff is very knowledgeable of their responsibilities to report incidents of sexual abuse or harassment and know not to reveal any information about a sexual abuse incident to anyone other than to the extent necessary.

Medical and mental health professionals are required to follow reporting procedures and are to inform inmates of their professional duty to report and the limitations of confidentiality. They are also required to obtain consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

The Saguaro Correctional Center houses adult male inmates only, none of whom according to their classified level of care are considered vulnerable adults under the Arizona State Vulnerable Persons Statue; therefore, subsection 115.261 (d) is not applicable to this facility.

## Standard 115.62: Agency protection duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

When the agency learns that a inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Policy 14-2, page 1, paragraph 2 and page 17, section 2-c requires that when it is learned that a inmate is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate.

In interview with the Warden and documentation provided for review, there were no times during the past 12 months .that it was necessary for the agency to take immediate action in regards to a inmate being in substantial risk of sexual abuse. Staff interviewed were aware of their responsibilities if they felt a inmate was at risk for sexual abuse.

## Standard 115.63: Reporting to other confinement facilities

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

#### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CoreCivic policy 14-2, page 20, section M-3 was used to verify compliance to this standard. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden shall notify the head of the facility where the sexual abuse was alleged to have occurred and document on the 5-1B, *Notice to Administration* form that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation.

If the allegation was reported and investigated at the facility where the sexual abuse was alleged to occur, the Warden is to document such and no further investigation or notification is necessary. If the allegation was not reported or not investigated, a copy of the inmate's statement and any other details obtained from contact with the facility where the alleged abuse took place and the facility's response is documented. If an allegation is received from another facility, the Warden will ensure that the allegation is investigated in accordance with the PREA standards.

In the past 12 months, there were no allegations of sexual abuse received from other facilities. In the past 12 months, there was one report from an inmate assigned to the Saguaro Correctional Center of sexual abuse that occurred while confined at another facility. Upon interview with the Warden and documentation provided for review, notification was immediately made to the facility of assignment of the inmate that made the report.

### Standard 115.64: Staff first responder duties

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CoreCivic policy 14-2, pages 18 & 19, section M-1 & 2-a, outlines the procedure for first responders to allegations of sexual abuse and sexual harassment whether that person is a security or non-security staff member. Per policy, upon learning of an allegation of sexual abuse, the first staff member to respond to keep the alleged victim safe with no contact with the alleged perpetrator and immediately escorted to a private area and ensure that the crime scene is preserved. If the abuse was alleged to have occurred within a time frame that allows for the collection of physical evidence, staff shall ensure that the victim does not wash, shower, toilet, eat, drink or brush his teeth.

Policy mandates that if the first responder to an allegation of sexual abuse is a non-security staff member, they shall advise the alleged victim not to take any actions that could destroy physical evidence and then notify security staff immediately. A victim of sexual abuse is immediately escorted to the health services department for evaluation and stabilization.

All staff carry with them a First Responder Card that highlights their responsibilities in response to allegations of sexual abuse and sexual harassment. Staff interviews with security and non-security staff revealed that they knew the policy and practice to follow if they were the first responder to an allegation

of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and knew how to preserve the crime scene and the physical evidence.

In the past 12 months, there was one allegation of sexual abuse received. A security staff member was the first responder to the allegation. The report was not made within the timeframe that allowed for the collection of physical evidence.

In interview with security and non-security staff, they were knowledgeable of their responsibilities in response to allegations of sexual abuse.

## Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 14-2, pages 18-20, sections M, N & outline the facility's coordinated response to an incident of sexual abuse. A Sexual Abuse Response Team (SART) is established at this facility that includes the PREA Compliance Manager, the HSA/Assistant PREA Compliance Manager, the Chief of Security, the PREA Investigator, the Mental Health Coordinator, the Grievance Coordinator and the Quality Assurance Manager. It is the responsibility of the SART to carry out the *Coordinated Response Plan*, which is a written plan to provide a prompt response by first responders, medical/health services staff, mental health staff, investigators and facility leadership.

The facility's *Coordinated Response Plan* was provided for review. It was found to outline the responsibilities of each member of the SART to ensure coordination of actions to be taken in response to an allegation of sexual abuse.

Interviews with members of the SART revealed that they know their responsibilities in carrying out the *Coordinated Response Plan*.

## Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.66 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CoreCivic policy 14-2 CC, page 26, section 2-d, was used to verify compliance to this standard. Employees are subject to disciplinary sanctions up to termination for violating CoreCivic's policies on sexual abuse and sexual harassment. Since the last PREA audit, CoreCivic has not entered into or renewed any collective bargaining agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with inmates pending the outcome of an investigation. There are no restrictions to keep the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation.

In interview with the Executive Vice President and Chief Corrections Officer on 10/4/16, any agreements that CoreCivic enters in to would not limit the agency from removing alleged staff sexual abusers from contact with inmates pending the outcome of an investigation and not disciplining employees up to and including termination.

### Standard 115.67: Agency protection against retaliation

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

CoreCivic has as policy to protect inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff as outlined on page 11, section 3, a-iv - vi. The agency has multiple protection measures, such as housing changes or transfers for inmates, victims or abusers, removal of alleged staff or inmate abusers from contact with victims and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Classification Coordinator was responsible for monitoring for retaliation, but that position is vacant at this time so a Case Manager has been appointed to conduct retaliation monitoring. Monitoring shall be documented on the 14-2 CC-D, *PREA Retaliation Monitoring Report* each time she meets with the inmate. Monitoring is required 30/60/90 days following an allegation and can continue beyond 90 days if there is a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect that individual against retaliation are put in place.

In the past 12 months, no incidents of retaliation have occurred. When interviewed, the Case Manager responsible for retaliation monitoring knew her responsibilities for monitoring for retaliation per policy and this standard. She stated that she would meet with the victim every 30 days for up to 90 days or longer if warranted. In review of investigative files, *PREA Retaliation Monitoring Reports* become part of the corresponding investigative file.

### Standard 115.68: Post-allegation protective custody

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

**Does Not Meet Standard** (*Requires Corrective Action*)

The agency/facility prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as the requirements of standard 115.43, outlined on page 15, section J-2 of policy 14-2 and policy 10-1, page 5, section 6-b-i-ii, would apply. Inmates at high risk for sexual victimization can be placed in involuntary segregated housing only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours.

In the past 12 months, there was no time that an inmate that suffered sexual abuse was placed in involuntary segregation. Security staff assigned to segregation confirmed this information. On interview with the Warden if it was necessary to separate a victim from an abuser the victim would be placed in another cells or another pod or in a medical housing cell.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

### 115.71 (k)

- Auditor is not required to audit this provision.

### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The agency/facility conducts an investigation immediately when notified of an allegation of sexual abuse and sexual harassment including third party and anonymous reports. The trained facility PREA Investigator who is responsible for conducting administrative investigations of sexual abuse and sexual harassment at the Saguaro Correctional Center.

The agency's policy on administrative and criminal investigations is outlined in CoreCivic policy 14-2, pages 22 & 23, section O-1-3. The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. The administrative investigation is documented in the *Incident Investigative Report* (5-1G) via the IRD. The report includes investigative facts, physical evidence and testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident including explanation as to what determined the conclusion.

The facility PREA Investigator interviews alleged victims, suspected perpetrators and witnesses and reviews prior complaints and reports of sexual abuse involving the suspected perpetrator.

Allegations of sexual abuse that appear to be criminal are referred to the Eloy Police Department who conduct investigations pursuant to the requirements of this standard. Substantiated allegations shall be referred for prosecution. The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

If an alleged staff abuser or victim terminates employment before the conclusion of an investigation, the investigation continues. If an inmate abuser or victim leaves the facility before the conclusion of the investigation, the investigation continues.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as an inmate or staff. A inmate who alleges sexual abuse is not required to submit to a polygraph examination.

Since the last PREA audit, there was one substantiated allegation of conduct that appeared to be criminal that was referred for prosecution. CoreCivic retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency, plus five years as required by the *CoreCivic Retention Schedule* (1-15 B).

When interviewed, the facility Investigator knew his responsibilities in the conduct of administrative investigations and referral of all allegations to the Eloy Policy Department as required.

## Standard 115.72: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on CoreCivic's policy 14-2, page 24, section O-5, the agency shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. When the facility Investigator was asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency's policy.

## Standard 115.73: Reporting to inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?   
Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.73 (f)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Policy 14-2, pages 24 & 25, section Q, was used to verify compliance to this standard. The policy indicates that following an investigation of sexual abuse of a inmate, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the facility shall request the relevant information from the investigative agency in order to inform the inmate.

The policy further states that following an inmate's allegation that an employee has committed sexual abuse against the inmate; the facility is required to inform the inmate of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following an inmate's allegation that another inmate sexually abused him, the agency shall inform the inmate of the outcome of the investigation.

All notifications or attempted notifications shall be documented on the 14-2E, *Inmate/Inmate Allegation Status Notification* form. The inmate signs the 14-2E and the form is to be filed in the corresponding investigative file. The facility's obligation to notify the inmate shall terminate if the inmate is released from custody.

In the past 12 months, there were three allegations reported and investigated. All three alleged victims were presented and signed an *Inmate/Inmate Allegation Status Notification* form as required. These forms were found in the corresponding investigative file. When interviewed a Case Manager responsible for providing the *Inmate/Inmate Allegation Status Notification* to inmates, she knew her responsibilities of providing inmates with 14-2E forms at the conclusion of the outcome of an investigation.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

##### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

##### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse policy as outlined in policy 14-2, page 26, section R-2-a-c. Policy 3.3, page 2, section C – 1 & 2, references CoreCivic's *Code of Ethics and Business Conduct*, which all employees must read and sign a *Code of Conduct Acknowledgement Form*, attachment 3-3C to policy 3.3, acknowledging they have read the *Code of Ethics and Business Conduct* and find no exceptions to the information it contains.

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violation of agency policies related to sexual abuse or sexual harassment shall commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and other sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of the agency's policies on sexual abuse and sexual harassment, or resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies. In the past 12 months, there were three employees who violating the agency's sexual abuse or sexual harassment policy. All resigned while under investigation. One employee was reported to the Eloy Police Department for criminal investigation.

#### Standard 115.77: Corrective action for contractors and volunteers

##### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on review of policy 14-2, page 27, section-3, any volunteer or contractor who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies or licensing boards, unless the activity was clearly not criminal.

Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions. Policy 3.3, page 2, section C – 1 & 2, references CoreCivic’s *Code of Ethics and Business Conduct*, which all contractors and volunteers must read and sign a *Code of Conduct Acknowledgement Form*, attachment 3-3C to policy 3.3, acknowledging they have read the *Code of Ethics and Business Conduct* and find no exceptions to the information it contains. Contractors and volunteers sign a 14-2H, *Self-Declaration of Sexual Abuse and Sexual Harassment* form acknowledging that they have a continuing affirmative duty to disclose any changes to the questions answered on the 14-2H form.

In interview with the Warden and documentation provided by the facility, in the past 12 months the Saguaro Correctional Center has not received any reports of sexual abuse of inmates by contractors or volunteers. The Warden stated that if a volunteer or contracted violated the agency’s zero-tolerance policy, they would no longer be allowed access to the facility. The Eloy Police Department would be immediately notified.

## Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

#### 115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

#### 115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

Per policy 14-2, pages 25-26, section R-1, inmates will be subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Policy 15-2, page 2, section 15-2.4, addresses the agency/facility's disciplinary procedures, including sexual misconduct.

Sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior in determining what type of sanction, if any should be imposed.

An inmate may be disciplined for sexual conduct with an employee only upon a finding that the employee did not consent to such conduct. Inmates who allege false claims of sexual abuse can be disciplined. A report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred does not constitute falsely reporting an incident or lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.

Inmates receive an *Inmate Handbook* when they arrive at the Saguaro Correctional Center they are informed that sexual misconduct is a violation against the facility's rules and regulations and describes what constitutes sexual misconduct.

In the case of sexual abuse, the alleged perpetrator is offered mental health services or can request these services through submitting a confidential sick call to the mental health department.

In the past 12 months, there have been no reported incidents inmate-on-inmate sexual abuse or any form of sexually related misconduct by inmates.

## MEDICAL AND MENTAL CARE

### Standard 115.81: Medical and mental health screenings; history of sexual abuse

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

#### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

In review of policy 14-2, page 10, section E-2, all inmates receive an initial medical and mental health screening upon admission to the facility. Those who disclose any prior victimization during intake screening or at any time thereafter, are offered a follow-up meeting with a mental health practitioner. Inmates who have previously perpetrated sexual abuse are also offered a follow-up meeting with a mental health practitioner. The Mental Health Services policy 13-61, states that mental health appraisals will be conducted within 14 days for inmates referred to mental health during the intake process. When the Mental Health Coordinator was interviewed, she reported that inmates referred from PREA screenings would be seen within seven days or less.

Information related to sexual victimization or abusiveness that occurred in an institutional setting is limited to medical and mental health practitioners. Inmates sign a *Limits of Confidentiality* form before the initiation of mental health services. Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Information about confidentiality of any information related to sexual victimization is outlined in policy 13-58, *Medical Records* and in policy 13-74, *Privacy of Protected Health Information*.

In the past 12 months, 15% of the inmates admitted to the Saguaro Correctional Center disclosed prior victimization during screening and were offered a follow-up meeting with the Mental Health Coordinator. Fifty-three percent of the inmates admitted to the facility disclosed at screening of perpetrating sexual abuse were offered a follow-up meeting with Mental Health Coordinator.

In interview with the Health Services Administrator and the Mental Health Coordinator and in random review of inmate files of inmates who reported prior victimization or abusiveness, the requirements of this standard as they apply to policy 14-2 are being adhered to.

## Standard 115.82: Access to emergency medical and mental health services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

Policy 14-2, pages 18 & 19, section M-1, outlines the response procedures when an employee learns of an allegation of sexual abuse. The alleged victim must be kept safe with no contact with the alleged perpetrator and be immediately escorted to the Health Services Department. All inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical and medical treatment and crisis intervention services as outlined in policy 13-79, *Sexual Assault Response*, pages 2-4, section A. Inmate victims will be examined using the *Rape/Sexual Assault Protocol (13-79A)*. The nature and scope of these services are determined by medical and mental health practitioners according to their professional judgement. The medical department is staffed 24 hours a day, seven days a week. The facility shall attempt to conduct a mental health evaluation on all known inmate abusers within 60 days and offers treatment as deemed appropriate.

Medical staff at the facility do not perform forensic examinations. An MOU with the Scottsdale Lincoln Health Network Forensic Nurse Examiners provides SANE exams to inmate victims of sexual assault. Victims also are offered information about sexually transmitted infections prophylaxis treatment. Forensic exams and other services offered are provided without financial cost to the inmate regardless of whether the inmate victim names the abuser or cooperates with an investigation.

Interviews with the Health Services Administrator and the Mental Health Coordinator and in the review of documentation of inmate victims of sexual abuse confirmed that the requirements of this standard are being adhered to.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.83 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  
 Yes  No

#### **115.83 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.83 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.83 (d)**

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on interviews with medical staff and the Mental Health Coordinator, documentation provided for review, and review of policy 14-2, pages 18 & 19, section M-1-a and policy 13.79, pages 2-4, section 13.79.4, section A, the facility offers medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse. This treatment includes follow-up services, treatment plans and when necessary, referrals for continued care. These services are consistent with the community level of care and are provided at no cost to the inmate whether the victim names the abuser or cooperates with any investigation of the incident.

Documentation was reviewed for inmates requiring follow-up medical and mental health services following a report of sexual abuse revealed that all required steps were taken including testing for sexually transmitted diseases and ongoing follow-up with the Mental Health Coordinator.

Subsections (d) and (e) of this standard are not applicable to this facility as the Saguaro Correctional Center houses male inmates only.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on policy 14-2, pages 21n & 22, section N, the Warden will ensure that a post investigation review of a sexual abuse incident is conducted within 30 days of the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. It is the responsibility of the SART to conduct these reviews.

When reviewing an incident, the SART considers the requirements of 115.86 (d) of this standard, which includes whether the incident was motivated by race, ethnicity, and gender identify or gang affiliation. They examine the area in the facility where the incident alleged to have occurred to assess for physical barriers, assess the adequacy of staffing levels in the area during different shifts to include supervisory staff and assess whether monitoring technology should be deployed. All findings and recommendations for improvement are documented on the 14-2F, *Sexual Abuse or Sexual Assault Incident Review Form*, and completed forms are forwarded to the PREA Coordinator. The facility will implement the recommendations for improvement or will document reasons for not doing so.

In the past 12 months, there was one unsubstantiated allegation of sexual abuse and a post-investigation review by the SART was conducted after the conclusion of the investigation, which was found filed in the corresponding investigative file. When interviewed, members of the SART knew their responsibilities as they relate to the review of sexual abuse incidents.

## Standard 115.87: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?   
Yes  No

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Information on data collection is found on page 27 & 28, section T-1 and section 2-a & b of CoreCivic policy 14-2. CoreCivic collects uniform data for every allegation of sexual abuse at all facility under their control. The data collected, will be at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice (DOJ).

The facility will ensure that incidents of sexual abuse and sexual harassment are reported on the *Incident Tracking Form*. At least annually, the PREA Coordinator aggregates this data. Upon request, or no later than June 30th, the agency provides aggregated data information for the previous calendar year to DOJ. The PREA Coordinator prepares an *Annual PREA Report* summarizing the aggregated data from all of their facilities.

Element (e) of this standard is not applicable to this facility. The agency does not contract for the confinement of its inmates.

### Standard 115.88: Data review for corrective action

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on policy 14-2, pages 27 & 28, section T-3, and on interview with the PREA Coordinator, the agency reviews all of the data collected from all of its facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator prepares an annual report that provides the problem areas and corrective actions for each facility and as the agency as a whole.

The PREA Coordinator forwards the annual report to the Chief of Corrections Officer for approval. The report is then made public on the CoreCivic website and can be accessed at

<http://CoreCivic.com/security-operations/prea>. Before making aggregated sexual abuse data public, all personal identifiers are redacted. The most current annual report, prepared by the PREA Coordinator for 2016 data, was very well written with easy to read tables according to the type of allegations and the investigative findings as well as a narrative overview of this information.

## Standard 115.89: Data storage, publication, and destruction

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

According to policy 14-2, page 27, section T-2-c, the agency ensures that the data collected is securely retained. According to the *CoreCivic Retention Schedule* (1-15-B), the entire PREA packet including aggregated sexual abuse data is retained for 10 years.

CoreCivic makes all aggregated sexual abuse data, from facilities under its direct control readily available to the public annually on their website at <http://CoreCivic.com/security-operations/prea>. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

##### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

##### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

##### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

##### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

##### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, inmates, and detainees?  
 Yes  No

##### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

Based on policy 14-2 CC, page 28, section U-2-a, CoreCivic ensures that an external audit of all of its facilities is conducted every three years to ensure compliance with the agency's policy, the PREA National Standards and federal law and regulations. The FSC Quality Assurance Department in conjunction with the PREA Coordinator ensures that the external audit is conducted by a DOJ Certified PREA Auditor.

According to the agency's PREA Coordinator, during the three-year period beginning on August 20, 2013, CoreCivic ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years.

A DOJ Certified PREA Auditor conducted the initial PREA audit of the Saguaro Correctional Center November 3-5, 2014. In compliance with the agency policy and the PREA National Standards, this audit, three years from the last audit, was conducted by a DOJ Certified PREA Auditor.

During the audit, I was allowed access to all areas of the Saguaro Correctional Center. I was permitted to request and receive copies of any relevant documentation, including information that was stored electronically. I was permitted to conduct private interviews with inmates ensuring confidentiality to our conversation.

Inmates were notified 60 days before the audit on posted facility notices in both English and Spanish that they could send confidential correspondence to me and were given my name and mailing address. I did not receive any correspondence from inmates of the Saguaro Correctional Center.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Based on policy 14.2 CC page 28, section 2-b-ii-iv, each audit includes a certification by the auditor that no conflict of interest exists with respect to his/her ability to conduct a CoreCivic audit. No audit may be conducted by an auditor who has received financial compensation from CoreCivic within the three years prior to CoreCivic retaining the auditor. CoreCivic will not employ with or otherwise financially compensate the auditor for three years subsequent to CoreCivic's retention of the auditor, with the exception of contracting for subsequent PREA audits.

I certify by my signature in the *Auditor's Certification* section of this report that no conflict of interest exists with my ability to conduct this audit.

According to policy 14-2 CC, page 29, section d, audit reports shall state whether company-wide policies and procedures comply with relevant PREA National Standards. In thorough review of CoreCivic's *Sexual Abuse Prevention and Response* policy (14-2 CC), the policy was found to be well written and comprehensive complying with the PREA National Standards.

For each standard, I made a determination of a finding of Exceeds Standard, Meets Standard or Does Not Meet Standard. See pages 9 & 10 for a summary of my findings for each of the PREA standards.

My report describes the methodology, sampling sizes and basis for my conclusions as required. I have redacted any personal identifiable inmate or employee information, but I can provide such information to CoreCivic or the Department of Justice upon request.

Per agency policy and standard requirements, CoreCivic ensures that this final report will be published on their website at <http://corecivic.com/security-operations/prea>.

## AUDITOR CERTIFICATION

I certify that:

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

Barbara Jo Denison

December 6, 2017

**Auditor Signature**

**Date**