

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

Interim Final

Date of Interim Audit Report: 02/18/2021 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 05/06/2021

Auditor Information

Name: Jillian Shane	Email: AandScorrections@yahoo.com
Company Name: A & S Correctional Consulting	
Mailing Address: PO Box 15376	City, State, Zip: Rio Rancho, NM 87174
Telephone: Click or tap here to enter text.	Date of Facility Visit: January 17-20, 2021

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable): Click or tap here to enter text.			
Physical Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, TN 37027	
Mailing Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, TN 37027	
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 Website with PREA Information: www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon Hininger	
Email: damon.hininger@corecivic.com	Telephone: 615-263-3300

Agency-Wide PREA Coordinator

Name: Eric Pierson	
Email: eric.pierson@corecivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conry, VP, Operations Administration	Number of Compliance Managers who report to the PREA Coordinator: 65 (indirect)

Facility Information

Name of Facility: Saguario Correctional Center

Physical Address: 1250 East Arica Road

City, State, Zip: Eloy, AZ 85131

Mailing Address (if different from above):

Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Internal self-audits, partner audits, life/fire safety inspections, health inspections, Department of Behavioral Health, and recommended machine inspections.

Warden/Jail Administrator/Sheriff/Director

Name: Kris Kline

Email: kris.kline@corecivic.com

Telephone: 520.464.0502

Facility PREA Compliance Manager

Name: Jody Bradley

Email: jody.bradleyjr@corecivic.com

Telephone: 520.464.0540

Facility Health Service Administrator N/A

Name: Karen Perez

Email: karen.perez@corecivic.com

Facility Characteristics

Designated Facility Capacity:

1926

Current Population of Facility:

1435

Average daily population for the past 12 months:	1620
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-70+
Average length of stay or time under supervision:	784 days
Facility security levels/inmate custody levels:	Medium Security/medium custody
Number of inmates admitted to facility during the past 12 months:	1646
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	1646
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	1646
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	326
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	69
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	47
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	51

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	15
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	6
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	6
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	160
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
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Investigations

Criminal Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>1</p>
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<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
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Administrative Investigations

<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>1</p>
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<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
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<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
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Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) audit process began in September 2020 for the CoreCivic, Saguaro Correctional Center by Jillian Shane, a United States Department of Justice Certified Auditor for adult facilities.

The pre-audit preparations included a thorough review of all documentation and materials that were sent to the auditor, to include the Pre-Audit Questionnaire (PAQ), files for each standard, policies, procedures, samples of documents, forms, posters, brochures/pamphlets, handbooks, videos, training curriculums, charts and numerous other PREA related materials used to demonstrate compliance. The initial files were sent electronically through a secured platform to the auditor on October 2, 2020. The Auditor and the PREA team both at the facility and at the CoreCivic corporate office communicated often for the weeks prior to and after the on-site portion of the audit.

The auditor sent an introductory email to the Facility PREA Compliance Manager (PCM) on January 19, 2020 which stated:

Good Evening:

I would like to start by saying hello and that I am looking forward to the audit visit of your facility. As I begin to review documentation that will be sent to me, I will send a few emails for clarification or ask for documents that I know I will want/need to ensure compliance. As I ask for documents, I may ask for you to email to me, ask you to print and having waiting for me when I arrive. Also, please label with what I asked, as I will forget if they are sent in multiple emails or if they are waiting for me there.

Mr. Pierson advised me that you posted the notices in your facility. As you post, can you please send me a list of all areas where this is posted and pictures of the postings and let me know the date these were posted?

As the Assistant Warden and QAM, are you and your Executive management going to want to do in-briefs and out-briefs daily? I know many facilities differ so I just wanted to check. Also, with social distancing, I know that this will look different this audit as opposed to others.

Also, please have the following information available during the on-site PREA Audit:

- * Roster of staff working during all shifts (will interview random staff on all three shifts)
- * Two Inmate rosters (random inmate interviews and file reviews)
- * ALL PREA allegations in the past 12 months

- * List of all inmates that are Disabled and limited English proficient
- * List of all inmates that are Transgender/Intersex inmates; gay/bisexual
- * List of all inmates that are Inmates in restrictive housing (for risk of sexual victimization) if applicable
- * List of all inmates that are Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * List of all inmates that are Inmates who disclosed sexual victimization during risk screening

I will need to interview the following individuals. You may set up interviews for any time while I am onsite, or provide me with a list of those who fit this role who will be onsite during the audit. If someone is not available, please coordinate a time to conduct a telephonic interview prior to the audit. We will need a private area to conduct staff and inmate interviews, where other staff and inmates cannot overhear the conversations.

Staff:

- * Superintendent/Warden
- * PREA Compliance Manager
- * Medical staff
- * Mental health staff
- * Human Resources
- * Volunteers AND contractors who have contact with inmates
- * Investigative staff
- * Staff who perform screening for risk of victimization and abusiveness
- * Staff who supervise inmates in restrictive housing
- * Staff on the Incident Review Team
- * Designated staff member charged with monitoring for retaliation
- * First responders, both security and non-security
- * Intake staff

Inmate:

- * Disabled and limited English proficient
- * Transgender/Intersex inmates; gay/bisexual
- * Inmates in restrictive housing (for risk of sexual victimization) if applicable
- * Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * Inmates who disclosed sexual victimization during risk screening

I will need the name of a mental health services provider who can provide crisis intervention, if necessary, during inmate interviews. We will also need a staff member (if any) who will be available to provide translation services during interviews with limited English proficient inmates.

Lastly, if you can email me, as soon as possible, a list of the cases you have had in the past year, a staff roster and a current inmate roster, I would like to start selecting and auditing files in advance. The

more I can do prior to the on-site visit, the more I can concentrate on interviews. With your facility size and COVID-19 restrictions, I want to ensure we have time.

On September 23, 2020, the PCM forwarded the auditor pictures of the audit announcement posting, in English and Spanish. These were posted in the following areas:

- Front Lobby
 - By entrance door
 - By time clock
- Administrative Area
 - Bulletin board by bathrooms
 - Bulletin board by payroll
 - Bulletin board in break room
- Visitation
 - Waiting rooms
 - Front door
 - Exit doors
- Maintenance
 - Clerk office
 - Entrance
 - Back door
- R&D Offices
 - R&D/Transportation Office
 - Front Door
 - Back Door
- Central Control
 - In bubble
 - Briefing by time clock
- Ops
 - Captains Office
 - Bulletins board in hall way
- Medical
 - Waiting rooms
 - Offices
 - Hallways
- Laundry
 - Front door
 - Office
 - Back door
- Kitchen
 - Front door
 - Office
 - Chow Hall
- Juliet Unit
 - Multipurpose room

- Unit Manager Suite
- Hallway
- Barbershop
- Alpha Pod bulletin board
- Bravo Pod bulletin board
- Charlie Pod bulletin board
- Video visit room
- Case Manager offices
- Kilo Unit
 - Multipurpose room
 - Unit Manager Suite
 - Hallway
 - Barbershop
 - Alpha Pod bulletin board
 - Bravo Pod bulletin board
 - Charlie Pod bulletin board
 - Case Manager offices
 - Video visit room
- Lima Unit
 - Multipurpose room
 - Unit Manager Suite
 - Hallway
 - Barbershop
 - Alpha Pod bulletin board
 - Bravo Pod bulletin board
 - Charlie Pod bulletin board
 - Case Manager offices
 - Video visit rooms
- Mike Unit
 - Multipurpose room
 - Unit Manager Suite
 - Hallway
 - Barbershop
 - Alpha Pod bulletin board
 - Bravo Pod bulletin board
 - Charlie Pod bulletin board
 - Case Manager offices
 - Video Visit room
- November Unit
 - Multipurpose room
 - Unit Manager Suite
 - Hallway
 - Barbershop
 - Alpha Pod bulletin board
 - Bravo Pod bulletin board
 - Charlie Pod bulletin board
 - Case Manager office

- Video Visit room
- Hotel Unit
 - Multipurpose room
 - Unit Manager Suite
 - Hallway
 - Barbershop
 - Alpha Pod bulletin board
 - Bravo Pod bulletin board
 - Charlie Pod bulletin board
 - Video Visit room
 - Case Manager office
- Programs 1
 - All class rooms
 - Hallway
- Programs 2
 - All class rooms
 - Kitchen
 - Lobby
 - All Offices

The Notice stated:

*****NOTICE***SCHEDULED PREA AUDIT**

SAGUARO CORRECTIONAL CENTER is voluntarily seeking certification for the PRISON RAPE ELIMINATION ACT (PREA) by demonstrating its compliance with nationally established standards. A standards compliance audit of this facility will be conducted from

NOVEMBER 16, 2020– NOVEMBER 19, 2020

CONFIDENTIALITY: All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, but are not limited to the following: if the person is in immediate danger to her/himself or others (e.g. suicide or homicide); allegations of suspected child abuse, neglect or maltreatment; in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

As previously stated, audit files were sent to the auditor, electronically through a secured passcode protected online system on October 2, 2020. The files were reviewed by the auditor, information was added to the report, and any questions or requests for additional information were sent to the PCM and Agency PREA Coordinator who were extremely responsive.

The auditor asked the facility to provide a list of all PREA related cases for the past twelve months, a roster of all current employees with their date of hire and position title, and an

inmate roster with inmate name, housing unit and date of arrival at the facility. In addition, the auditor asked for lists and rosters for all specialty inmates and staff at the facility, for use of file reviews and interviews. In addition and again, while onsite, the Auditor was provided updated rosters (and advised that there were none available for particular characteristics) for the following:

- * Roster of staff working during all shifts (will interview random staff on each shift as facility is working twelve hour shifts)
- * Two Inmate rosters (random inmate interviews and file reviews)
- * ALL PREA allegations in the past 12 months
- * List of all inmates that are disabled and limited English proficient
- * List of all inmates that are Transgender/Intersex inmates; gay/bisexual
- * List of all inmates that are Inmates in restrictive housing (for risk of sexual victimization) if applicable
- * List of all inmates that are Inmates who reported a sexual abuse (please have the outcome handy so auditors are aware of situation prior to interview)
- * List of all inmates that are Inmates who disclosed sexual victimization during risk screening

These lists were used to select the resident files to be reviewed and interviewed as well as the staff files and interviews. Details of the staff and inmate interviews and files were reviewed are documented below as they pertain to each standard.

The week prior to the visit, the auditor received a notice of a high number of COVID cases within the facility. The auditor worked with staff and rescheduled for the week January 17-20, 2021. The same notice with the new dates was posted in all areas of the facility. The auditor viewed these postings in nearly all areas while on site (some had been ripped down and replaced).

File reviews (prior to arrival and on-site):

Inmate files reviews:

Prior to arrival at the facility, and based on the rosters sent to the auditor, the auditor randomly selected 77 total inmate files to review. At the time of the request, files were from the Hawaii, Nevada, Kansas and Idaho contracts. However, by the time the auditor arrived at the facility, there was only Hawaii and Idaho inmates and the Nevada and Kansas contracts had stopped. The auditor reviewed these files utilizing the tool PREA Audit, Adult Prisons and Jails Documentation Review – Inmates Files/Records. This review and request asked for documentation demonstrating compliance with standards 115.33, 115.41 and 115.81. Further descriptions of these findings will be detailed and identified in the standards below.

Also, while on-site, the facility staff indicated that new processes were put into place for the screening and intake process for inmates. The facility provided the auditor with an intake roster from March 2020 to present. The auditor randomly selected twenty-one (21) additional files to review for compliance with 115.33 and 115.41. Of all the files, three were one day late on the comprehensive education step. All other components were compliant. All of these files were from the Hawaii population.

Interview summaries (prior to arrival and on-site):

This a summary of the formal interviews that were completed during the audit utilizing the PREA Resource Centers interview Protocol. Be advised that this is in no way conclusive, as random and specialty staff and inmates were interviewed throughout the site visit regarding specific cases, processes and documents that were viewed to help the auditor understand and seek clarification.

Inmate:

Random inmates (1,700 total population capacity)		
	Number Required	Number interviewed
1525 first day count	15	24
Specialty Inmate Type	Number Required	Number Interviewed
LEP	1	1
IM's who disclosed victimization during screening (180)	2	4
IM's in segregation housing for risk or who allege sexual abuse (NA)	NA	NA But did review file of inmate housed for protection
Inmates who reported Sexual Abuse	3	3
LGBTI (11)	3	4
Youthful Inmates (NA)	0	0
Inmate letters received prior to	5 received	3 interviewed 2 were not PREA related, auditor mailed letter prior to responding as such

Prior to the PRC issuing a directive on video interviewing of inmates, the auditor selected thirty-six inmate names and conducted interviews via Teams. For each interview the auditor, as created, ensured it was not recorded, had the staff whose offices it occurred in show the auditor the room to ensure no one else was inside prior to each interview, asked each inmate to show their ID and state their name and number, and asked each inmate if they were alone and felt safe to talk.

Of those selected and interviewed in advance with the above protocol, the auditor visited each while on site in their cells or called them to a visitation room to meet them in person, asked if they felt safe and alone during interview, asked if they wanted to meet the auditor alone again or if their information was still the same and accurate. If they said yes, they were given a form that stated:

I, inmate _____, No. _____ was interviewed via Zoom/Microsoft Teams by PREA Auditor Jillian Shane during the weeks of October 26th and November 2nd, 2020. At no time during that interview was any other staff member in the room at the facility and the door was closed. I do feel as if this interview was private and I did feel comfortable speaking with audit and thought I was able to speak freely. I do not feel nor did I see any indication that this was being recorded.

During the on-site portion of the audit, Auditor Jillian Shane came to my cell/Unit and offered to meet to speak with me again, in person. I am also aware that I could write to her should I require any additional follow up or should I wish to add anything to the interview.

Of those visited, seventeen (17) signed and dated copies of this document and the auditor retained it. For those who did not come to meeting or sign, the auditor is not counting their interview in the total.

The PRC guidance came after these were completed and the auditor did the remaining interviews on site. One inmate, asked to speak again privately and five spoke a little more in person (but not with the interview protocol, more informal discussions).

Staff:

Random staff (323 total employees)	
Number Required	Number interviewed
12	15 Formal (many additional informally)

Type	Total at Facility	Number Interviewed
Specialized – Medical/MH	24	3
Specialized - Volunteers	81	4
Specialized – Segregation Staff	16	4
Specialized – Retaliation Monitor	1	1
Specialized – Rape Crisis Center Advocate	Multiple through RCC	2
Specialized – Youthful Inmates Staff	None	NA
Specialized - Non medical staff involved in Cross Gender searches	None	NA
Specialized – Grievance Officer	2	1
Specialized – HR, Admin	1	1
Specialized – 1 st Responders	Varies (all staff)	3
Specialized – Intake Staff	Varies	2
Specialized – Contract Oversight	2	1
Specialized - Mailroom Staff	3	1
Specialized – PCM	1	1
Specialized – Training Department	2	1

The auditor arrived on-site at Saguaro Correctional Center on January 18, 2020 at 0730 hours. Upon entry, an entrance meeting was held with the following staff in attendance:

Warden
Assistant Warden/PREA Compliance Manager
Director of PREA Compliance
Quality Assurance

Introductions were made and the staff in attendance reviewed the process that would occur for the next three days at the facility. After the meeting, the Warden, Assistant Warden/PCM, Director of PREA Compliance, Quality Assurance Manager and Auditor walked all areas inside the facility and on the exterior of all areas within the fenced/gated area. During the tour, numerous other staff and department heads would escort in their respective areas and talk of their programs and processes.

The tour included but was not limited to:

Library
Programming
Visitation
Booking/R & D
Chapel
Case Managers/Unit staff offices
Chief of Security Office
Medical
Mental Health
All housing units
Commissary
Kitchen
Laundry
Chow Hall

The inmate count at the start of the tour was 1,435.

The kitchen had clear doors for their walk-in refrigerators and freezers which provided excellent viewing as these areas are often difficult to see and monitor.

The auditor viewed the audit postings in all areas that the facility indicated it was, to include:

Booking
Booking Phone Booth
Chapel Board
Chapel Inside
Class Rooms
Commissary

Food Service
Front Lobby
All housing Areas
Inmate Hallways
Inmate Visitation
Laundry
Medical
Security Office
Staff Conference Room
Staff Entrance
Visitors Area

In addition, in each of these areas, the auditor also noticed PREA information on posters and brochures with an ease of viewing for the population. Information was also seen in areas where visitors would be able to view and where visitation occurs.

All areas of the facility appeared to be clean and well kept.

While in medical, the auditor observed a few office windows that were covered with pictures and memos. The auditor discussed with management and they agreed that this can be a security concern for the safety of both staff and inmates. The Warden immediately sent a reminder email to all facility staff that this is not allowed.

The facility does have twenty-four (24) hour video surveillance with 259 cameras located throughout the property. Monitors for these cameras are located inside the security office and can only be viewed by staff in live mode. After the tour, all camera angles were reviewed and compared with the facility plans and knowledge of the layout from the tour. Minimal blind spots were identified and the few that were seen, the auditor asked that the facility add mirrors, to which the facility immediately placed an order and verified with a purchase order. Dress areas had sufficient coverage for privacy for the population while providing for security and safety for staff. A few inmates mentioned, and the auditor observed, that the last shower head in the shower was visible from the stairs. The auditor had staff stand in this area to show management the angle. Management immediately ordered new curtains and showed the auditor the purchase order. In addition, maintenance staff spoke with the auditor about ways in which to sew or raise the curtains to provide more privacy while still allowing for safety and security. The facility also provided the auditor with an excellent printout of all camera angles which could be reviewed off site while the auditor was reviewing cases and documentation.

The auditor discussed with the staff on the tour various areas where additional mirrors could enhance viewing and safety. The facility agreed, ordered and immediately placed the mirrors in all discussed locations. Pictures were sent to the auditor to document.

Toilet and shower areas had no cameras inside and had curtains which allowed for enough viewing for safety and also privacy for the population. Cameras were in the bedding areas of the dorms and locker areas. The auditor inquired with staff and offenders about changing clothes in this area. All stated and the offender handbook as well states "you may not be in any state of undress outside of the restroom".

During the tour, the auditor randomly selected and reviewed strip search logs in the visitation areas to ensure compliance and that all are completed and logged. The logs the auditor reviewed showed routine strip searches being logged with the inmates name and number.

In this report, the words 'inmate', 'resident', 'participant' and 'detainee' may be used interchangeably. This is due to the difference in languages between this program, the PREA standards themselves, policy, and the various referenced materials.

CoreCivic's Purpose, Mission and Values states:

Our Purpose: Help government better the public good.

Our 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.

Our Values:

P: pride

R: respect

I: integrity

D: duty

E: excellence

The facilities mission statement is:

The mission of the Saguaro Correctional Center (SCC) is to house Pre-Trial and sentenced offenders for Citrus County, United States Marshals Service as well as offenders for the U.S. Virgin Islands. The CCDF staff provides a safe and secure environment for all staff, and remains focused on public safety. The facility shall maintain the necessary level of security in the facility and provide rehabilitation programs to as many offenders as needed. The facility will work together with local agencies/businesses to build strong community relations within our communities. We will provide health care services (to include dental, medical, psychiatric services), food services, work, and many diverse programs to our offenders.

The previous PREA Audit was conducted with a facility visit of October 30-November 1, 2017 and a final report date of December 6, 2017. This audit report was reviewed by this current auditor prior to the on-site visit.

Prior to the visit, the auditor also reviewed the Agency Mission Statement, the completed Resident Handbook for Saguaro Correctional Center, daily population reports, a schematic layout of the facility, and the auditor researched for any and all articles that could be found online.

Upon arrival onsite, the facility performed the following screening of the auditor:

Note: Please ask all questions verbally. If a staff/person/visitor answers yes to any question, please complete and return the form to the HR Department. See addition instructions below.	
1. Assess the Risk Of Exposure – Ask the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you traveled outside the United States and returned within the last 14 days? Date of Return: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days? If YES, Dates of Exposure: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you returned from US Military or National Guard deployment related to the COVID-19 response within the last 14 days? Date of Return: _____
2. Assess Symptoms: Ask the following question: In last 24 hours have you experienced any of the following symptoms:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Subjective Fever (felt feverish)
<input type="checkbox"/> Yes <input type="checkbox"/> No	New or worsening Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea
3. Perform a temperature check _____ °F	
4. Instructions	
<p>A. If the staff/person/visitor answers Yes to any question in section 1 (exposure risk), with or without symptoms, the staff/person/visitor will be assessed for return home.</p> <p>B. If the staff/person's/visitor's temperature is $\geq 100.4^{\circ}\text{F}$ or answers Yes to any question in section 2 (symptoms), the staff/person/visitor will be assessed for return home.</p> <p>C. If a temperature of > 100.4 is registered, ask the staff/person/visitor to sit down for 10 minutes and retake their temperature a second time to confirm that their temperature is elevated.</p>	
Note: If staff member answers yes to any question, complete the form and contact the most senior HR Professional at the facility or designee to designate necessary leave of absence status.	
Completed forms must be kept in separate file.	

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Saguaro Correctional Center (SCC) is a state-of-the-art, 1926 bed, medium-security correctional facility that is located in the thriving town of Eloy, Arizona. SCC currently employs 355 staff from the surrounding communities of Phoenix & Tucson Arizona. SCC opened its doors in July of 2007.

Saguaro Correctional Center features a campus style layout with 16 buildings including six housing units, four covered recreational areas, administration, education, visitation, and maintenance buildings, and a general support building. The general support building includes central control, commissary, warehouse, facility medical services, food services, dining room, kitchen, inmate intake and laundry services. SCC was the first CoreCivic facility built with a new design to support the direct supervision philosophy and method of inmate management.

SCC has been contracted with the Hawaii Department of Public Safety since opening up their doors in 2007. They have recently renewed our contract with HDPS in 2019. In 2017, they were awarded a contract with Nevada DOC. In early 2018, SCC was officially added as an emergency overflow facility for the USMS. In 2019, SCC was awarded a contract with Kansas DOC.

Programs Offered at SCC are Math, Reading through Language Arts, Social Studies, and Science classes leading to successful completion of the GED tests; Computers, Plumbing, Electrical, Carpentry, Cognitive Skills/Anger Management/Life Skills, Hobby Shop, Library & Law Library, RDAP (Residential Drug Abuse Program), Racing Home Greyhound K-9 Program, Toastmasters, S.H.I.P. (Special Housing Incentive Program) for residents housing in Restrictive Housing, and Go Further a systems approach to reentry whereby an incarcerated person engages in programs specifically designed to address his or her personal barriers to successful reintegration into society.

Saguaro Correctional Center currently offers 15 different religious services for their residents. These services are both traditional religious services and culturally based services. In addition, SCC offers Threshold, a Faith Based program that combines an understanding of spirituality and cognitive behavioral materials in an effort to develop pro-social attitudes and behaviors. The curriculum is presented in three interactive journals over the course of 26 weeks. SCC has been ACA (American Correctional Association) Accredited since 2009.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 1
List of Standards Exceeded: 115.32

Standards Met

Number of Standards Met: 37

Standards Not Met

Number of Standards Not Met: 7
List of Standards Not Met: 115.15, 115.33, 115.41, 115.42, 115.51, 115.81, 115.86

Corrective Action from Interim Report:

After the onsite discussions and a final review of all documents retained, the facility and the auditor worked and came up with a corrective action plan for the standards found to not be in compliance:

Standard	Statement of Non-Compliance	Corrective Action Required	Name of Staff Responsible for Corrective Action:	Due Date	Date Completed:
115.33	Documentation was not present that the inmates who have been at the facility prior to the implementation of the standards were trained within one year of the implementation of the standards.	Facility conducted new 30 day comprehensive education and had each inmate re-sign the Acknowledgment form and provided the auditor with new copies. The auditor randomly selected twelve files and all are now in compliance. *Corrected on site with auditor.	Unit staff	N/A	01/18/21 Complete
115.33	The facility shall ensure that key information is continuously and readily available or visible to inmates/inmates through posters, inmate handbooks, or other written formats.	The facility indicated that they will add the intake video to the inmate television programming and would notify the auditor of the new schedule which would continuously show this video on a weekly basis. INTAKE: During intake, inmates will receive the following: <ul style="list-style-type: none"> CoreCivic Pamphlet 14-2AA PREA: Prevent, Detect and Respond. 	J. Bradley, AW	02/26/21	02/24/21 Complete

		<ul style="list-style-type: none"> Inmate Handbook that explains SCC's zero tolerance policy on sexual abuse and sexual harassment; and how to report a PREA. <p>30-DAY EDUCATION:</p> <p>Inmates will be gathered into the multipurpose room of each housing unit and will view the PREA: What you Need to Know Video. During this time, inmates will also receive the following:</p> <ul style="list-style-type: none"> Explanation of the facility's zero tolerance policy regarding sexual abuse and harassment. Information from the Southern Arizona Center Against Sexual Assault (SACASA) on how to obtain emotional support services for victims of sexual abuse. <p>*Proof of practice sent to auditor via email on 02/24/21; 04/13/21 and 04/16/21</p>			
115.33	FSC and Eloy PD addresses are listed in Inmate Handbook as ways to report, but mailroom confirmed that these letters would be opened, screened, and given to the Warden instead of being sent to the addressee.	<ol style="list-style-type: none"> The inmate handbook will be revised to reflect the exact verbiage that is outlined in Policy 14-2 regarding the reporting of PREA. <p>*Proof of practice sent to auditor via email on 02/19/21</p> <ol style="list-style-type: none"> Training will be conducted with the mailroom staff regarding screening and forwarding of mail addressed to the proper recipient in regards to PREA. <p>*Proof of practice sent to auditor via email on 02/04/21 (Mailroom Training)</p>	<ol style="list-style-type: none"> S. Murray, Classification Supervisor J. Bradley, AW 	<ol style="list-style-type: none"> 02/15/21 02/05/21 	<ol style="list-style-type: none"> 02/11/21 02/02/21 <p>Complete</p>
115.33	Intake and Orientation sign off forms are unclear and require revision	<ol style="list-style-type: none"> A directive will be issued to staff to discontinue the use of the 2003 PREA form that is included in the inmate's six month progress report. 	<ol style="list-style-type: none"> S. Murray, Classification Supervisor S. Murray, Classification Supervisor / 	<ol style="list-style-type: none"> 02/15/21 02/26/21 	<ol style="list-style-type: none"> 02/01/21 02/24/21 <p>Complete</p>

		<p>*Proof of practice sent to auditor via email on 02/04/21</p> <p>2. Revise Intake material acknowledgement and orientation acknowledgment to specify exactly what material inmate is receiving at each and implement new forms.</p> <p>INTAKE:</p> <p>During intake, inmates will receive the following:</p> <ul style="list-style-type: none"> • CoreCivic Pamphlet 14-2AA PREA: Prevent, Detect and Respond. • Inmate Handbook that explains SCC's zero tolerance policy on sexual abuse and sexual harassment; and how to report a PREA. <p>*Proof of practice sent to auditor via email on 02/24/21</p>	T. Meiner QAM		
115.41 and 115.42	The auditor selected a pod from each Idaho unit and asked for the lists of all potential and identified aggressors as well as all potential and identified victims to ensure that they were not being housed together. Three pods from three different units were selected and reviewed. Of those, in one unit, twelve were housed in error.	<p>Initial and follow-up screening information will be used to assess and properly assign housing to all inmates. Review all housing assignments to ensure accurate assignments have been made.</p> <ol style="list-style-type: none"> 1. Housing assignments will be corrected in Lima Unit 2. Provide Auditor with corrected cell assignments for Idaho inmates in affected Units <p>*Proof of practice sent to auditor via email on 02/04/21</p> <ol style="list-style-type: none"> 3. Develop a housing placement procedure that utilizes the inmate's PREA Risk Assessment Screening indicated on OMSe. 4. Training will be conducted with all unit staff on PREA alerts and proper housing placement. <p>*Covered in FSC Training with Eric Pierson via Microsoft</p>	<ol style="list-style-type: none"> 1. D. Sigmon, U/M 2. T. Meiner, QAM 3. S. Murray, Classification Supervisor, J. Bradley, AW 4. Unit Managers 5. Unit Managers 6. T. Meiner, QAM 	<ol style="list-style-type: none"> 1. 02/05/21 2. 02/12/21 3. 02/12/21 4. 02/19/21 5. 02/19/21 6. 03/26/21 	<ol style="list-style-type: none"> 1. 01/29/21 2. 02/04/21 3. 02/10/21 4. 02/10/21 5. 02/19/21 6. 03/31/21 <p>Complete</p>

		<p>Teams- Proof of Practice sent to auditor via email on 02/19/21</p> <p>5. Unit Manager's will conduct a weekly housing review of their units to ensure inmates are housed properly. These weekly reviews will be forwarded to the Chief of Unit Management and QA for monitoring of compliance.</p> <p>*Proof of practice sent to auditor via email on 02/19/21</p> <p>6. Provide auditor with a list of new arrivals since date of audit with their 14-2B screening forms and cell assignment information</p> <p>*Proof of practice sent to auditor via email on 03/31/21</p>			
115.41 and 115.42	During interviews with Unit Staff of all levels, it was confirmed that the intake PREA screening information is not being used when making programing and job decisions.	<p>Review all program and work assignments to ensure that PREA screening information is considered.</p> <p>1. Classification Supervisor to create procedure as to how 14-2 screening information is received and for used in job and program assignments</p> <p>* Proof of practice sent to auditor via email on 02/19/21</p>	1. S. Murray, Classification Supervisor	1. 2/15/21	1. 02/11/21 Complete
115.81	Referrals or follow ups for Mental Health were not conducted as per 114.41.	<p>Develop a process to refer all cases of victimization or abuse disclosed at intake or rescreening to Mental Health for follow up.</p> <p>1. Revise document to capture 115.41 screening info and follow-up meeting.</p> <p>*Proof of practice sent to auditor via email on 02/04/21</p> <p>2. Conduct training with Intake Staff, Unit Management Staff and Mental Health Staff on how to complete form and initiate the referral process.</p>	<p>1. T. Meiner, QAM</p> <p>2. E. Pierson, Sr. Director PREA Compliance</p> <p>3. S. Murray, Classification Supervisor / Case Managers / Mental Health</p> <p>4. T. Meiner, QAM</p>	<p>1. 01/29/21</p> <p>2. 02/05/21</p> <p>3. 03/05/21</p> <p>4. 03/26/21</p>	<p>1. 01/29/21</p> <p>2. 02/10/21</p> <p>3. 02/23/21</p> <p>4. 03/31/21 Complete</p>

		<p>*Discussed during the January SART Team Meeting and Teams Meeting conducted by Eric Pierson</p> <p>3. Review all inmates that arrived in the last six months that indicated they experienced prior sexual victimization or previously perpetrated sexual abuse and offer them a follow up meeting with medical/mental health. This will be documented on the PREA Risk Assessment Medical / Mental Health Follow-up Form and forwarded to Medical / Mental Health. Follow up meetings with the inmate will be notated on a progress note in allscripts.</p> <p>*Proof of practice sent to auditor via email on 02/23/21</p> <p>4. On 3/26/21 send Auditor completed forms for all inmates who arrived in March 2021</p> <p>*Proof of practice sent to auditor via email on 03/31/21</p>			
115.86	SART Team was meeting every quarter, which did not coincide with the need for 30 day incident reviews. Incident reviews did not include all SART team members.	<p>SART Team to meet monthly instead of quarterly.</p> <p>Incident reviews will include SART Team members and will be documented on the 14-2F.</p> <p>1. Train SART Team on roles and responsibilities, working together as a team, and timing of referrals, etc.</p> <p>*Proof of practice sent to auditor via email on 02/19/21</p> <p>2. Correct 14-2F Forms for incidents with in the past 30 days and new forms for all cases closed since the audit will be sent to the Auditor 2/26/21</p> <p>*Proof of practice sent to auditor via email on 02/24/21</p>	<p>1. E. Pierson, Sr. Director PREA Compliance</p> <p>2. J. Bradley, AW</p>	<p>1. 02/10/21</p> <p>2. 02/26/21</p>	<p>1. 02/10/21</p> <p>2. 02/24/21</p> <p>Completed</p>

115.15	Female staff are not announcing themselves. Many staff and most inmates referenced the sign that says "female staff may be present at all times".	<ol style="list-style-type: none"> 1. Have the wood shop make stencils to be used to paint new signage. 2. Paint "Opposite Gender Must Announce" on all housing pods/units and inmate restrooms. <p>*Proof of practice sent to auditor via email on 02/04/21</p> <ol style="list-style-type: none"> 3. Retrain all staff on importance of announcing each time they enter an opposite gender housing area. <p>Covered in FSC Training with Eric Pierson via Microsoft Teams- Proof of Practice sent to auditor via email on 02/19/21. This continues to be a topic discussed at every unit team meeting.</p>	<ol style="list-style-type: none"> 1. J. Bradley, AW 2. Maintenance 3. J. Bradley, AW 	<ol style="list-style-type: none"> 1. 02/15/21 2. 02/15/21 3. 02/26/21 	<ol style="list-style-type: none"> 1. 01/29/21 2. 02/02/21 3. 02/10/21 <p>Complete</p>
115.51	PREA Reporting and emotional support services contact information (phone numbers) is not clearly posted by inmate telephones.	<ol style="list-style-type: none"> 1. Place reporting numbers by every phone in the pods to include segregation phones. <p>*Proof of practice sent to auditor via email on 02/04/21</p>	1. J. Bradley	1. 02/15/21	1. 02/04/21 Complete
115.51	Staff said if the language line was needed, the inmate had to be brought to medical. Staff should be familiar with accessing the language line without taking the inmate to medical when there is no medical need.	<ol style="list-style-type: none"> 1. Send Language Line Information to all Unit Managers, intake staff, medical and other department heads to post in their departments for reference. <p>*Proof of practice sent to auditor via email on 02/04/21</p>	1. T. Meiner, QAM	1. 02/15/21	1. 1/29/21 Complete
	Auditor suggests mirrors be installed in blind spots around the facility.	<ol style="list-style-type: none"> 1. Order additional mirrors to be added in kitchen, Bravo pod janitor closets, Laundry clothing room, HC pod office, Programs 2 psychiatrist's office. 2. Install Mirrors in recommended locations. <p>*Proof of practice sent to auditor via email on 02/23/21</p>	<ol style="list-style-type: none"> 1. G. Susel, Finance Manager 2. Maintenance / J. Bradley, AW 	<ol style="list-style-type: none"> 1. 01/29/21 2. 02/26/21 	<ol style="list-style-type: none"> 1. 01/22/21 2. 02/12/21 <p>Complete</p>

For the standards that require procedure changes, training will be completed for all staff who are involved in said processes. Due to COVID and safety concerns, the FSC advised the auditor of how this will occur:

1. Due to COVID-19 protocols it is not practical or permissible for us to have large groups of in-person training at a facility. This is particularly true for Saguaro which is a facility with a history of COVID-19 positives among staff. We cannot have the traditional training classes with 20-25 staff or more sitting together in a classroom. Any override of such practices for PREA would more than likely result in concerns from staff for their safety.
2. Since March of last year all of the company large scale training efforts have been virtual. Warden's conferences, Investigator conferences, were postponed and the ones that have been rescheduled for 2021 will all be virtual. Even our open enrollment meetings are done virtually. All of the conference rooms at our FSC are closed and people are not even allowed to meet 1-2 at a time informally. Our offices will be operating like this through at least June of 2021.
3. Whatever training we have it will **not** be presented by the facility leadership at Saguaro. AW Bradley, Susan Murray and the other ADO staff will **not** be training the staff on PREA. It will be FSC PREA Staff. All of the case managers, unit managers, intake staff, medical/mental health staff, supervisors and whoever else we need will be included in the training sessions that **we** present.
4. Heather and I will be working on the slides and the content of the training next week. We will send you the presentation so that you can see exactly what is going to be presented. We can send you a list of who attends and sign off sheets with their signatures.
5. Microsoft Teams allows staff to raise questions during the meeting and participate. There is even a feature that allows a recording to be made of the sessions. We can send you that. You can even listen in if you want without being seen. We can set up follow meetings if you would like so you can question staff on what they learned. Anyone who is out and misses the sessions can view the recording

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11 (a): Policy 14-02-CC, *Sexual Abuse Prevention and Response* states in section 14-2 CC.1 that CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. Policy further states that such conduct is prohibited by the policy and will not be tolerated, to include inmate-on-inmate sexual abuse or sexual harassment and employee-on-inmate sexual abuse or sexual harassment. When it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action will be taken to protect the inmate/detainee. It is CoreCivic's policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse. Alleged victims of sexual abuse or harassment will be provided a supportive and protective environment.

Policy 14-02-CC, *Sexual Abuse Prevention and Response* further details and outlines the CoreCivic's approach to preventing, detecting and responding to sexual abuse and sexual harassment. These sections of policy include, but are not limited to Reporting for staff, inmate reporting, training, background checks, staffing, supervision and monitoring, Sexual Abuse Response Team (SART), inmate screening and education, response procedures, and investigations.

The policy includes sanctions for those found to have participated in prohibited behaviors and definitions of all prohibited behaviors.

115.11 (b): CoreCivic employs the position of Senior Director, PREA Programs and Compliance. A Director of PREA Compliance and Investigations reports to the Senior Director. The Senior Director reports to the Executive Vice President and President of Operations at the FSC.

Policy 14-02-CC states that the Facility Support Center (FSC) is an upper-level management FSC employee designated to develop, implement, and oversee CoreCivic's companywide efforts to comply with the PREA National Standards and the company's Sexual Abuse Response and Prevention Program. He/she must provide supervisory oversight to all CoreCivic facilities ensuring coordination in the prevention, detection, intervention, investigation, and discipline/prosecution of sexual abuse as specified in this policy.

An interview was conducted with both the PREA Coordinator (PC) or the Agency and the PREA Compliance Manager (PCM) for the facility. Each were extremely knowledgeable about their roles and responsibilities, the standards, the policy and the things that occur in operations for Saguaro Correctional Center. Each indicated that they feel that they have proper authority and time to complete their duties, which could also be seen by the response from staff, the documents reviewed and the processes in place.

115.11 (c): Policy 14-02-CC states that each CoreCivic facility has a designated PREA Compliance Manager to coordinate efforts at the facility level to comply with PREA standards. This position is an Administrative Duty Office level manager appointed by the Warden/Facility

Administrator who maintains responsibility for the facility's Sexual Abuse Response and Prevention Program.

The Warden at Saguaro Correctional Center issued a memo to all staff dated July 13, 2020 stating that Assistant Warden J. Bradley has been appointed as the facility PREA Compliance Manager.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Prisons and Jails PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Organizational Chart for CoreCivic Correctional Programs Division
Job Description of the Senior Director, PREA Programs and Compliance
HR Email Announcing PREA Audit & Compliance Senior Director
Email introducing the Director of PREA Compliance and Investigations
CoreCivic Summary of Current Job Performance Characteristics for Senior Director of PREA Programs and Compliance
Interview of PREA Coordinator for CoreCivic (Senior Director)
Interview of PREA Compliance Manager for Saguaro Correctional Center
Saguaro Correctional Center Organizational Chart
Saguaro Correctional Center Memo from Warden

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.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic is a private provider and does not subcontract with other agencies for the confinement of participants; therefore, this standard does not apply.

Contracts with the State of Hawaii, the State of Kansas and the State of Nevada were each reviewed. Each contained language that stated that the Contractor agrees to adopt and comply with the requirements of the Prisons Rape Elimination Act of 2003, 42 U.S.C. Sec. 15601 et seq., and applicable PREA regulations and standards.

The facility and Agency entered a new contract with the State of Idaho during the process of completing this audit. The contract was reviewed and contained language that stated that the Contractor agrees to adopt and comply with the requirements of the Prisons Rape Elimination Act of 2003, 42 U.S.C. Sec. 15601 et seq., and applicable PREA regulations and standards.

While onsite, the auditor interviewed the contract monitor for the Hawaii contract. The monitor described her process of monitoring the contract, while onsite, for compliance with contract provisions to include PREA. In addition, the contract monitor stated that she is often included in meetings and is permitted to view all areas of the facility with access to all needed documents and areas.

Prior to the onsite portion of the audit and while onsite, the auditor spoke with the monitor for the Idaho contract. The contract monitor described his process for monitoring contract compliance and stated that he has good rapport with facility staff. The contract monitor also met with the PREA Auditor, FSC representative and the Warden at the completion of the audit and discussed audit findings and possible corrective actions and changes.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Prisons and Jails PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*

Interview with Vice President Operations Administration, CoreCivic
Scope of Services with the State of Hawaii
Contract with the State of Nevada
Contract with the State of Kansas
Contract with the State of Idaho
Interview with Contract Monitors for both contracted agencies, Hawaii and Idaho

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states in section D, Staffing, that:

FSC will develop, in coordination with the facility, a staffing plan that provides for adequate levels of staffing to protect inmates/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staff.

The policy continues on to state that in calculating staff levels and determining the need for video monitoring, the following factors shall be taken into consideration:

1. Generally accepted detention and correctional practices;
2. Any judicial findings of inadequacy;
3. Any findings of inadequacy from federal investigative agencies;
4. Any findings of inadequacy from internal or external oversight bodies;
5. All components of the facilities physical plan (including 'blind spots' or areas where staff and inmates/detainees may be isolated);
6. The composition of the inmate/detainee population;
7. The number and placement of supervisory staff;
8. Institutional programs occurring on a particular shift;
9. Any applicable state or local laws, regulations, or standards;
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and;
11. Any other relevant factors.

The 2017, 2018, and 2019 14-02-I documented staffing plan was provided to the auditor and reviewed. It considered and discussed that the facility provides for adequate levels of staffing and, where applicable, video monitoring is used, to protect detainees against sexual abuse. This plan took into consideration the physical layout of the facility, the composition of the detainee population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and allows for the facility to discuss any other relevant factors.

On the PAQ, the facility indicated that the average daily number of inmates was 1598 and the staffing plan was designed for an average of 1,800 inmates.

Staffing plans for 2018, 2019 and 2020 for this facility were reviewed by the auditor.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states in section D, Staffing, that: the facility shall make its best effort to comply, on a regular basis, with the approved PREA staffing plan and shall document all deviations. Deviations shall be documented and notification made on the 5-1B Notice to Administration via the Incident Reporting Database (IRD).

The Shift Supervisor is responsible for reviewing the PREA Staffing Plan in conjunction with the daily shift roster. If a position identified on the Staff Plan is vacated for a shift, the Shift Supervisor shall notify the PREA Compliance Manager of the deviation. The PREA Compliance Manager (PCM) shall:

1. Document and describe the deviation on the 5-1B Notice to Administration via the IRD, along with a thorough justification for the deviations; and
2. Notify the FSC PREA Coordinator of the deviation within seven (7) calendar days; to include a description of any corrective actions that were taken to resolve the deviation.

During the audit review period, there were no incidents where the facility deviated from the staffing plan. There is, however, a form and a practice of documenting this should it occur. While on site, supervisors and the PCM indicated that they were aware of the requirements and process to document and report this.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states in section D, Staffing, in the section titled Annual PREA Staffing Plan Assessment states that whenever necessary, but no less frequently than once each year, for each CoreCivic facility, an annual PREA staffing plan assessment will be completed. In conjunction with the PREA Coordinator, the Administrator/Director and the PCM will complete the 14-2CC-I Annual PREA Staffing Plan Assessment. Upon completions, the 14-2 CC-I Annual Staffing Plan Assessment will be forwarded to the FSC PREA Compliance Coordinator.

In consultation with the respective Vice President, Operations, the FSC PREA Coordinator shall assess:

1. Prevailing staffing patterns;
2. The staffing plan established pursuant to this section;
3. The facility deployment of video monitoring systems and other monitoring technologies; and
4. The resources the facility has available to commit to ensure adherence to the staffing plan.

In addition, they will determine and document whether any adjustments are needed to the above.

The facility provided and the auditor reviewed the 2018 and 2019 14-02-I Staffing Plan review and saw that the facility assessed, determined, and documented whether adjustments were needed to the staffing plan, whether adjustments were needed to prevailing staffing patterns, whether adjustments were needed to the facility's deployment of video monitoring systems and other monitoring technologies, and whether adjustments were needed to the resources the facility has available to commit in order to ensure adequate staffing levels.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that supervisors shall conduct unannounced facility rounds to identify and deter employee sexual abuse and sexual harassment. The occurrence of such rounds shall be documented as an unannounced round in the applicable log (e.g.: ADO, Post Log, Shift report, etc.). This practice shall be implemented for all shifts and all areas where inmates/detainees are permitted.

Policy further states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility.

Live roster audits were provided to the auditor and reviewed demonstrating a live audit of the staff at the particular point in time, completed by the ADO. In addition, Supervisors Daily Hours logs and reports were reviewed by the auditor, which clearly detail officer placement and presence for each shift.

During the twelve (12) months preceding this audit, there have been no deviations from the staffing plan. The Warden provided a memo indicating this.

The auditor selected names of intermediate and high level facility staff from a list of supervisors that was provided. The auditor selected three (3) from this list and conducted the interview with the questions from the intermediate or higher level facility staff protocol questionnaire. Each of the three understood the purpose of conducting unannounced rounds as per the standard and detailed how they documented said rounds in either the Administrative Duty Officer log book or the unit log book, when they would conduct these. These were the exception to rule and rarely conducted.

The PCM, during his onsite interview, indicated that should the need occur to close a mandatory post, the facility would document through the 5-1 Incident reporting process. All proper notifications to the Corporate Manager and the customer would occur through that process will be sent. However, the PCM could not recall an incident of this occurring as they would typically fill these posts with overtime and if it was truly a dire situation, there are four prison facilities in the area that staff can respond from.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Prisons and Jails PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
14-2 CC-I, Annual PREA Staff Plan Assessment for 2019, 2018, and 2017
Supervisory interviews
PCM interview
Tour of physical plant
Review of camera placement and viewing
Physical Plant Diagram
Staffing Plan
Administrative Duty Officer Live Staff Roster Review
Supervisor Daily Hours Report – Day and Night Shift

Logbook, Supervisory Rounds
Unannounced Rounds signage
Staff Interviews, Random, intermediate and higher level staff
Interview, PREA Coordinator
5-1 reporting process

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 18-2, *Classification and Inmate/Detainee Management* states in the section for housing considerations that in accordance with PREA 115.14 (a)(b) (c), a youthful offender shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters. Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

This facility does not house Youthful Offenders.

(b) Policy 18-2, *Classification and Inmate/Detainee Management* states in the section for housing considerations that in accordance with PREA 115.14 (a) (b) (c), a youthful offender shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters. Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

This facility does not house Youthful Offenders.

(c) Policy 18-2, *Classification and Inmate/Detainee Management* states in the section for housing considerations that in accordance with PREA 115.14 (a)(b) (c), a youthful offender shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area, or sleeping quarters. Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

Further, policy states that in accordance with PREA 115.14 (c), absent exigent circumstances, agencies shall not deny youthful inmates daily large muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.

This facility does not house Youthful Offenders.

The auditor requested and was provided a roster of all inmates with their dates of birth and verified that there were no youthful offenders.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Prisons and Jails PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Roster of Inmates with Ages/Dates of Birth
Interviews with Warden, PC and PCM
Interviews with Random Staff

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies 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 have procedures 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

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02, Sexual Abuse Prevention and Response states that cross gender inmate/detainee strip searches shall not be conducted except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when performed by medical practitioners.

Policy 9-5, *Searches of Inmate and Various Locations* states that body cavity searches are not authorized at CoreCivic facilities and will not be conducted by CoreCivic personnel without the prior approval of the Vice President, Operations.

Policy 9-5, *Searches of Inmate and Various Locations* states that the strip search shall be conducted by employees of the same sex as the inmate/detainee being searched except in temporary unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility. Any occurrence of such cross-gender strip searches shall be documented in the 5-1 Incident Report administration process using form 5-1B Notice to administration. Security staff shall be trained on how to conduct cross-gender strip searches.

Randomly selected log books which documented strip searches, located in the visitation area, were reviewed by the auditor and were in compliance with the provisions of this standard.

(b) The provision is not applicable, as the rated capacity does exceed 50 inmates.

Policy 14-02, Sexual Abuse Prevention and Response states that cross-gender inmate frisk/pat searches of female inmate by male employees is prohibited except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order).

Policy 9-5, *Searches of Inmate and Various Locations* states that conducting frisk/pat searches of female inmate by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrence of such frisk/pat searches shall be documented in the 5-1 Incident Report administration process. Security staff shall be trained in how to conduct cross-gender frisk/pat down searches.

(c) Policy 14-02, Sexual Abuse Prevention and Response states that whenever a cross-gender pat search of a female inmate or a cross gender strip search of any inmate does occur, the search shall be documented on the 5-1B Notice to Administration (NTA).

The facility provided the auditor with a blank sample log to illustrate what staff would log during these searches. It has a column for each of the inmate's name, inmate number, space to indicate whether or not he was pat searched, space to indicate whether or not the inmate cooperated, staff initials, date, time, and authorization space.

Policy 9-5, *Searches of Inmate and Various Locations* states that conducting frisk/pat searches of female inmates/detainees by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrence of such frisk/pat searches shall be documented in the 5-1 Incident Report administration process. Security staff shall be trained in how to conduct cross-gender frisk/patdown searches.

Policy 9-5, *Searches of Inmate and Various Locations* states that the strip search shall be conducted by employees of the same sex as the inmate/detainee being searched except in temporary unforeseen circumstances that require immediate action to combat a threat to the security or institutional order of a facility. Any occurrence of such cross-gender strip searches shall be documented in the 5-1 Incident Report administration process using form 5-1B Notice to administration. Security staff shall be trained in how to conduct cross-gender strip searches.

Randomly selected strip search logs were reviewed by the auditor and were in compliance with the provisions of this standard.

(d) Policy 14-02, *Sexual Abuse Prevention and Response* states that inmates/detainees may shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttock, or genitalia, except in exigent circumstances (that is, temporary unforeseen circumstances that require immediate action in order to combat a threat to security or institutional order) or when such viewing is incidental to routine living quarter checks.

Policy continues on to state that employees of the opposite gender must announce their presence when entering an area where inmates/detainee are likely to be showering, performing bodily functions or changing clothing.

(e) Policy 14-02, *Sexual Abuse Prevention and Response* states that searches or physical examination of a transgender or intersex inmate/detainees for the sole purpose of determining the inmates/detainees genital status is prohibited. If the inmate/detainees genital status is unknown, it may be determined during conversations with the inmate/detainee, 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.

Policy 9-5, *Searches of Inmate and Various Locations* states in the Change Notice that searches or physical examination of a transgender or intersex inmate/detainee for the sole purpose of determining the inmates/detainees genital status is prohibited. Security staff shall be trained in how to conduct searches of transgender and intersex inmates.

Policy also stated that pat and strip searches of transgender inmates/intersex inmates will be completed by a staff member of the same sex for which the inmate/detainee has been classified by the customer/partner agency. Making accommodations, if necessary, to search individuals according to gender identity would not violate the prohibitions on cross-gender searches. Searches of breasts will be completed using the back and/or side of the hand.

(f)) Policy 14-02, Sexual Abuse Prevention and Response states that in addition to the general training provided to all employees, security staff shall receive training in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates/detainees, in a manner that is professional, respectful, and the least intrusive possible while being consistent with security needs.

Procedure in this policy states that upon notifying a participant of a pat down, staff will ask the subject to empty his/her pockets. Participants shall be required to take off any additional layer of clothing, i.e.: jackets, sweaters, shoes, etc. Staff should ask the participant to extend their arms out at their side with their palms open. Staff performing the pat-down should keep a consistent pattern. When staff members search breast and/or crotch areas, it is imperative that they are consistent in their searches to avoid allegations. The staff members hand conducting the breast and crotch area should be kept open and in a sliding form. No groping or cupping of the breast or crotch should occur. Instead, the staff members hand should continue facing down, straight and away from the breast or crotch itself.

The CoreCivic Training Facilitators Guide for Search Procedures was reviewed by the auditor. In this guide, and referenced on slide six, the guide states that searches of transgender or intersex inmate should be conducted in accordance with the inmate's gender identity and by asking the individual to identify the staff with whom they would feel most comfortable conducting the search. Inmate who are suspected of changing their identity and/or search preferences to evade security screening procedures should be reported to supervisory personnel. Staff should never conduct a 'dual gender' pat search, i.e.: where the staff of one gender searches the top half of the inmate and the staff of the opposite gender searches the bottom half of the inmate.

The guide also states that cross gender searches and searches of transgender and intersex inmate should be conducted in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Finally, pat searches of transgender visitors should be conducted in accordance with the gender identity of the visitor.

This facility does not house female inmates.

Policy 9-5, *Searches of Inmate and Various Locations* states in the Change Notice that searches or physical examination of a transgender or intersex inmate for the sole purpose of determining the inmates genital status is prohibited. Security staff shall be trained in how to conduct searches of transgender and intersex inmates.

Sample 4-2A, Training/Activity Attendance Rosters were reviewed which showed a one-hour class in cross gender and transgender pat search training, which was attended by correctional officers and security staff.

During the walkthrough of the facility, on the entry doors to the housing areas, signage which stated "staff of the opposite gender may be present". The Warden was going to have this language changed to state "staff of the opposite gender must announce themselves upon entry".

All security staff who were interviewed were able to describe and demonstrate a proper pat down and discuss strip searches of transgender inmates.

The facility indicated on the PAQ that in the past twelve months, there have been zero cross gender strip or cross gender visual body cavity searches of inmates.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 9- 5, Searches of Inmates/Residence and Various Locations
Lesson Plan for Searches
Training Curriculum – Guidance in Cross Gender and Transgender Pat Searches
Training Logs on Searches
Strip Search Logs
Training Acknowledgement Sheets
Memo that the facility does not house female inmates
Interviews with medical staff
Interviews with PCM and Warden
Interviews Random Staff
Interviews Transgender Inmates

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that Inmates/detainees will be provided education in formats accessible to all inmates/detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates/detainees who have limited reading skills.

All documents translated for inmate use and education had an average of a grade level of grade 10.8 for reading comprehension.

A TDD Machine for the hearing impaired is located in master control. Should an inmate have low vision, the materials are available in large font. Should an inmate have a cognitive disability, staff would sit and read the documents to/with the inmate to ensure there is an understanding. The facility psychologist would also remain involved.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that in the event an Inmate/detainee has difficulty understanding provided information and/or procedures outlines in this policy, employees must ensure that such information is effectively communicated to such inmate on an individual basis. Auxiliary aids that are reasonable, effective and appropriate to the needs of the inmate shall be provided when simple written or oral communication is not effective.

For those inmates who are limited English proficient with Spanish as a primary language, a flier entitled "Sexual Assault Awareness and Prevention" is available in both English and Spanish. This flier is educational and outlines the PREA education requirements to the inmate population.

The receiving and discharge acknowledgment which included the handbook acknowledgment is also available in both English and Spanish.

The video, called *PREA: What you need to know*, is available in English, Spanish and Hmong.

The inmate handbook was provided and reviewed, with all required education materials for PREA in both English and Spanish.

A contract between Language Lines Services, Inc. and CoreCivic of Tennessee, LLC. was provided to and reviewed by the auditor. The contract provides for over-the-phone services for translation, and was last executed on February 17, 2019. It provides for interpretation services in over 200 languages.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that Inmates/detainees will not be relied upon to provide interpretation services, act as readers, or provide other types of communication assistance, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the Inmates/detainees safety, the performance of first-responder duties, or the investigation of the Inmates/detainees allegations.

In the past twelve (12) months, the facility indicated that there were no instances where inmate interpreters, readers or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety.

An interview with CoreCivic Vice President, Operations Administration was conducted, and he indicated that the CoreCivic corporate office provides assistance to facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmate with disabilities. The agency maintains a comprehensive contract with the Language Line and some facilities have a direct MOU with organizations in the local communicates to provide translation services when needed. TTY phones are provided and arrangements are also made to assist those inmate who are blind.

The facility showed the auditor a large print set of education documents and the inmate handbook, for those with limited vision; a TTY phone is available for those with hearing impairments and staff will assist those who may have developmental disabilities or the inability to comprehend.

At the time of the audit, there were no inmates who were blind, with low vision, deaf or with cognitive deficits.

Lastly, the facility provided a memorandum which contained a list of all staff available for translation. Currently, they have staff assigned that can speak Spanish and a memo is available listing said staff.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Sexual Assault Awareness and Prevention Brochure (English and Spanish)
Inmate Handbook, English and Spanish
Language Line contract, use instructions and flier
Video *PREA: What you need to know*
Email to staff on Language Line usage

Interview with CoreCivic Vice President, Operations Administration
Handbook for those with limited vision
Specialized inmate interviews
Random Staff Interviews
List of Staff Translators
TTY Phone location
Interview with Medical and Unit Staff

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 who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that to the extent permitted by law, CoreCivic will decline to hire or promote anyone who may have contact with inmate and decline to enlist the services of any contractor who may have contact with Inmates/detainees who:

1. has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 USC 1997);
2. has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion or if the victim did not consent or was unable to consent or refuse; and
3. has been civilly or administratively adjudicated to have engaged in the activity as outlined above.

The 14-2H, Self-Declaration of Sexual Abuse/Sexual Harassment form, which is signed by every employee, asks each employee the three above questions, and in addition, asks if they have ever had a substantiated allegation of sexual harassment made against them.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmate.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that before hiring new employees who may have contact with Inmates/detainees, CoreCivic shall:

1. perform a criminal background records check; and
2. consistent with federal, state and local law make its best effort 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 as

defined by this policy. The 3-20-2A Verification of Employment form shall be used to solicit such prior employment information.

Form 3-20-2B *PREA Questionnaire for Prior Institutional Employers* was reviewed. It is signed by all prospective hires and is a release of information to be sent to all prior institutions that the person may have worked at. HR staff interviewed and walked the auditor through their process of this form and the use of the information in consideration during the hiring process.

The authorization for security clearance form states 'I understand omission of any item may result in not receiving full consideration for employment'. This form is signed by every applicant.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic in partnership with their oversight agencies shall also perform a criminal backgrounds records check before enlisting the services of any unescorted contractor who may have contact with inmates/detainees.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic in partnership with their oversight agencies, shall conduct criminal background records checks at least every five (5) years of current employees and unescorted contractors who may have contact with inmate or have in place a system for otherwise capturing such information.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that all applicants and employees who may have direct contact with inmate shall be asked about previous misconduct, as outlined above, in written applications and in any interviews or written self-evaluations conducted as part of reviews of current employees.

Form 14-2H-CC is a self-declaration of Sexual Abuse/Sexual Harassment signed by each new applicant, employee promotion or transfer or for an unescorted contractor.

The form entitled 'self-declaration of sexual abuse/sexual harassment' states that "you certify your understanding that if you provide false or fraudulent information you could be disqualified from further consideration for employment or, if falsity is discovered after you have become employees, terminated from employment". This form is signed by each applicant, employee and unescorted contractor.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that to the extent permitted by law, CoreCivic may decline to hire or promote and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. The 14-2 CC-H form shall also service as verification of an employee's fulfillment of his/her continuing affirmative duty to disclose any sexual misconduct as described in this policy, and as outlined above.

Form 14-2CC-H is a self-declaration of Sexual Abuse/Sexual Harassment signed by each new applicant, employee promotion or transfer or for an unescorted contractor.

The authorization for security clearance form states 'I understand omission of any item may result in not receiving full consideration for employment'. This form is signed by every applicant.

(h) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless prohibited by law, CoreCivic shall 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.

The Saguaro Correctional Center has received requests from other institutional employers to provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees in the past twelve (12) months. Three samples were reviewed whereas staff completed and responded in the HR department, to the other agency.

Prior to arrival to the facility, management provided the auditor with a list of all current staff members, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was three hundred and twenty-six (326) employees for the facility. In addition, the facility stated that there were 69 staff hired within the past twelve months.

Prior to arrival to the facility, management provided the auditor with a list of all current staff members, dated October 5, 2020, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was three hundred and twenty-three (323) employees for the facility.

The auditor randomly selected forty (40) staff from this list with ten (10) being hired within the past twelve months. The auditor asked the facility for documentation and reviewed the complete training file and list of classes taken by date and all training acknowledgments that were signed. Of these files, all were in compliance in that:

1. Background checks were completed prior to hiring;
2. Background checks will be completed every five years (longer staff selected did have multiple checks in their files);
3. Self-declaration forms are completed prior to hiring and completed for each staff member annually and when promoted;
4. Prior institutional forms are being completed, when applicable (those reviewed did not have prior institutional experience outside of CoreCivic);
5. Employees have and sign that they acknowledge their affirmative duty to disclose.

During an interview with HR staff, it was evident that she was well versed in PREA and the requirements and provisions set forth in this standard and in policy. The individual interviewed detailed the process of obtaining information from and responding to other facilities for the clearance process. When asked for samples, files were immediately provided which demonstrated requests to and from other facilities utilizing CoreCivic form 3-20-2B, PREA Questionnaire for Prior Institutional Employers.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
New Hire Paperwork Samples
Promotion Paperwork Sample
Contract Worker Sample
5 year background check plan
14-02 H Form
Employee Background Request
Self-Disclosure / Declarations form
Final Approval
Background investigation Disclosure and Authorization form
Authorization for Security Clearance
Provisional Clearance Letters
Interviews with two HR Staff Members
Interview with PCM and PC
Spreadsheet of five (5) year background checks for staff and contractors

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) The facility indicated to the auditor that during the past twelve (12) months, there have been no substantial expansions or modifications to the facility.

Policy 14-02 *Sexual Abuse Prevention and Response* states that 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 on the company's ability to protect inmates from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.

A blank copy of form 7-1B PREA Physical Plant Considerations was reviewed by the auditor. The form prompts the reviewer to consider the elements of the standard and document concerns or considerations.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how much technology may enhance the ability to protect inmate from sexual abuse. Such considerations shall be documented on form 7-1B PREA Physical Plant Considerations.

A blank copy of form 7-1B PREA Physical Plant Considerations was reviewed by the auditor. The form prompts the reviewer to consider the elements of the standard and document concerns or considerations.

The CoreCivic Vice President of Operations Administration states that CoreCivic employs architects and other professionals, who through experience, research, and consulting have knowledge of the issues and needs presented by PREA. On new builds and renovations, the design staff will consult with the PREA coordinator for recommendation and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms, and any areas where inmates/detainees may be in a state of undress. Blind spots are identified that can be corrected through video surveillance coverage. During acquisitions, the staff making the site visits develop a preliminary assessment and the PREA coordinator is involved in the review of physical plant issues. At existing facilities, a form 7-1B) PREA Physical Plant Considerations) issued to ensure PREA I considered when initiating a renovation/new construction.

In addition, the VP states that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restrooms and shower areas. Technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the FSC PREA coordinator.

The auditor completed a walkthrough of all facility grounds and saw cameras in place. Then, the auditor sat with staff to review all camera angles. In addition, the auditor was provided a printout of all 202 cameras with screen shots of their angles of view.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 7-01B Form for plant physical assessment and improvement
Interview with PC
Interview with PCM
Facility Walk through
Interview with Agency Head
Camera upgrade Documentation
List of all cameras in the facility

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 evidentiarily 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department which was last reviewed and executed in 2020. In this MOU, it states that the investigation agency will follow the protocols, including collection of evidence, as established by local law enforcement standards.

CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that the investigating entity shall follow a uniform evidence protocol that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable.

Further, CoreCivic policy 13-79 *Sexual Assault Response* states that upon receiving notice of an alleged RAPE that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate to be transported to the local designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted disease.

Further, policy states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency and on-going medical evaluation, treatment, and crisis intervention services consistent with the community level of care.

During the twelve (12) month period prior to this audit, there were sixteen (16) incidents reported of sexual abuse and sexual harassment at the facility. All sixteen were investigated administratively and ten were referred for criminal investigations.

(b) The protocol outlined by the facility and in documentation has been adapted from and is based on the most recent edition of the US Department of Justice's Office on Violence Against Woman publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents".

CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that as appropriate, it shall be adapted from or otherwise based on the most recent editions of the Department of Justice's Office on Violence Against Woman publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011.

(c) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department which was last reviewed and executed in 2020. This MOU states that the facility will provide any necessary detainee victim/suspect transportation (e.g.: transportation for purpose of a SANE exam or outside medical treatment), to include appropriate security.

A MOU was signed, proved and reviewed between CoreCivic and HonorHealth which states that they will provide medical and forensic examination services to facility inmates.

During the twelve (12) month period prior to this audit, there were sixteen (16) incidents reported of sexual abuse and sexual harassment at the facility. One of these investigations included a SANE examination. Documentation for this transport and use of the SANE process were reviewed to show compliance.

CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that the investigating entity shall offer all victims of sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial costs, where evidentiary or medically appropriate. Such examinations shall be performed by a SAFE or SANE where possible. If SAFE's or SANE's cannot be made available, the examination can be performed by other qualified medical practitioners. The investigating entity shall document its efforts to provide SAFE's or SANE's.

(d) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department which was last reviewed and executed in 2020. This MOU states that the facility will offer detainee victims the right to have a victim advocate present during any stage of the investigation. In the event an outside victim advocate is not available, Facility will provide a qualified staff member to serve as the victim advocate.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and Southern Arizona Center Against Sexual Assault (SACASA) was reviewed and states that SACASA will provide emotional support that is confidential and related to sexual abuse.

During the twelve (12) month period prior to this audit, there were sixteen (16) incidents reported of sexual abuse and sexual harassment at the facility.

Further, CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that the investigating entity shall attempt to make available to the victim, a victim advocate from a rape crisis center. The investigating entity may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a non-governmental entity that provided similar victim services. If a rape crisis center is not available to provide victim advocate services, the investigating entity shall make available a qualified staff member from a community based organization or a qualified investigating entity staff member, to provide these services. The investigating entity shall document efforts to secure services from rape crisis centers.

(e) CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that as requested by the victim, either the victim advocate, or a qualified facility staff person shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department which was last reviewed and executed in 2020. This MOU stated that the facility agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and SACASA was reviewed and states that SACASA will, if requested by the victim, allow a victim advocate to accompany and support the victim through the forensic medical examination process and investigator interviews, and provide emotional support, crisis intervention, information and referrals.

During the twelve (12) month period prior to this audit, there were sixteen (16) incidents reported of sexual abuse and sexual harassment at the facility.

(f) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department which was last reviewed and executed in 2020. This MOU stated that the facility agrees to assist and cooperate with investigating Agency in completing the investigation, at the request of the agency's investigating officers.

CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that investigations conducted by a facility employee for allegations of sexual abuse will be handled in accordance with the Code of Federal Regulations, Title 28, Part 115.21, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity (i.e. state or local law enforcement, contracting agency, etc.) comply with these regulations.

(g) CoreCivic Policy 14-02 *Sexual Abuse Prevention and Response* states that all allegations of sexual abuse or sexual harassment shall be referred for investigation to an agency or entity with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

The facility noted to the auditor that this provision is not applicable at this facility, as the Eloy Police Department staff are designated to conduct sexual abuse investigations.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department which was last reviewed and executed in 2020. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e), which are incorporated in the MOU.

(h) A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department which was last reviewed and executed in 2020. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e), which are incorporated in the MOU. In addition, it states that the facility agrees to assist Investigating Agency in obtaining the required training as outlines in 28 CFR 115.34, at no cost to Investigating Agency.

The auditor was provided with a list of all sixteen administrative investigations (ten of which were also forwarded for criminal investigation). Of these, the auditor selected nine (9) to review for compliance with all related investigation standards and requirements. They each demonstrated that all provisions of this standard were followed, as indicated in the standard and policy.

The Director of PREA Compliance and Investigations for CoreCivic attended the audit tour and represented the Facility Support Center for much of the audit. In addition, she scheduled and attended a meeting with the Eloy Police Department (Detective and Lieutenant), a SANE/SAFE Nurse for the County, and a Social Worker and Victim Advocate for Against Abuse, Inc. The purpose of this meeting was to update the MOU and discuss the processes that will be used at the facility. She detailed this meeting and provided documentation of meeting to the auditor to review and the proposed MOU in addition all of the contact information for those in attendance to contact if needed.

When asked who conducts interviews at the facility as they related to PREA, many who were interviewed detailed the whole SART team and all of its members. When pressed, they understood who the primary investigator was and who else responded and reviewed. They may have been confused by phrasing, but it was apparent that they were well aware of who would be involved in all steps of an investigation and review.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 13-79 *Sexual Assault Response with 13-17A Sexual Assault Protocol*
Investigation Outline and Protocol
A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department
Memorandum of Understanding between SACASA and CoreCivic
Pamphlet Advocacy Information for Survivor of Sexual Assault
SART Pamphlet
Sample Incident Report
Uniform Evidence Protocol
A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents
Interview with hospital SANE staff
Interview with PCM
Interview with custody staff
Interview with PC
Interview with Warden
Interview with inmate who Reported Sexual Abuse
Email with new contact information

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 the policy 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*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that the Administrator/Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment.

Policy 5-1, *Incident Reporting*, states that when an allegation that a Priority PREA incident has occurred, a 5-1E PREA Reporting form will be initiated. Upon completion of the investigation, the 5-14E will be used to document the act as substantiated, unsubstantiated or unfounded. In the event the act is substantiated, any sanctions must be documented on the 5-1E. Completed 5-1E forms will be maintained with the 5-1 packet.

During the twelve (12) month period prior to this audit, there were sixteen (16) incidents reported of sexual abuse and sexual harassment at the facility. All sixteen were investigated administratively and ten were referred for criminal investigations.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the PCM, Administrator/Director, or Administrative Duty Officer will ensure that the following is completed:

1. The PCM, Warden/Facility Administrator or designee shall immediately report all allegations of rape, sexual assault, or employee on inmate/detainee sexual misconduct

to state or local law enforcement agencies for criminal investigation if the allegation (if proven true) would be considered a criminal act under federal, state or local law. The reporting party should request guidance from the law enforcement agency(ies) in preserving the crime scene and coordinating an investigation. At this facility, they will utilize Eloy Police Department.

2. Ensure that an investigation is initiated and documented; however, investigations into allegations of sexual abuse must be investigated by an employee who has received training in the investigation of sexual abuse cases.

This information is readily available on the CoreCivic Prison Rape Elimination website with links to policy and the standards.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that whenever feasible, the facility shall enter into an MOU with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contracts. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Further, policy states that the facility investigator, as delegated by the PCM and/or Warden/Facility Administrator, shall establish a relationship with local law enforcement agencies and prosecutors to develop a clear understanding of the investigative guidelines and procedures during a criminal investigation of an alleged sexual abuse incident. Discussions with state or local law enforcement should articulate a delineation of roles of the facility investigator and the law enforcement investigator.

A Memorandum of Understanding on Sexual Abuse Investigations between CoreCivic and the Eloy Police Department was last executed in 2020. The MOU states that upon receipt of a referral from Facility in accordance with other provisions, investigating agency will coordinate and conduct a criminal investigation in accordance with the requirements of 28 CFR 115.21 paragraphs (a) - (e), which are incorporated in the MOU. In addition, it states that the facility agrees to assist Investigating Agency in obtaining the required training as outlined in 28 CFR 115.34, at no cost to Investigating Agency.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that potentially criminal allegations of sexual assault or sexual abuse will be investigated by an external law enforcement agency or the investigative component of the partner agency, in these instances, unless directed otherwise by the partner agency or a law enforcement agency with the jurisdiction, the facility investigator will conduct an investigation of all PREA allegations. When directed not to investigate the event or potentially criminal component of the incident, the facility has a duty to administratively investigate the complaint and arrive at a finding in accordance with the preponderance of the evidence standard.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that it is policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. All

administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. In addition, the VP stated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of administrative oversight and review. All allegations that could result, if substantiated, in criminal violations are referred to the appropriate law enforcement officials (or by contracted partner investigative entity). Our staff works with the outside law enforcement, upon request.

The auditor was provided with a list of all sixteen administrative investigations (ten of which were also forwarded for criminal investigation). Of these, the auditor selected nine (9) to review for compliance with all related investigation standards and requirements. They each demonstrated that all provisions of this standard were followed, as indicated in the standard and policy.

During the interview with the facility investigator, he stated that any criminal matters, case of assault and abuse, are forwarded to Eloy Police Department and are still investigated administratively by the facility.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 5-1, *Incident Reporting*
CoreCivic PREA Statement
PREA Allegation Log
PREA Allegation Administrative Investigation
Coe Civic Website
MOU with Eloy Police Department
Incident Report
Interview with Specialized Staff
Interview with PREA Compliance Manager
Interview with PREA Coordinator
Interview with CoreCivic Vice President, Operations Administration

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

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic has mandated zero-tolerance towards all forms of sexual abuse and sexual harassment. In addition, it states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmate at the facility and at a minimum, all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

Further, policy states that employees will be trained on:

1. The CoreCivic zero-tolerance Policy for sexual abuse and sexual harassment;
2. How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;
3. The right of inmate/detainees to be free from sexual abuse and sexual harassment;
4. The right of inmate and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
5. The dynamics of sexual abuse and sexual harassment in confinement; including locations, situations, and circumstances in which sexual abuse may occur;
6. Signs of victimization; and the common reaction of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened or actual sexual abuse;
8. How to avoid inappropriate relationships with inmate;
9. How to communicate effectively and professionally with inmate, including LGBTI and Gender Non-Conforming inmate; and
10. How to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities.

The CoreCivic PREA Overview class and participant Guide was reviewed. The guide included all elements listed above, in the standard and in policy.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmate at the facility and at a minimum, all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

Policy also states that employees transferring to a facility that houses a population whose gender is different from their previously assigned facility shall receive additional training specific to the population of the newly assigned gender.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that all CoreCivic facility employees shall receive training on CoreCivic's zero-tolerance policy for sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmate at the facility and at a minimum, all employees shall receive pre-services and annual in-services training on the PREA National Standards and other applicable state or local laws imposing criminal liability for the sexual abuse of a person held in custody.

The facility employs 323 staff members.

The facility provided the auditor with an employee roster dated October 5, 2020, listing all current staff, position name and date of hire.

Of the staff listed on the roster, the auditor randomly selected forty (40) staff HR and training files to review. Of those reviewed, all staff signed a training acknowledgement section, that they received training prior to contact with the inmate population. The selected files that included staff who have been employed for over two years shows that staff complete and sign acknowledgments on an annual basis, above the requirements of the standard. The training acknowledgement section, which is signed and dated by employee, stated: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures, I am aware that it is my responsibility to seek clarification from the class instructor, to my supervisor, the Learning and Development Manager, or the PCM.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the employees training file.

Prior to arrival to the facility, management provided the auditor with a list of all current staff members, dated October 5, 2020, which listed their name, title and date of hire, as well as calendars for the various positions/shifts that covered the time the auditor would be onsite. In total, there was three hundred and twenty-three (323) employees for the facility.

The auditor randomly selected forty (40) staff from this list with ten (10) being hired within the past twelve months. The auditor asked the facility for documentation and reviewed the complete training file and list of classes taken by date and all training acknowledgments that were signed. Of these files, all were in compliance in that:

1. Staff were trained on the aforementioned elements included in provisions of this standard;
2. Staff signed an acknowledgment that they understood the training that they received;
3. Staff were trained prior to their start date and contact with the population;
4. Those employees that have been at the facility for over one year, receive this training and sign the acknowledgment annually.

During the initial review, the auditor viewed numerous forms and printouts for the employee training and policy review process. The process, as described by HR and Training staff has evolved through the years and was also complicated by COVID-19 and online training processes. More than on an annual basis, employees took online courses, in person classes, attended roll-calls and briefings and acknowledged the facilities PREA policy. However, the auditor was unclear if staff were acknowledged or verified through electronic signature and employee signature that they understood said training.

CoreCivic developed a new 14-2A acknowledgment form which titled *CoreCivic PREA Training Acknowledgement Preservice and In-Service*. This form has a checkbox for staff to indicate whether they are an employee or a contractor and indicates that the training included: The CoreCivic zero-tolerance Policy for sexual abuse and sexual harassment; How to fulfill employee responsibilities for sexual abuse/sexual harassment prevention, detection, reporting, and response in accordance with this policy;

The right of inmate/detainees to be free from sexual abuse and sexual harassment; The right of inmate and employees to be free from retaliation for reporting sexual abuse and sexual harassment; The dynamics of sexual abuse and sexual harassment in confinement; including locations, situations, and circumstances in which sexual abuse may occur; Signs of victimization; and the common reaction of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened or actual sexual abuse; How to avoid inappropriate relationships with inmate; How to communicate effectively and professionally with inmate, including LGBTI and Gender Non-Conforming inmate; how to comply with laws relevant to mandatory reporting of sexual abuse to outside authorities; and how to conduct cross gender pat-down searches and searches of transgender and intersex inmates in a manner that is professional, respectful and the least intrusive possible while being consistent with security needs.

At the end of the form, employees print and sign their names indicating that they have listened to the instructors, viewed all video presentations, read all handouts and understand the training that they received.

The auditor was provided a new list, after interviews with training staff, of all staff hired since implementation of this form. The auditor randomly selected sixteen (16) names out of 103. Of those pulled, all were in compliance and signed this new acknowledgment form.

Lastly, Policy 4-1 CC, *Staff Development and Training* states that Orientation and/or Custody training shall be scheduled so that all training is completed before the staff member may work with inmates.

All staff interviewed described training as occurring in the academy and annually afterwards. They also detailed various briefings and memos/emails that have been sent and discussed on various topics. Staff were educated and were able to describe most training topics without being prompted during the interview.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 4-1 CC, *Staff Development and Training*
Training Policy
PREA Overview, Participant Guide for Training
PREA Training Lesson Plan
CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgment
Staff Roster
In-service training records
Transfer training records
Orientation training records
Staff Training Printout
Random Staff interviews
HR Files
Training Files
Discussion with training and HR staff
Interview with PCM
Interviews with all specialized staff
Form 14-A, CoreCivic PREA Training Acknowledgement Preserve and Inservice

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that all volunteers/contractors who have contact with inmate shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in this policy.

Each volunteer receives a manual that of which page fourteen (14) covers sexual abuse and sexual harassment, policy 14-2. The PowerPoint was provided to the auditor to review and includes: the various definitions of acts from PREA and Policy 14-2 cc, sexual abuse awareness, zero-tolerance policy, safety, PREA requirements, reporting by inmates, and reporting to staff. They also receive the handout entitled *Break the Silence of Abuse, Speak up, Speak out*. Lastly, they watch the video called *PREA: What you Need to Know*.

The facility advised the auditor that there are currently fifteen contract staff at the facility. There are eighty-one (81) volunteers who have contact with inmates.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as

directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibility to seek clarification from the class instructor, to my supervisor, the Learning and Development Manager, or the PCM. Twelve signed samples of this form were provided to/reviewed by the auditor.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the level and type of training provided to volunteers/contractors shall be based on the services they provide and level of contact they have with inmate. All volunteers/contractors who have contact with inmate shall be notified of CoreCivic's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The facility advised the auditor that there are currently fifteen (15) contract staff or contractors at the facility. All work in food service and the medical departments.

Each volunteer and contract worker signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: *I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures as directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibility to seek clarification from the class instructor, to my supervisor, the Learning and Development Manager, or the PCM.* All fifteen (15) signed samples of this form were provided to and were reviewed by the auditor.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that volunteers/contractors shall be required to confirm, by either electronic or manual signature, their understanding of the received training. Signed documentation will be maintained in the volunteer or contractor's file.

The facility advised the auditor that there are currently fifteen (15) contract staff or contractors at the facility. All of the contract staff work in food service and the medical departments.

Each volunteer signs the 14-2 A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment Form. The training acknowledgement section, which is signed and dated by employee, states: *I have listened to the instructors, viewed all video presentations, read all handouts, and I understand the training that I have received. I understand that as an employee, volunteer/contractor it is my responsibility to abide by policy and procedures, as directed in the training. If I have questions about the training material presented, or policy/procedures I am aware that it is my responsibility to seek clarification from the class instructor, to my supervisor, the Learning and Development Manager, or the PCM.*

In addition, the list mentioned in the memo was provided to the auditor upon entry into the facility. The auditor selected ten (10) names at random from the list of the eighty-one (81) volunteers. Of these, the auditor reviewed their start date, their education/training and receipt of PREA information dates and the date that their background check was completed. All

training and background checks were completed prior to having any contact with the offender population. The signed acknowledgement was reviewed and included by the volunteers.

The auditor reviewed the person's start date, their education/training and receipt of PREA information dates and the date that their background check was completed as well as their signed acknowledgement of the training received. All training and background checks were completed prior to having any contact with the offender population.

The auditor was provided a list of eight-one (81) current volunteers who were cleared to enter at the facility. The auditor randomly selected four (4) to contact, via telephone, and asked each the protocol questions. In addition, each volunteer detailed their involvement at the facility, the initial training and background process they went through and the spoke of the staff involvement and supervision of while in the facility. Moreover, when given scenarios, the volunteer was able to correctly articulate the steps they would take to immediately respond and report. Each stated that they had good rapport with the facility staff and feel that they could directly go to staff with questions or problems they may have. Lastly, each expressed that they cannot wait until they resume services in the facility that have been placed on hold due to the pandemic.

The auditor also interviewed two contract staff who both worked in the medical. Each detailed their involvement at the facility, the initial training and background process they went through and then spoke of the staff involvement and supervision while in the facility. Moreover, when given scenarios, they were able to correctly articulate the steps they would take to immediately respond and report. Each also stated the security staff is very supportive and works well with them.

While on-site, the auditor asked the front desk staff for a list of volunteers allowed into the facility. The front desk officer immediately showed the auditor a binder with volunteer ID's. The process is, the chaplain and volunteer services coordinator, upon completion of background check and training, will create a CoreCivic ID card for that visitor. They are maintained at the front desk in a binder. When a scheduled visitor arrives, the officer takes their drivers license, verifies their identity and exchanges the ID for the DL in the binder. The volunteer is then swiped into the accountability system before clearing the medical detector to head into facility. Should a volunteer no longer have clearance, a memo is issued and the ID removed. This process is clear and above and beyond, to ensure that volunteers are cleared and trained to enter the facility to ensure the safety of the inmates housed in its care.

The auditor selected ten volunteer names from the list of eighty-one (81) and asked for their application, start date, training documentation and the dates of their facility clearance. The facility volunteer coordinator provided the documentation for each and they demonstrated that the background check and clearance date were prior to their service inside the facility. In addition, all signatures and documents were clear for the education and clearance process.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 *Sexual Abuse Prevention and Response*
Volunteer Manual
List of Contractors
Volunteer Application Form
Self-declaration of Sexual Abuse/Sexual Harassment
Volunteer Acknowledgement of PREA training
Volunteer List with Organization and start date
Live Scan Background Clearance Documentation for selected volunteers and contractors
Volunteer Right to Know form, signed by volunteers
Interview with Director
Interview with Volunteer Coordinator (Program Supervisor)
Interview with Volunteer
Inquiry with Front Desk Staff
Volunteer Binder at front desk
Contract staff file

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 the comprehensive education referenced in 115.33(b)? 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to inmate whenever they are transferred to another facility. Inmates shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmates/detainees right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
4. Inmate/detainee-on-inmate/detainee sexual abuse;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Availability of policies regarding sexual abuse prevention/intervention; and
8. Available emotional support services (Treatment and counseling) available to include external victim advocates and community support services.

Further, policy 14-02 states that inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates who have limited reading skills.

During the past twelve (12) months, there has been 903 inmates admitted to the facility who have reviewed and received the education materials.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to inmates whenever they are transferred to another facility. Inmates shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmates/detainees right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
4. Availability of policies regarding sexual abuse prevention/intervention;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Treatment and counseling services available (to include external victim advocates and community support services as outlined); and
8. CoreCivics effort to aggressively refer sexual abusers for prosecution.

Policy 14-02 *Sexual Abuse Prevention and Response* also states that CoreCivic prevents discrimination based on inmates/detainees race, religion, national origin, sex, disability, or political views in making administrative decisions and in providing access to programs.

Policy 17-101, *Admission, Orientations, Property control and Release* states that orientation will be conducted and documented on the 17-101A Orientation Verification form for all inmates. At a minimum, orientation will include the facilities program for prevention, intervention, and remediation of sexual misconduct (PREA) – to include what constitutes sexual misconduct/sexual harassment and the consequences for participating in such activities.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states upon arrival at the facility, all inmates shall be provided written information regarding sexual abuse prevention and reporting. Refresher information will be provided to inmates whenever they are transferred to another facility. Inmate shall receive comprehensive educational information about the following topics related to this policy:

1. CoreCivic's zero tolerance policy regarding sexual abuse and sexual harassment;
2. How to safely report incidents, threats or suspicion of sexual abuse or sexual harassment;
3. An inmates/detainees right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
4. Availability of policies regarding sexual abuse prevention/intervention;
5. Employee-on-inmate/detainee sexual abuse;
6. Self-protection from sexual abuse;
7. Treatment and counseling services available (to include external victim advocates and community support services as outlined); and
8. CoreCivics effort to aggressively refer sexual abusers for prosecution.

Further, policy 14-02 states that inmates will be provided education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as inmates who have limited reading skills.

When the auditor selected inmates from the inmate roster who have been at the facility prior to the implementation of the standards, the documentation was not present that the inmates were trained within one year of the implementation of the standards. The facility staff indicated that they were unaware of this requirement and printed a roster of all inmates from the opening of the facility in 2007 to July 2019, when the forms for inmates education were modified. Staff conducted new 30-day comprehensive education and had each inmate re-sign the Acknowledgment form and provided the auditor with new copies. The auditor randomly selected twelve files and all are now in compliance.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall maintain documentation of inmate participation in educational sessions pertaining to sexual abuse and sexual harassment. It also stated that inmates/detainees will be provided education in formats accessible to all inmates/detainees, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates/detainees who have limited reading skills.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* also states that inmates/detainees shall sign indicating acknowledgment that they have received intake information and the 30-day comprehensive education and this documentation shall be maintained by the facility in the inmates/detainee file.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to providing such education, the facility shall ensure that key information is continuously and readily available or visible to inmate through posters, inmate handbooks, or other written formats.

The facility indicated that they will add the intake video to the inmate television programming and would notify the auditor of the new schedule which would continuously show this video on a weekly basis.

The inmate handbook was reviewed and the following is the excerpt as it relates to PREA and the various subsections of this standard:

PREA/Sexual Assault/Sexual Abuse Handbook
Sexual Assault/Abuse Handbook
Maintain Your Right and Your Dignity

PREA THE LAW: PREA supports the elimination, reduction and prevention of sexual assault and rape within correctional systems. PREA applies to all federal, state and local prisons, jails, police lock-ups, private facilities and community settings such as residential facility.

Section 10 of the prison Rape Elimination act define the term rape as:

“...the carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person, forcibly or against that persons will; or not forcibly or against that persons will, where the victim is incapable of giving consent because of his or her youth or temporary or permanent mental or physical incapacity; or...the carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person achieved through the exploitation of the fear or the threat of physical violence or bodily injury.”

What Sexual acts are forbidden?

The following acts are forbidden at Saguaro Correctional Center:

Disruption – Violence

Rape or forcible sexual act

Example: Rape is defined as the penetration, however slight, of the oral, vaginal or anal opening for the purpose of sexual arousal, gratification, or abuse when the victim is incapable through an unsoundness of mind, whether temporary or permanent of giving consent; the victim resists but resistance is overcome by force or violence; where the victim is prevented from resistance by threats of immediate and great bodily harm, accompanied by apparent power of execution; where the victim is prevented from resistance by the use of any intoxicating, narcotic or anesthetic substance administered by or with the privities of the accused; or where the victim is at the time unconscious of the nature of the act.

Sexual Activity

Engaging in sexual activity with another person.

Example: Has active or passive contact or fondling between his/her genitals, hand(s), mouth, buttocks, anus, breast and the genitals; hands mouth, buttocks, anus, or breast of another person who expressly or impliedly consent to the accused offender's conduct. Contact can be with or without clothing being worn by one or both parties.

Bestiality

Example: Any sexual contact with an animal.

Indecent Exposure

Example: Every person who is willfully and lewdly either: exposes his or her genitals in any public place, or in any place where there is present another person or persons who are offended or annoyed thereby; or procures, counsels, or assists any person so to expose his or her genitals where there is present another person or persons who are offended or annoyed.

Making sexual proposals/threats or sexually harassing another person.

Example: Subjecting another person to sexual contact through physical action and/or verbal or written statements without sexual intercourse, and the other person does or does not expressly or impliedly consent to the accused offenders conduct, or the other person is unconscious or others physically incapable of resisting and has not consented to the physical contact.

Inappropriate physical contact

Example: Lingering touching, physical contact or inappropriate kissing.

The acts listed above are prohibited by CoreCivic/SCC policy and violators will be subject to disciplinary actions.

Are there other sexual acts that are forbidden?

Yes.

Staff sexual misconduct is forbidden at SCC. Staff sexual misconduct is sexual behavior between any SCC staff member and any offender under the care of SCC. This included contractors and other agents of the contracting agencies.

Staff sexual misconduct is forbidden even if it is consensual.

What are my rights?

While you are incarcerated, no one has the right to pressure you to engage in sexual acts. Rape and Sexual assault are violent acts. Regardless of your age, race, size, ethnicity, or sexual orientation, offenders should have the opportunity to serve their sentences with dignity.

You do not have to tolerate sexual pressure, harassment, manipulation or assault. Every offender has a responsibility to eliminate sexual assault and sexual activity. If you are approached, pressured, or assaulted – report it immediately.

To ensure that your environment is safe, if you are aware of another offender being sexually assaulted or involved in sexual behavior, report it immediately.

Transgender/Intersex Separate Showering Requests

If you are transgender or intersex, you have the rights to request top shower separately from the main population. The time set aside for this is 0715 hours. This must be requested through your unit manager.

I can see why rape and sexual assaults are against the rules, but why is sexual activity forbidden? If both people consent, what is the big deal?

There are many reasons why sexual behavior is inappropriate in prison. None of them involve moral judgments regarding sexual preferences. In a prison, sexual relationships, including those that are consensual, foster violence. Some offenders may disapprove of same-sex relationships and attack inmates involved in sexual activities. Fights often occur when a 'couple' breaks up, or one partner discovers the other is 'cheating'.

Eliminating sexual assault and sexual activity promotes a safe environment. In addition, the elimination of sexual activity and sexual assaults promotes an atmosphere where people can concentrate on making changes in their lives that are necessary for success upon release.

What about confidentiality?

SCC staff members have been trained to limit the sharing of information regarding sexual assault and sexual activity to personnel who make decisions about the victim's welfare and for investigation/prosecution purposes.

What if I know someone who was sexually assaulted or know of someone involved in sexual activity?

Report it to a staff member immediately.

It is every offender's right to serve his or her sentence with dignity. When others infringe upon that right, they release you from any bond of silence. Prison rape can be eliminated best when people who live in the facility refuse to accept it under any circumstances.

If you fail to report this type of behavior, you erode your own safety. Support others who take the initiative to report this behavior and keep the facility safe.

How do I avoid being assaulted?

You can take steps to protect yourself from being sexually assaulted.

- Do not accept gifts from others. Gifts and favors usually have string attached.
- Do not gamble or enter games of skill or chance.

- Do not use, possess, trade, purchase or hold drugs, alcohol or tobacco products.
- Do not become indebted to anyone either monetarily or for favors.
- Choose your associates wisely. Do not become involved in gangs or hate groups. Look for people doing positive things to change their lives such as education, programs, religious activities, etc.
- Do not accept another inmates offers to protect you.
- Stay in well-lit areas where staff can see you.
- Carry yourself in a confident manner at all times. Do not permit your emotions such as fear and anxiety to be obvious to others.
- Trust your instincts. If a situation seems dangerous, it probably is. If you fear for your safety, report it to a staff member.

What do I do if I am assaulted?

Report it immediately to a staff member who will offer you immediate protection from the assailant and will get you medical attention. Because reporting sexual assault can be difficult, it is important that you understand that there are several ways that you can report it.

The first and best choice is to report it immediately to a staff member.

You can also report using one or more of the following:

1. Report by mail to CoreCivic, 5501 Virginia Way, Brentwood, TN 37027

The auditor asked the mailroom about the reporting address and if the mail addressed here or to 'PREA' would be treated confidentially. The mailroom and then the QA manager reviewed the mailroom policy with the auditor which states that only mail sent to the CoreCivic managing Director could be treated as confidential. Therefore, mailroom staff, should they see any PREA related mail, would send the mail to the Warden, Investigator and Medical and not the addressee.

2. Report by mail to Eloy Police Department 630 N. Main Street, Eloy, AZ 85131

The auditor asked the mailroom about the reporting address and if the mail addressed here or to 'PREA' would be treated confidentially. The mailroom and then the QA manager reviewed the mailroom policy with the auditor which states that only mail sent to the CoreCivic managing Director could be treated as confidential. Therefore, mailroom staff should they see any PREA related mail, would send the mail to the Warden, Investigator and Medical and not the addressee.

Dialing instructions for PREA Reporting:

1. Pick up the handset
2. Press 1 for English or 2 for Spanish
3. Press '0' to place a collect
4. When prompted, enter your PIN number followed by the '#' sign
5. When prompted to enter the destination number, dial *777

By submitting a medical concern form and reporting to a medical staff member during sick call

Call someone outside the facility who can contact facility administration

In a medical concern form

In an 'Inmate Request Form' to security staff

In a letter to the facility head sealed and marked confidential

SACASA is an agency in which you can report sex abuse/assault incidents privately and provides confidential emotional advocacy services related to sexual abuse/assault incidents. Call SACASA's toll-free 24 hour sexual abuse/assault crisis hotline:

Local – 520.327.7273

Toll Free – 800.400.1001

TTY/TDD – 520.327.1721

Calls to SACASA using the below PIN are not monitored or recorded Offenders can call SACASA toll-free and remain anonymous using the following pin: 321321321#

PREA Compliance Manager – AW J. Bradley – The PREA compliance Manager oversees PREA for the facility and can receive reports.

Remember any method that you use other than reporting directly to a staff member delays you getting help.

Do not shower, wash, drink, eat, change clothing, or use the bathroom until after you have seen a medical professional trained to examine victims of sexual assault.

(There will be a strong desire to clean up after a sexual assault, it is important that you do not).

What will happen to me when I report a sexual assault?

Medical staff will examine you for injuries, which may not be readily apparent to you. They will also test you for sexually transmitted diseases and collect evidence.

To collect evidence, you will be asked to consent to a sexual assault examination. A medical professional will do this exam. Although, you have the right to refuse the exam, it is critical to collect as much evidence as possible.

You can receive medical attention without submitting to a sexual assault exam. It is important to understand the difference between the sexual assault exam and a medical care treatment for the treatment of injuries and keeping you healthy.

The evidence gathered in the sexual assault exam will be used to prosecute the perpetrator. The evidence can include hair, skin and bodily fluids of the perpetrator. However, the medical care you receive during treatment is confidential, unless you sign a medical release form to allow medical information to be used in the prosecution of the assault.

Do I have to reveal the assailant?

No. However, you are strongly encourage (sic) to name the assailant if you know who it was, or do your best to help staff identify the assailant. That is the only way to protect yourself and others from future attacks.

If I am a victim of sexual assault, where will I be housed in what will happen to my property?

First, you will be immediately protected from the assailant and receive medical care. Beyond that exact answers are difficult because every facility and situation is different. However, here are some general things you can't expect.

Sexual assault in the community or in prison is a traumatic and difficult experience, which is often exacerbated by the investigation. Fortunately, the criminal justice system is getting better at helping victims through this experience.

Designated facility victim services coordinator.

Saguaro Correctional Center has a designated the mental health coordinator and or grievance officer as the facility victim services coordinator. The victim services coordinator's role is to support you as a victim. It is likely that you will also work with the victim service coordinator that works in the community. The victim service coordinator will not do certain things like advocate for your release on parole, reduce your custody level, or grant you special privileges. However, they can't help you cope with a difficult situation.

Handling a sexual assault in a prison facility presents unique challenges that are not present in the community. The perpetrator must be isolated, the victim must be protected, evidence must be collected, and medical attention must be given.

Staff must remain neutral and ensure that all possibilities are considered, for example, false allegations or a perpetrator who claims to be the victim.

In a prison, once the evidence is collected and statements are taken, the victim can't just go home and alternate options for housing are scarce. The unit team will make housing decisions.

- Safe housing at the appropriate custody level
- Isolation from the perpetrator
- Isolation from friends of the perpetrator
- Housing in the least restrictive environment possible

Your past behavior can limit the options available for housing. For example, an offender housed in administrative segregation will remain in administrative segregation.

What if I'm falsely accused?

First, remember to avoid situations that put you at risk.

- Do not accept gifts from others; do not gamble or enter games of skill or chance: do not use, possess, trade, purchase, or whole drugs, alcohol, or tobacco products; do not become indebted to anybody either monetarily or for favors; choose your associates wisely; do not accept if another inmate offers to protect you; stay in wallet areas where staff can see you; carry yourself in a confident manner at all times; trust your instincts; and don't engage in sexual activity.

False accusations usually arise from vendettas, indebtedness, and gangs and hate groups, or rejection of sexual advances.

If you are falsely accused, cooperate with staff. Do not make threats. Don't attempt to harm or have others harm the person making the allegation. Keep your wits about you. Becoming verbally or physically abusive will add credibility to the allegations and weaken your own credibility. Tell the truth. Even if you might be held accountable for your behavior. Lies will only further erode your own credibility.

Anyone found to have made a false allegation will be disciplined and/or prosecuted.

What is involved in consensual sex, but later I feel I was manipulated?

Most cases of sexual activity in prison involve manipulation, pressure, or other coercion. It is common that one person who has no history of inappropriate sexual activity is involved with one person who has a history of several different partners on many different occasions. When this happens, one is usually a perpetrator and the other is a victim.

Avoid getting into the situation in the first place. Remember, if you were involved in the consensual activity you are subject to disciplinary action. However, by coming forward, you were taking responsibility for your behavior, which is an important step for developing the attitude and skills necessary for success in the community. The most important reason to come forward is to stop a sexual predator from manipulating more victims into destructive behaviors.

Recovering from sexual assault.

Any form of coerced or manipulative sexual activity is degrading. Victims of rape and sexual assault may be eligible for victim services. Some of the services, however, may not be available until after you are released from prison. Contact your victim services facility coordinator for more information.

Remember... Sexual assault is a crime. All sexual activity between offenders is prohibited. All sexual activity between staff and offenders is prohibited. If you are a victim of sexual assault, report it immediately.

Allegations of sexual assault will be thoroughly investigated. Perpetrators of rape and sexual assault will be prosecuted and subject to disciplinary action. Sexual perpetrators will be considered for administrative segregation. It is never appropriate for a staff member to make advances or engage in sexual activity with an offender. Even if the offender wants to be involved with the staff member, the

staff members not allowed to respond. It is never appropriate for an offender to make sexual advances or comments to a staff member, and such behavior will result in disciplinary or correct of action.

After orientation, each inmate signs an acknowledgment form, which is available in English and Spanish. This form states: *I have received a copy of CoreCivic – SCC Sexual Assault/Abuse Handbook/PREA Pamphlet/30 Day Education. I have read and reviewed the information contained in the SCC Sexual Assault/Abuse Handbook/PREA Pamphlet/30 Day Education and had the opportunity to ask questions and understand the information contained herewith.*

Prior to arriving at the facility, the auditor was provided with the roster for that day, which included 1435 inmates. From this list, the auditor randomly selected seventy-seven (77) inmate names/files to include inmates from the specialized inmate roster, to be reviewed. This also included inmates from each housing area and each population of the facility.

The files reviewed show the following breakdown for inmate education:

Inmate File Reviews: Total of 77 files

Nevada IM’s Selected 9 files.

Standards	115.33, Intake Education		115.33, comprehensive education	
	C	NC	C	NC
Number of Files	9	0	2	7

Kansas – 5 files selected

Standards	115.33, Intake Education		115.33, comprehensive education	
	C	NC	C	NC
Number of Files	5	0	1	4

Idaho – 16 files selected

Standards	115.33, Intake Education		115.33, comprehensive education	
	C	NC	C	NC
Number of Files	16	0	15	1

Hawaii – 47 files selected

Standards	115.33, Intake Education		115.33, comprehensive education	
	C	NC	C	NC
Number of Files	45	2	8	39

On the facility Receiving and Discharge Checklist, Form 7-100A, each inmate signs and prints their name where it says ‘by signing below, I acknowledge receiving an inmate/detainee handbook on this date’.

Each inmate, during the orientation program, each inmate signs a checklist called *Inmate Orientation Program Checklist* which has two sections that must be signed and dated by the Correctional Officer providing the training that are labeled as *Prison Rape Elimination Act and Inmate Handbook*.

Each random and specialized inmate who was interviewed recalled the training, how to report and all elements of the provisions of the standard. In addition, each inmate stated that they felt they could report and staff would be responsive and keep confidential.

Prior to arriving at the facility, the auditor interviewed the Classification Supervisor, two intake staff and a case manager. While on-site, the auditor interviewed two case management team staff members and a unit manager in reference to the inmate screening and education processes. While being walked through the process each time individually, the auditor was provided a set of all documents used during this intake process.

In the initial intake packet, the inmate and a staff member complete a receiving and discharge checklist, they sign an acknowledgement form for the inmate handbook and the PREA pamphlet, they complete the sexual abuse screening tool, they complete (starting February 1, 2021) the PREA Risk Assessment Medical and Mental Health Follow-up, the PREA of 2003 form, the Limits to Confidentially form, the Monitoring of Inmate/Detainee Telephone Calls, Inmate Detainee Mail form, Inmate Orientation Program Checklist, Facility Issued Property Receipt, Property Disclaimer, and PREA Pamphlet. The 30 day/Comprehensive Education packet of documents to sign and review includes the Education Acknowledgment form, PREA pamphlet, and the 30 day education handout form.

Along with the other methods detailed here, this document outlines, in great detail:

- a. CoreCivic’s zero-tolerance policy regarding sexual abuse and sexual harassment;
- b. How to safely report incidents, threats or suspicions of sexual abuse or sexual harassment;

- c. An inmates right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents;
- d. Availability of policies regarding sexual abuse prevention/intervention;
- e. Inmate-on-inmate sexual abuse;
- f. Employee on inmate sexual abuse;
- g. Self-protection from sexual abuse;
- h. Treatment and counseling services available to include external victim advocates and community support services; and
- i. CoreCivic's effort to aggressively refer sexual abusers for prosecution.

Inmate PREA Education is available in formats accessible to all inmates included those who are limited English proficient, deaf, visually impaired, otherwise disabled and limited in their reading skills.

In addition, while reviewing the inmate education documentation and during interviews with staff, numerous files included a form which was referred to as 'the Presidents Form' or the '2003 form'. This form was not on letterhead and was a three-paragraph summary of the original signing of PREA into law. It did not meet any of the requirements of parts (a) and (b) of this standard. When the auditor inquired about this form and its origin, staff indicated that it was a Hawaii requirement and some stated it was the result of a previous PREA finding in an audit. Most inmates had at least two copies of this per year in their file as staff believe it is required every six months. The auditor discussed with the Hawaii PREA Coordinator who as well has never seen nor required this form. It is the recommendation of the auditor that this form be removed as it can create extra paperwork and confusion for staff of the actual requirements of the standards and policy.

The inmates who were interviewed overwhelmingly recall the various places that all education occurred and in what formats. They were able to describe the reporting mechanisms in varying degrees, as there are numerous methods.

The facility forwarded a roster of all new intakes through April 5, 2021, to the auditor along with their initial and thirty-day education forms. All were completed on time and as per the standards and policy. On the March 4, 2021 intake date, for example, there was an intake of 170 inmates, all of which were timely. This continued compliance at a rate of 100%, on multiple dates and in all units demonstrates substantial compliance with this corrective action.

The mailroom staff was educated on the proper process.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Inmate Handbook, English and Spanish
Inmate Acknowledgement Form, English and Spanish
Sexual Assault Awareness Brochure (English and Spanish)
PREA DVD
PREA Comprehensive Education Handout

Inmate Orientation Checklist
Townhall Meeting minutes
14-2AA Preventing Sexual Abuse and Misconduct, English and Spanish
Photos and viewing TDD Telephone
PREA Poster
PREA Acknowledgment
Inmate Interviews (random and specialized)
Inmate Files
Facility Walkthrough
Interview with Intake Staff
Interview with Counselors
Interview with PCM
Interview with Case Managers
Interview with Case Management Supervisor
Emails and discussion with Hawaii PREA Coordinator

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 receive 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences (e.g.) leave, paid time off, sickness, offsite training, etc. from work.

The facility provided a Certificate of Completion for the one (1) assigned facility investigator. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, CoreCivic held a webinar training entitled "*PREA Update, Investigation Standards and Required Specialty Training*". Each of the staff members were also seen to have taken this class as well, as evidenced by their signature on the attendance roster.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that specialized investigators training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the

criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02: Techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees who conduct sexual abuse and sexual harassment administrative investigations are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Special Training. This documentation shall be maintained in the employee training file.

The facility provided a Certificate of Completion for the one (1) assigned facility investigator. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, CoreCivic held a webinar training entitled *PREA Update, Investigation Standards and Required Specialty Training*. In addition, the Investigator completed the US Department of Justice Course titled *Investigating Sexual Abuse in a Confinement Setting* and provided the auditor with his certificate and testing scores.

An interview with the facility investigator was conducted. The investigator demonstrated that he is extremely educated in PREA and the investigation process. He was able to describe and detail numbers PREA and investigative trainings that he participated in and was able to speak on the techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, the sexual abuse evidence collection process in confinement settings and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

(d) Auditor is not required to audit this provision.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
PREA Investigator Training Attendance Rosters
Email on Training Requirements
PowerPoint titled PREA Update Investigation Standards and Required Specialty Training
Training Certificates for the investigator assigned at this facility
Training History Records
Policy 4-1 CC

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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 *or* the agency does not employ medical staff.) 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professions, who work regularly in the facility, shall receive specialized medical training as outlined below:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassments; and
- How and to whom to report allegations of sexual abuse and sexual harassment.

The facility, however, advised the auditor that there are twenty-six (26) medical or mental health staff assigned to this facility and that all have gone through the specialized training.

The training PowerPoint was reviewed entitled *PREA Specialty Training for Medical and Mental Health Staff* and it included all of the above provisions and areas.

(b) The facility advised the auditor that they do not conduct forensic medical examinations at this facility. Policy 14-02 states that the ADO will consult with law enforcement prior to

transporting an inmate/detainee for an examination to be performed by a Sexual Assault Forensic Examiner (SAFE or Sexual Assault Nurse Examiner (SANE).

(c) Sample training reports for selected staff in the medical and mental health were printed and reviewed and demonstrated that documentation of these training is maintained.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees, all full and part-time Qualified Health Care Professionals and Qualified Mental Health Professions, who work regularly in the facility, shall receive specialized medical training as outlined below:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassments; and
- How and to whom to report allegations of sexual abuse and sexual harassment.

Of the forty (40) staff files randomly pulled, five belonged to medical/mental health staff. The auditor looked for both the general training acknowledgments as well as documentation of the specialized training for these staff. For two of these individuals, that training was not completed. When the training manager inquired about this, he stated that he was informed that the specialized training was all that is what required. There is a total of 25 medical and mental health staff practitioners employed at the facility, all of whom have been through this training, according to the PAQ and PCM.

Three medical and mental health staff that were interviewed all recall taking both the regular PREA class, which all staff take and a 'special' PREA class related to medical and mental health processes relating to PREA. Each were able to describe their roles, how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence, how to respond effectively and how and whom to report allegations or suspicions to.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 *Sexual Abuse Prevention and Response*

PREA Specialized Training for medical and mental health staff

Medical staff training records

Mental health staff training records

Interviews with MH and medical staff

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, as 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, as 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, as 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 an incident of sexual abuse? Yes No

- Does the facility reassess an inmate's risk level when warranted due to 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

a) Policy 14-02 *Sexual Abuse Prevention and Response* states that upon admission to the facility, and upon transfer to another facility, inmates shall be screened by staff to perform the initial intake screening process in order to obtain information relevant to housing, cell, work, education and program assignments with the goal of keeping separate those inmate at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates will be screened upon entry including those who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and inmates/detainees who have been returned from court, or other leave status.

Policy also states that staff shall complete the interview portion of the screening within twenty-four (24) hours of arrival at the facility unless the contracting agency policy authorizes 72 hours following arrival.

In the past twelve (12) months, a total of 903 inmates have went through the intake process at the facility and have been screened for risk of victimization or abusiveness within the 72 hours upon intake.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that victims will be housed in the lower dorm and the predators will be housed in the upper dorm. In case of a physical disability victims/predators will be housed in accordance with their disability to the best of our ability.

Policy continues on to state that a list of those inmate who are identified through a screening as a victim, potential victim, predator or potential predator shall be maintained and updated as necessary by the operations manager/designee. The list shall be made available to any staff involved in the housing of inmates /inmates. Those inmates at high risk of being sexually victimized shall be separated from those at high risk of being sexual predators, to the best of our ability.

Screenings will be completed, according to policy, and documented using the 14-2 CC-B., Sexual Abuse Screening Tool, with referrals to Case Management staff for further evaluation and screening as necessary, unless the facility management contract requires otherwise.

(d) Form 14-2B, Assessment Questionnaire Information includes prompts as to:

- Whether the inmate has a mental, physical, or developmental disability;
- The age of the inmate;
- The physical build of the inmate;
- Whether the inmate has previously been incarcerated;
- Whether the inmate's criminal history is exclusively nonviolent;
- Whether the inmate has prior convictions for sex offenses against an adult or child;
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming (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);
- Whether the inmate has previously experienced sexual victimization; and
- The inmate's own perception of vulnerability.

(e) Form 14-2B, Assessment Questionnaire Information includes prompts as to:

- Any prior acts of sexual abuse;
- When known to the agency: prior convictions for violent offenses; and
- History of prior institutional violence or sexual abuse.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that a reassessment of the inmates risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Administrator/Director. The reassessment shall occur within thirty (30) days of the inmate arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that a reassessment of the inmates risk level of victimization or abusiveness will be conducted by the appropriate Case Manager or a staff member designated by the Administrator/Director. The reassessment shall occur when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate's risk of victimization or abusiveness.

(h) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate may not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked pursuant to the following:

- Whether the inmate has a mental, physical, or developmental disability;
- Whether the inmate is, or is perceived to be, LGBTI or General Non-Conforming;
- Whether the inmate has previously experienced sexual victimization; or
- The inmate own perception of vulnerability.

The facility advised the auditor that disciplinary action will not be taken for any participant who refused to answer these questions.

(i) Policy 14-02 *Sexual Abuse Prevention and Response* states that appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked pursuant to screening for risk of victimization and abusiveness in order to ensure that sensitive information is not exploited by employees or other inmate to the inmate's detriment.

Prior to arriving at the facility, the auditor was provided with the roster for that day, which included 1435 inmates. From this list, the auditor randomly selected seventy-seven inmate (77) names/files to include inmates from the specialized inmate roster, to be reviewed. This also included inmates from each housing area and each population of the facility.

The auditor asked for and was provided a roster of all inmates in the facility, divided by housing unit and contract and alphabetized.

Inmate File Reviews: Total of 77 files

Nevada IM's Selected 9 files.

Standards	115.41, In-Take Screening		115.41, Reassessment	
	C	NC	C	NC
Number of Files	9	0	9	0

Kansas – 5 files selected

Standards	115.41, In-Take Screening		115.41, Reassessment	
	C	NC	C	NC
Number of Files	5	0	5	0

Idaho – 16 files selected

Standards	115.41, In-Take Screening		115.41, Reassessment	
	C	NC	C	NC
Number of Files	16	0	16	0

Hawaii – 47 files selected

Standards	115.41, In-Take Screening		115.41, Reassessment	
	C	NC	C	NC
Number of Files	9	0	45	2

During numerous interviews and discussions with various staff, the current process for intakes was described in detail. For Hawaii Inmates, the Case Management Supervisor flies to Hawaii and completes all necessary paperwork to screen and intake the inmates prior to the inmates being placed on the airplane to the mainland. For the Idaho contract, which is new, the facility will generally receive 100-200 inmates at a time and the paperwork is often a week or two behind, from the previous contractor. In addition, the inmates enter the facility, since it is such a large move, with a pre-determined housing assignment and will be double bunked. The intake screenings will be completed within 24 hours as per CoreCivic (72 per the standards). At the initial look at the documentation, the paperwork appears to be completed even though the auditor expressed concerns of housing determinations being made prior to arrival; but they were meeting the 72 hour requirement of the standards. Then, during interviews with inmates, the auditor was told that the week prior to the

auditor arriving, a unit team came and announced that they were conducting 'PREA moves' and that victims could not be housed with perpetrators. The inmates stated that this singled them out and created problems, since it was completed in a group. In addition, inmates told the auditor that many of them had lived with their prior cell mate for months without incident but were 'put on blast' and moved now.

The auditor forwarded these concerns to CoreCivic Corporate Staff and discussed with Facility Management the next morning. Management at both levels indicated that this would be looked into further through an investigation into the allegations by the inmates but also assured the auditor that the inmates were being housed correctly. The auditor then selected a pod from each Idaho unit and asked for the lists of all potential and identified aggressors as well as all potential and identified victims to ensure that they were not being housed together. Three pods from three different units were selected and reviewed. Of those, in one unit, twelve were housed in error.

During the interviews with all levels of intake staff, unit management staff and case management staff, an entire packet was provided to the auditor and the process described for each form in detail. No intakes occurred while onsite so the auditor role played as the inmate. This process has been in place since approximately July 2020 and includes the playing of the facility PREA video. The forms reviewed and completed include:

- Receiving and Discharge checklist;
- Saguaro Inmate Handbook;
- Saguaro PREA brochure;
- Acknowledgment for the inmate handbook and PREA brochure;
- PREA 2003 Form;
- Saguaro Limits of Confidentiality Form;
- Monitoring of Inmate Telephone calls Form;
- Inmate Mail Form;
- Inmate Orientation Program Checklist;
- Facility Issued Property Receipt;
- Property Disclaimer; and
- 14-2A Sexual Abuse Screening Tool.

Each of the forms and documents are reviewed in person and completed in writing. All intake forms are then given to the Case Management Coordinator, who enters the required information into the computer system, then turns the originals in to the records department to place in the inmate file.

Within thirty (30) days, inmates are called back to the case managers office, are interviewed and discuss PREA in a more comprehensive format. They are again provided with a copy of the PREA Brochure and a more comprehensive packet of PREA related information to include their rights, how to report, zero tolerance, and the process should an incident occur. This complete packet and review includes:

- Acknowledgement Form for the brochure and comprehensive education document;

- PREA Brochure;
- PREA/Sexual Assault/Sexual Abuse 30 day education; and
- 14-2A Sexual Abuse Screening tool (completed in computer).

All originals are sent to the records department to add to the inmate file.

Each inmate population interviewed had slightly different processes they described for where and how their interviews occurred. When I discussed and met with Case Management Staff, they were able to describe each population and the difference between the intake processes for each.

Corrective Action:

The facility developed a training and education session with a PowerPoint and handouts for all staff involved in the screening, housing, job assignment and mental health referral process. The documents were sent to the auditor to review. They covered: CoreCivic and Saguaro Policy, booking and intake alerts in the computer system, codes utilized for inmate classifications as they relate to PREA victimization or perpetration, work assignments, housing, programming and education.

Training was held, via Teams due to COVID precautions, and conducted by CoreCivic FSC Management on February 10, 2021. A roster of thirty-five (35) staff attended and signed a roster and training acknowledgment.

In addition to the staff training, the facility began weekly housing reviews to ensure that all inmates are housed properly. During the first review week, ending February 19, 2021, the facility identified one inmate that was housed correctly and immediately fixed the housing. All rosters and inmates reviewed were sent to the auditor for review.

The facility forwarded a roster of all new intakes through April 5, 2021, to the auditor along with their initial and thirty day screening forms. All were completed on time and as per the standards and policy. On the March 4, 2021 intake date, for example, there was an intake of 170 inmates, all of which were timely. This continued compliance at a rate of 100%, on multiple dates and in all units demonstrates substantial compliance with this corrective action.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

- PREA Standards Compliance Checklist
- Policy 14-02 *Sexual Abuse Prevention and Response*
- Policy 14-02 B Screening Tool (electronic and password protected)
- ORAS
- 30 day re-assess example
- Direction for Completion of the Sexual Abuse Screening Tool
- Training/Activity Attendance Roster
- Assessment Questionnaire/Information Screening Tool from inmate files
- Intake Tracker
- Interview with PCM
- Interview with Classification Supervisor

Interviews with Intake Staff
Interviews with Case Mangers
Intake Packet (initial and 30 day)
Potential Victim and Perpetrator housing lists
Inmate Interviews

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states the facility shall use the information from the 14-2B Sexual Abuse screening Tool, or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments, in the consideration of housing recreation, work program and other activities.

Policy also states that the facility shall make individualized case by case determinations about how to ensure the safety of each inmate/detainee.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall make individualized case by case determinations about how to ensure the safety of each inmate/detainee.

Each inmate is screened privately, and their housing programming and work assignments are determined on an individual basis.

During interviews with Unit Staff of all levels, it was confirmed that the information is not being used when making programming and job decisions.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that in deciding whether to house a transgender or intersex inmate in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmate, the facility shall consider the transgender or intersex inmate's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the inmate's health and safety. Consideration should also be given as to whether the placement would present management or security problems.

The QA Manager, who just promoted from the position of Unit Manager, provided the inmate with verification and explained the process where a transgender female in her housing unit asked to be housed in a cell closer to officers areas and cameras for her safety. While on tour, the auditor saw this occurring and would like to recognize the staff for this great process.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that in deciding whether to house a transgender or intersex inmate in a male housing unit/area or a female housing unit/area, or when making other housing and programming assignments for such inmate, the facility shall consider the transgender or intersex inmate's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the inmate's health and safety. Consideration should also be given as to whether the placement would present management or security problems.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

The auditor was described this process by all staff and transgender inmates during their interviews and documentation of a recent request was reviewed.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that the establishment of a unit or pod solely dedicated to the housing of LGBTI and/or Gender Non-Conforming inmate is strictly prohibited unless required by consent decree, legal settlement, or legal judgment for the purpose of protecting that inmate.

Policy 14-02 *Sexual Abuse Prevention and Response* states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that the establishment of a unit or a pod solely dedicated to the housing of LGBTI and/or gender non-conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority.

The auditor reviewed the log of all inmates who identified as transgender, and the form that each has filled out every six months. The forms asks if the inmate has had any issue or problems, if they feel safe in their housing, if they have been threatened and verbally harassed, if they understand PREA, if they know they can get assistance if needed, if they have any questions, and if they know their shower time (if they so choose).

The auditor interviewed four (4) transgender inmates who were randomly selected from a list provided by the facility. When interviewing the inmates:

1. One transgender woman stated that she was written up for refusing to live with another inmate who was a known predator. The auditor requested the documents for both inmates in relation to the screenings, housing assignments and the disciplinary action. After a review, the second inmate was not listed as a predatory nor did he have a history of predatory behavior. The transgender female inmate was disciplined and during that meeting, she stated that "she cannot live with anyone".
2. One transgender inmate stated that she was denied hormone therapy. After a review, it was seen that the inmate did request the therapy, and upon call out to medical, the inmate refused to go. The auditor recommended that the facility attempt one more time for a medical

appointment which the facility did and while onsite, the facility provided documentation of this and the inmate confirmed.

3. Two of the transgender females interviewed stated that they feel safe at the facility but that there are a few officers who seem to purposefully use pronouns incorrectly. The facility provided the auditor with a new policy to clarify and educate the staff on this and stated that it will be implemented and trained starting November 9, 2020.

To reply to the above, the auditor found:

A new policy which explains and addresses pronouns, *Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities*. It was effective November 9, 2020 and was provided to all staff on that day. Verifications of this was provided to the auditor through their policy management system.

Corrective Action:

The facility developed a training and education session with a PowerPoint and handouts for all staff involved in the screening, housing, job assignment and mental health referral process. The documents were sent to the auditor to review. They covered: CoreCivic and Saguaro Policy, booking and intake alerts in the computer system, codes utilized for inmate classifications as they relate to PREA victimization or perpetration, work assignments, housing, programming and education.

Training was held, via Teams due to COVID precautions, and conducted by CoreCivic FSC Management on February 10, 2021. A roster of thirty-five (35) staff attended and signed a roster and training acknowledgment.

In addition to the staff training, the facility began weekly housing reviews to ensure that all inmates are housed properly. During the first review week, ending February 19, 2021, they the facility identified one inmate that was housed correctly and immediately fixed the housing. All rosters and inmates reviewed were sent to the auditor for review.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 Sexual Abuse Prevention and Response
14-02B Sexual Abuse Screening Tool
Transgender Inmate input on Housing Sample
Inmate work Roster
Housing Plan with Housing Assignments
OMSe report
Inmate Handbook
Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
Interviews with Unit Staff of all Levels
Interview with PCM
Interview with Case Management Supervisor

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 restrictive 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 restrictive housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in restrictive 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 restrictive 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 restrictive 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 restrictive 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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary restrictive 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 restrictive 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 restrictive 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates/detainees at high risk for sexual victimization shall not be placed in involuntary restrictive 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than twenty-four (24) hours while completing the assessment.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate/detainees placed in restrictive housing for this purpose shall have access to programs, privileges, education, or work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that if involuntary restrictive housing is warranted as outlined above, documentation of such action shall clearly specify: the basis for the facilities concern for the inmate/detainees safety and the reason why no alternative means of separation can be arranged.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that every thirty (30) days, a review of each inmate/detainees status will be conducted to determine whether there is a continuing need for separation from the general population.

The facility has advised the auditor that they have not had any inmates placed in voluntary restrictive housing for high risk of sexual victimization within the last audit cycle.

Segregation logs and meeting documents were reviewed for each population. They demonstrate that on a weekly basis, each inmates cell, name, number, security threat group status, contract, previous housing, segregation step, classification level, and promotion review date are reviewed. In addition, detailed notes are kept. While these documents were reviewed, no indication was evident that any inmate was in segregation for victimization reasons.

Prior to the on-site review, the auditor was provided with the staffing information for the facility to include those assigned to supervise segregation. The auditor conducted telephone interviews with two segregation supervisors prior to arrival at the facility as well as conducted informal interviews with three assigned staff while on-site. During the interviews, each detailed the process of an inmate being placed into segregation and listed the various staff the commonly complete rounds in this area. Also, the staff detailed the various types of individuals housed there and what can be afforded to each type. All interviewed stated that they do not recall an instance, in all their time there, where an inmate was placed into segregation for protection from sexual abuse. If this would occur, even though they said it would never, they would make accommodations for programming and privileges for that inmate. Each stress that the facility is large and there would be many other protection options within other units that would provide separation.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 10-1 *Special Management/Restrictive Housing Unit Management*
Incident statement
Inmate file
Confinement Review
Confinement Record
Confinement Activity Record

Segregation Review Legs and meetings
Memo
Interviews, Segregation Unit Manager
Interviews, Selected Segregation Staff
Interview with Warden
Interviews with Segregation inmates

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing inmate/detainee to remain anonymous upon request. At this facility it is by telephone or writing to Eloy Police Department 630 N. Main Street, Eloy, Arizona 85131.

Facility Staff advised the auditor of several methods, all of which are in the inmate handbook as well:

1. Calling the facility's twenty-four (24) hour toll-free notification telephone number;
2. Verbally telling any employee;
3. Forwarding a letter, sealed and marked 'confidential', to the Administrator/Director or any other employee;
4. Calling or writing someone outside the facility who can notify facility staff;
5. Forwarding a letter to the FSC REA Coordinator at the following address:
10 Burton Hills Boulevard
Nashville, TN 37215
6. Onsite Monitoring Staff
7. National Sexual Abuse Hotline: 800-656-4673

The inmate handbook was reviewed and the following is the excerpt as it relates to PREA and the various subsections of this standard:

PREA/Sexual Assault/Sexual Abuse Handbook
Sexual Assault/Abuse Handbook
Maintain Your Right and Your Dignity

PREA THE LAW: PREA supports the elimination, reduction and prevention of sexual assault and rape within correctional systems. PREA applies to all federal, state and local prisons, jails, police lock-ups, private facilities and community settings such as residential facility.

Section 10 of the prison Rape Elimination act define the term rape as:

“...the carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person, forcibly or against that persons will; or not forcibly or against that persons will, where the victim is incapable of giving consent because of his or her youth or temporary or permanent mental or physical incapacity; or...the carnal knowledge, oral sodomy, sexual assault with an object, or sexual fondling of a person achieved through the exploitation of the fear or the threat of physical violence or bodily injury.”

What Sexual acts are forbidden?

The following acts are forbidden at Saguaro Correctional Center:

Disruption – Violence

Rape or forcible sexual act

Example: Rape is defined as the penetration, however slight, of the oral, vaginal or anal opening for the purpose of sexual arousal, gratification, or abuse when the victim is incapable through an unsoundness of mind, whether temporary or permanent of giving consent; the victim resists but resistance is overcome by force or violence; where the victim is prevented from resistance by threats of immediate and great bodily harm, accompanied by apparent power of execution; where the victim is prevented from resistance by the use of any intoxicating, narcotic or anesthetic substance administered by or with the privities of the accused; or where the victim is at the time unconscious of the nature of the act.

Sexual Activity

Engaging in sexual activity with another person.

Example: Has active or passive contact or fondling between his/her genitals, hand(s), mouth, buttocks, anus, breast and the genitals; hands, mouth, buttocks, anus, or breast of another person who expressly or impliedly consents to the accused offender's conduct. Contact can be with or without clothing being worn by one or both parties.

Bestiality

Example: Any sexual contact with an animal.

Indecent Exposure

Example: Every person who is willfully and lewdly either: exposes his or her genitals in any public place, or in any place where there is present another person or persons who are offered or annoyed thereby; or procures, counsels, or assists any person so to expose his or her genitals where there is present another person or persons who are offended or annoyed.

Making sexual proposals/threats or sexually harassing another person.

Example: Subjecting another person to sexual contact through physical action and/or verbal or written statements without sexual intercourse, and the other person does or does not expressly or impliedly consent to the accused offenders conduct, or the other person is unconscious or others physically incapable of resisting and has not consented to the physical contact.

Inappropriate physical contact

Example: Lingering touching, physical contact or inappropriate kissing.

The acts listed above are prohibited by CoreCivic/SCC policy and violators will be subject to disciplinary actions.

Are there other sexual acts that are forbidden?

Yes.

Staff sexual misconduct is forbidden at SCC. Staff sexual misconduct is sexual behavior between any SCC staff member and any offender under the care of SCC. This includes contractors and other agents of the contracting agencies.

Staff sexual misconduct is forbidden even if it is consensual.

What are my rights?

While you are incarcerated, no one has the right to pressure you to engage in sexual acts. Rape and Sexual assault are violent acts. Regardless of your age, race, size, ethnicity, or sexual orientation, offenders should have the opportunity to serve their sentences with dignity.

You do not have to tolerate sexual pressure, harassment, manipulation or assault. Every offender has a responsibility to eliminate sexual assault and sexual activity. If you are approached, pressured, or assaulted – report it immediately.

To ensure that your environment is safe, if you are aware of another offender being sexually assaulted or involved in sexual behavior, report it immediately.

Transgender/Intersex Separate Showering Requests

If you are transgender or intersex, you have the right to request top shower separately from the main population. The time set aside for this is 0715 hours. This must be requested through your unit manager.

I can see why rape and sexual assaults are against the rules, but why is sexual activity forbidden? If both people consent, what is the big deal?

There are many reasons why sexual behavior is inappropriate in prison. None of them involve moral judgments regarding sexual preferences. In a prison, sexual relationships, including those that are consensual, foster violence. Some offenders may disapprove of same-sex relationships and attack inmates involved in sexual activities. Fights often occur when a 'couple' breaks up, or one partner discovers the other is 'cheating'.

Eliminating sexual assault and sexual activity promotes a safe environment. In addition, the elimination of sexual activity and sexual assaults promotes an atmosphere where people can concentrate on making changes in their lives that are necessary for success upon release.

What about confidentiality?

SCC staff members have been trained to limit the sharing of information regarding sexual assault and sexual activity to personnel who make decisions about the victim's welfare and for investigation/prosecution purposes.

What if I know someone who was sexually assaulted or know of someone involved in sexual activity?

Report it to a staff member immediately.

It is every offender's right to serve his or her sentence with dignity. When others infringe upon that right, they release you from any bond of silence. Prison rape can be eliminated best when people who live in the facility refuse to accept it under any circumstances.

If you fail to report this type of behavior, you erode your own safety. Support others who take the initiative to report this behavior and keep the facility safe.

How do I avoid being assaulted?

You can take steps to protect yourself from being sexually assaulted.

- Do not accept gifts from others. Gifts and favors usually have strings attached.
- Do not gamble or enter games of skill or chance.
- Do not use, possess, trade, purchase or hold drugs, alcohol or tobacco products.
- Do not become indebted to anyone either monetarily or for favors.
- Choose your associates wisely. Do not become involved in gangs or hate groups. Look for people doing positive things to change their lives such as education, programs, religious activities, etc.
- Do not accept another inmate's offers to protect you.
- Stay in well-lit areas where staff can see you.
- Carry yourself in a confident manner at all times. Do not permit your emotions such as fear and anxiety to be obvious to others.
- Trust your instincts. If a situation seems dangerous, it probably is. If you fear for your safety, report it to a staff member.

What do I do if I am assaulted?

Report it immediately to a staff member who will offer you immediate protection from the assailant and will get you medical attention. Because reporting sexual assault can be difficult, it is important that you understand that there are several ways that you can report it.

The first and best choice is to report it immediately to a staff member.

You can also report using one or more of the following:

3. Report by mail to CoreCivic, 5501 Virginia Way, Brentwood, TN 37027
4. Report by mail to Eloy Police Department 630 N. Main Street, Eloy, AZ 85131

Dialing instructions for PREA Reporting:

6. Pick up the handset
7. Press 1 for English or 2 for Spanish
8. Press '0' to place a collect
9. When prompted, enter your PIN number followed by the '#' sign
10. When prompted to enter the destination number, dial *777

By submitting a medical concern form and reporting to a medical staff member during sick call

Call someone outside the facility who can contact facility administration

In a medical concern form

In an 'Inmate Request Form' to security staff

In a letter to the facility head sealed and marked confidential

SACASA is an agency in which you can report sex abuse/assault incidents privately and provides confidential emotional advocacy services related to sexual abuse/assault incidents. Call SACASA's toll-free 24 hour sexual abuse/assault crisis hotline:

Local – 520.327.7273

Toll Free – 800.400.1001

TTY/TDD – 520.327.1721

Calls to SACASA using the below PIN are not monitored or recorded. Offenders can call SACASA toll-free and remain anonymous using the following pin: 321321321#

PREA Compliance Manager – AW J. Bradley – The PREA compliance Manager oversees PREA for the facility and can receive reports.

Remember, any method that you use other than reporting directly to a staff member delays you getting help.

Do not shower, wash, drink, eat, change clothing, or use the bathroom until after you have seen a medical professional trained to examine victims of sexual assault.

(There will be a strong desire to clean up after a sexual assault, it is important that you do not).

What will happen to me when I report a sexual assault?

Medical staff will examine you for injuries, which may not be readily apparent to you. They will also test you for sexually transmitted diseases and collect evidence.

To collect evidence, you will be asked to consent to a sexual assault examination. A medical professional will do this exam. Although you have the right to refuse the exam, it is critical to collect as much evidence as possible,

You can receive medical attention without submitting to a sexual assault exam. It is important to understand the difference between the sexual assault exam and a medical care treatment for the treatment of injuries and keeping you healthy.

The evidence gathered in the sexual assault exam will be used to prosecute the perpetrator. The evidence can include hair, skin and bodily fluids of the perpetrator. However, the medical care you receive during treatment is confidential, unless you sign a medical release form to allow medical information to be used in the prosecution of the assault.

Do I have to reveal the assailant?

No. However, you are strongly encourage (sic) to name the assailant if you know who it was, or do your best to help staff identify the assailant. That is the only way to protect yourself and others from future attacks.

If I am a victim of a sexual assault, where will I be housed and what will happen to my property?

First, you will immediately be protected from the assailant and receive medical care. Beyond that, exact answers are difficult because every facility and situation is different. However, here are some general things you can expect.

Sexual assault in the community or in prison, is a traumatic and difficult experience, which is often exacerbated by the investigation. Fortunately, the criminal justice system is getting better at helping victims through this experience.

If I am a victim of sexual assault, where will I be housed in what will happen to my property?

First, you will be immediately protected from the assailant and receive medical care. Beyond that exact answers are difficult because every facility and situation is different. However, here are some general things you can't expect.

Sexual assault in the community or in prison is a traumatic and difficult experience, which is often exacerbated by the investigation. Fortunately, the criminal justice system is getting better at helping victims through this experience.

Designated facility victim services coordinator.

Saguaro Correctional Center has a designated the mental health coordinator and or grievance officer as the facility victim services coordinator. The victim services coordinator's role is to support you as a victim. It is likely that you will also work with the victim service coordinator that works in the community. The victim service coordinator will not do certain things like advocate for your release on parole, reduce your custody level, or grant you special privileges. However, they can help you cope with a difficult situation.

Handling a sexual assault in a prison facility presents unique challenges that are not present in the community. The perpetrator must be isolated, the victim must be protected, evidence must be collected, and medical attention must be given.

Staff must remain neutral and ensure that all possibilities are considered, for example, false allegations or a perpetrator who claims to be the victim.

In a prison, once the evidence is collected and statements are taken, the victim can't just go home and alternate Hobsons for housing are scarce. The unit team will make housing decisions.

- Safe housing at the appropriate custody level
- Isolation from the perpetrator
- Isolation from friends of the perpetrator
- housing in the least restrictive environment possible

Your past behavior can limit the options available for housing. For example, in offender housed in administrative segregation will remain an administrative segregation.

What if I'm falsely accused?

First, remember to avoid situations that put you at risk.

- Do not accept gifts from others; do not gamble or enter games of skill or chance: do not use, possess, trade, purchase, or whole drugs, alcohol, or tobacco products; do not become indebted to anybody either monetarily or for favors; Choose your associates wisely; do not except if another inmate offers to protect you; stay in wallet areas were staff can see you; carry yourself in a confident man are at all times; Trust your instincts; and don't engage in sexual activity.

False accusations usually arise from vendettas, indebtedness, and gangs and hate groups, or rejection of sexual advances.

If you are falsely accused, cooperate with staff. Do not make threats. Don't attempt to harm or have others harm the person making the allegation. Keep your wits about you. Becoming verbally or physically abusive will add credibility to the allegations and weekend your own credibility. Tell the truth. Even if you might be held accountable for your behavior. Lies will only further erode your own credibility.

Anyone found to have made a false allegation will be disciplined and/or prosecuted.

What is involved in consensual sex, but later I feel I was manipulated?

Most cases of sexual activity in prison involve manipulation, pressure, or other coercion. It is common that one person who has no history of inappropriate sexual activity is involved with one person who has a history of several different partners on many different occasions. When this happens, one is usually a perpetrator and the other is a victim.

Avoid getting into the situation in the first place. Remember, if you were involved in the consensual activity you are subject to disciplinary action. However, by coming forward, you were taking responsibility for your behavior, which is an important step for developing the attitude and skills necessary for success in the community. The most important reason to come forward is to stop a sexual predator for manipulating more victims into destructive behaviors.

Recovering from sexual assault.

Any form of coerced or manipulative sexual activity is degrading. Victims of rape and sexual assault may be eligible for victim services. However, some of the services may not be available until after you are released from prison. Contact your victim services facility coordinator for more information.

Remember... Sexual assault is a crime. All sexual activity between offenders is prohibited. All sexual activity between staff and offenders is prohibited. If you are a victim of sexual assault report it immediately.

Allegations of sexual assault will be thoroughly investigated. Perpetrators of rape and sexual assault will be prosecuted and subject to disciplinary action. Sexual perpetrators will be considered for administrative segregation. It is never appropriate for a staff member to make advances or engage in sexual activity with an offender. Even if the offender wants to be involved with the staff member, the staff members not allowed to respond. It is never appropriate for an offender to make sexual advances her comments to a staff member, and such behavior will result in disciplinary or correct of action.

In addition, each specific inmate population has information specific to their population on reporting which includes specific information for the jurisdiction where they come from in addition to the general information.

On October 4, 2020, a letter was sent by the auditor to the PREA Coordinator for CoreCivic at the address listed in number five above, which stated:

October 3, 2020

Jillian Shane
A & S Correctional Consulting

PREA Coordinator
Facility Support Center
CoreCivic

PREA Coordinator:

I am an auditor for the Department of Justice, PREA, and I am in the process of preparing for audit of Saguaro Correctional Center. I am testing the reporting system as provided in CoreCivic Policy 14-2 for the Prison Rape Elimination Act with the above address. Can you please route this letter as a test, through the process so I can see how it works?

Thanks,

Jillian Shane
Certified DOJ PREA Auditor
A & S Correctional Consulting

The PREA Coordinator sent an email to the auditor that the letter was received in his office on November 6, 2020. The PREA Coordinator stated that it came in the previous week, however, he was away for work.

The CoreCivic website states:

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including but not limited to:

- *Contact the National Sexual Abuse Hotline at 1-800-656-4673*
- *Send a letter to the warden of the facility at the address provided on our facility profiles*
- *Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.*
- *Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.*
- *Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-866-757-4448 or e-mail <http://www.corecivic.ethicspoint.com/>*

The auditor filed a test report through the EthicsPoint System online at https://secure.ethicspoint.com/domain/en/report_company.asp?clientid=45517&locationid=28782851&override=yes&agreement=no&companyname=CoreCivic This was filed on October 2, 2020. A report key was returned to the auditor which stated: YOUR REPORT KEY IS: 801065129901. The Director of Ethics and compliance wrote the following email response while forwarding it to the facility:

Good morning Warden and Heather.

Ethics has received a mock PREA allegation from DOJ auditor Jillian Shane, who is requesting to see the process of a PREA claim filed through the Ethics Line.

As per protocol, this email serves as notice of a PREA allegation at Saguaro.

Ms. Shane – As normal protocol dictates, a PREA notice is immediately shared with the Warden (Warden Frink) and PREA team (Heather Baltz and Eric Pierson).

Thank you.

Bryan Deemer
Director, Ethics & Compliance

In addition, the PC for the Agency immediately wrote back and stated:

Jillian:

I can confirm that I received this from the Ethics Line. Had this been an actual allegation either Heather or myself would have notified the facility Investigator and the PCM to initiate the investigation, response, and reporting requirements of our Policy

Eric Pierson
PREA Coordinator

Lastly, the Warden replied and stated:

Received notification. If this was a real notification we would initiate PREA protocol

All of these replies occurred within an eleven (11) minute time span.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing inmate/detainee to remain anonymous upon request. At this facility, the inmate can do this by telephone or writing to Eloy Police Department 630 N. Main Street, Eloy, Arizona 85131.

Facility Staff advised the auditor of several methods, all of which are in the inmate handbook as well:

8. Calling the facility's twenty-four (24) hour toll-free notification telephone number;
9. Verbally telling any employee;
10. Forwarding a letter, sealed and marked 'confidential', to the Administrator/Director or any other employee;
11. Calling or writing someone outside the facility who can notify facility staff;
12. Forwarding a letter to the FSC REA Coordinator at the following address:
10 Burton Hills Boulevard
Nashville, TN 37215

- 13. Onsite Monitoring Staff
- 14. National Sexual Abuse Hotline: 800-656-4673

A memo was provided to the auditor which stated “At this facility, no inmates are detained solely for civil immigration purposes.”

The auditor forwarded the below correspondence to the police department address list in policy:

October 22, 2020

Jillian Shane
A & S Correctional Consulting
PO Box 15376
Rio Rancho, NM 87174

Eloy Police Department

To Whom It May Concern:

I am an auditor for the Department of Justice, PREA, and I am in the process of preparing for audit of the Saguaro Correction Center. I am testing the reporting system as provided in CoreCivic Policy 14-2 (PREA Standard 115.51) which provides this address as a way for an inmate to report sexual abuse or harassment.

Can you please route this letter, as a test, through the process so I can see how it works.

Thanks,

Jillian Shane
Certified DOJ PREA Auditor
A & S Correctional Consulting

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states inmate who are victims of sexual abuse have the option to report an incident to a designated employee other than an immediate point-of-contact line officer by using any of the following methods:

1. Calling the facility’s twenty-four (24) hour toll-free notification telephone number;
2. Verbally telling any employee;
3. Forwarding a letter, sealed and marked ‘confidential’, to the Administrator/Director or any other employee;
4. Calling or writing someone outside the facility who can notify facility staff;
5. Forwarding a letter to the FSC REA Coordinator at the following address:
10 Burton Hills Boulevard
Nashville, TN 37215
6. Onsite Monitoring Staff

7. National Sexual Abuse Hotline: 800-656-4673

Policy also states that employees must take all allegations of sexual abuse and harassment seriously, including verbal, anonymous, and third party reports, and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. All reports of sexual abuse and sexual harassment will be reported to the PREA Compliance Manager/Investigator. Employees having contact with the alleged victim should behave in a manner that is sensitive, supportive and non-judgmental.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment of inmate by forwarding a letter, sealed, and marked 'confidential', to the facility Administrator/Director.

The CoreCivic public website states:

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a reports; including but not limited to:

- *Contact the National Sexual Abuse Hotline at 1-800-656-4673*
- *Send a letter to the warden of the facility at the address provided on our facility profiles*
- *Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.*
- *Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.*
- *Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-866-757-4448 or e-mail <http://www.corecivic.ethicspoint.com/>*

During the tour, the auditor saw PREA posters and the PREA video being played in numerous areas, which each containing reporting mechanisms.

If an inmate includes a PREA complaint in a grievance, the grievance coordinator or staff processing grievances would take it out of the time frame for grievance responses and place it immediately into the PREA response process. It would be turned over to the Investigator and a 5-1 Incident report would be completed. Technically, an inmate could still submit a formal grievance on an allegation of sexual abuse or sexual harassment if he or she wished but the response would be expedited so as to ensure his/her safety.

Staff interviewed each spoke of various methods in which inmates can report. Many staff also detailed incidents whereas they were told or responded to a call to assist after a report was made.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*

CoreCivic Website
CoreCivic Code of Ethics
Participant (Inmate) Handbook
First Responder card/staff reminders
Sexual Assault Awareness and Prevention pamphlet (English and Spanish)
PREA poster
Inmate Interviews (Random and Specialized)
Staff Interviews (Random and Specialized)

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

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*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer. Allegations of sexual abuse and/or sexual harassment are not processes though the facility inmate/detainee grievance process.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer. Allegations of sexual abuse and/or sexual harassment are not processes though the facility inmate/detainee grievance process.

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On the PAQ, staff indicated that there were no grievances filed alleging sexual abuse in the past twelve months.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

On the PAQ, staff indicated that there were no emergency grievances filed alleging sexual abuse in the past twelve months.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise mandated by contract, alleged incidents will not be processed through the facilities inmate grievance process. Should a report be submitted and received as an inmate grievance, whether inadvertently or due to contracting agency requirements, it will be immediately be referred to the facility Investigator or Administrative Duty Officer.

The auditor requested and reviewed three randomly selected months of grievance logs (informal and formal). On these logs, there was one file that indicated that it was related to sexual abuse, harassment or misconduct. The notes on the log stated that the 'facility investigator completed the investigation'. The auditor requested a copy of this investigation, grievance and subsequent documents from the facility.

In addition, the auditor conducted an interview with the facility grievance officer to ascertain what would occur if a grievance was filed on a PREA matter. The officer stated that it would be immediately given to the AW/PCM for investigation and that they would advise the inmate of such.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Inmate Handbook
Grievance Logs
Inmate confidential Mailboxes
Interview with Grievance Officer
Interview with PCM

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate shall be provided access to outside victim advocates for emotional support services related to sexual abuse by giving inmate mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. Such information shall be included in the facilities inmate handbook. The facility shall enable reasonable communication between inmate and these organizations and agencies, in as confidential a manner as possible.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate shall be informed, prior to giving them access, of the extent to which such communications shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that CoreCivic shall maintain or attempt to enter Memorandums of Understanding (MOU) or other agreements with community services providers that are able to provide inmate with confidential emotional support services related to sexual abuse.

An MOU was reviewed between Southern Arizona Center Against Sexual Assault and CoreCivic of Tennessee. This MOU was last executed in 2016. The MOU states that CoreCivic will provide SACASA's contact information to inmates/detainees through various resources as appropriate for each facility, ie: inmate handbook, PREA Resource Guide, posters, etc. including both the toll-free crisis line telephone number and mailing address. In addition, CoreCivic will also enter the SACASA phone number into the telephone system as a free number and call ensuing that no costs are incurred by the calling party or SACASA. The telephone numbers will also be designated as confidential and not to be monitored or recorded through the inmate telephone system.

The inmate memo and handbook was reviewed and it was verified that it states “SACASA is an agency in which you can report sex abuse/assault incidents privately and provided confidential emotional advocacy services related to sex abuse/assault incidents. Calls to SACASA using the below PIN are not monitor or recorded. Offenders can call SACASA toll-free and remain anonymous using the following pin: (Pin provided).”

On November 23, 2020, the auditor called the phone number in the MOU for SACASA and spoke to a staff member who answered the crisis line. She reviewed the protocol in the event that an inmate would call. She stated that if the inmate specifically asks to report the incident, she will call authorities with CoreCivic through the Ethics Line and law enforcement to report. She did state that the number for the facility sometimes does not answer messages. She believes it is through the quality assurance office. I provided her with the information for the new Quality Assurance Manager, as it has recently changed.

An updated MOU was signed and sent to the auditor for SACASA and CoreCivic dated March 2021. All information listed above remained in the MOU as per the requirements of this standard.

The representative also stated that she would like to continue to work with the facility more. She stated that some other facilities they contract with provide them with direct numbers and contact information so they can easily follow up if an inmate has concerns.

When discussing the protocol questions with the interviewed inmates surrounding this standard, most did not want to discuss and stated that they did not know or did not need these services, therefore they did not care. When pressed a little further, most were able to articulate that they have heard of rape crisis and confidentiality but they do not need. The auditor has seen these types of answers in many instances when randomly interviewing inmates, therefore, it is not alarming.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
MOU with Southern Arizona Center Against Sexual Assault and CoreCivic
Sexual Assault Advocacy pamphlet
Flyer entitled Inmate Access to Outside Victim Advocates and Support Services
PREA posters
Inmate Handbook
Inmate Interviews

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that each facility shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall post this information on the facility PREA link.

The CoreCivic public website states:

Anyone can report an allegation or suspected incident of sexual abuse or sexual harassment; including inmates, staff, or third parties. This can include allegations that may have occurred at another correctional facility. At a CoreCivic facility, there are multiple options to file a report; including but not limited to:

- *Contact the National Sexual Abuse Hotline at 1-800-656-4673.*
- *Send a letter to the warden of the facility at the address provided on our facility profiles*
- *Inmates may notify any staff member either verbally or in writing or they may call the PREA hotline numbers posted at their facilities.*
- *Staff may report allegations via their chain of command or anonymously through the employee hotline numbers provided.*
- *Staff and third parties may contact the CoreCivic's Ethics and Compliance Hotline: 1-866-757-4448 or e-mail <http://www.corecivic.ethicspoint.com/>*

The auditor also filed a test report through the EthicsPoint System online at https://secure.ethicspoint.com/domain/en/report_company.asp?clientid=45517&locationid=28782851&override=yes&agreement=no&companyname=CoreCivic This was filed on October 2, 2020. A report key was returned to the auditor which stated: YOUR REPORT KEY IS: 72038967001.

Good morning Warden and Heather.

Ethics has received a mock PREA allegation from DOJ auditor Jillian Shane, who is requesting to see the process of a PREA claim filed through the Ethics Line.

As per protocol, this email serves as notice of a PREA allegation at Saguaro.

Ms. Shane – As normal protocol dictates, a PREA notice is immediately shared with the Warden (Warden Frink) and PREA team (Heather Baltz and Eric Pierson).

Thank you.

Bryan Deemer

Director, Ethics & Compliance

Within thirty (30) minutes of the Warden receiving said email, he replied:

Received notification. If this was a real notification we would initiate PREA protocol.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
CoreCivic PREA Website
14-2AA Preventing Sexual Abuse and Misconduct
Inmate Handbook
Posters and Information Boards throughout facility

Note: There have been no outside third party PREA reports to date.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation is required to be reported immediately by all employees.

Policy further states that all employees must immediately report:

- Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility in accordance with this policy, whether or not the area is under CoreCivic's management;
- Retaliation against inmates/detainees or employees who have reported such an incident; and
- Any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All staff members have signed an acknowledgment of this provision, on the 14-2A form, CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement. Thirty (30) Staff are currently assigned to facility and twenty-seven (27) samples were provided. While onsite, it was determined that one was a duplicate and the remaining two were provided, therefore all staff acknowledgments were reviewed.

A note from the facility stated that the Saguaro Correctional Facility has had no reports of retaliation against staff or inmate who have reported incidents of alleged sexual abuse or sexual harassment since the previous audit.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, and as specified in this policy, to make treatment, investigation, and other security and management decisions. When

it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that unless otherwise precluded by federal, state or local law, medical and mental health professionals shall be required to follow reporting procedures as outlined in policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmate/detainee of their professional duty to report and the limitations of confidentiality.

In the medical areas within the facility, signage could be seen, reminding medical staff of this provision, which stated “all medical practitioners have a duty to report information regarding incidents of sexual abuse or sexual harassment.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees may privately report sexual abuse and sexual harassment of inmate/detainees by forwarding a letter, sealed and marked ‘confidential’ to the facility Administrator/Director or contact the CoreCivic ethics and compliance hotline.

Further, policy states that if the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a state or local vulnerable person’s statute, the allegation shall be reported to the designated state or local services agency under applicable mandatory reporting laws.

This facility indicated that they have not had any incidents of alleged sexual abuse and/or sexual harassment in which the alleged victim is under the age of 18 or considered a vulnerable adult within the last twelve (12) month as the facility does not house offenders under the age of 18.

Arizona Revised Code 46-454 states that a physician, physician assistant, registered nurse practitioner, licensed practical or registered nurse, certified nursing assistant, et al or other person who has responsibility for the care of a vulnerable adult and who has a reasonable basis to believe that abuse, neglect or exploitation of the adult has occurred shall immediately report or cause reports to be made of such reasonable bass to a peace officer or to the adult protective services central intake unit. Reports pursuant to subsections of the section shall contain: the names and addresses of the adult and any persons having control or custody of the adult, if known; the adults age and the nature and extent of the adults vulnerability; the nature and extent of the abuse, neglect or exploitation; and any other information that the person reporting believes might be helpful in establishing the cause of the abuse, neglect or exploitation.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that Administrative Duty Officer (ADO) Staff, the PCM, Warden/Facility Administrator or designated on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigation, unless the allegation does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law.

The auditor reviewed a report and was able to see the process involving the provisions of this standard.

The Warden provided a memo to the auditor which states that Saguaro Correctional Center does not house offenders under the age of 18.

Interviews with medical and mental health staff demonstrated that staff were all aware of the requirements to report any knowledge or suspicion and each detailed that their disclosure process for the limits on confidentiality.

Interviews with randomly selected staff demonstrated that staff were aware of all provisions of this standard.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Staff Rosters
ARS 46-454: Vulnerable Adult Statute
5-1C Incident report
Incident Log
Employee Training
Inmate Notification Poster
Staff Acknowledgement Sheets
Notes/Memos
Investigative Report with detailed first responder duties and referral
Interviews with Random Staff
Interviews with Specialized Staff

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that when it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. It is CoreCivic's policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse. Alleged victims of sexual abuse or harassment will be provided a supportive and protective environment.

The PREA overview Training and Facilitators Guide as well as the first responder card given to all staff states that:

First responders shall ensure that the following safe guards are provided: Request the safety of the victim by separating the victim from alleged perpetrator, request someone escorts the victim to medical for examination/treatment; request the victim does not shower, change clothes, use the restroom or consume fluid; notify the highest ranking supervisor on site; secure the alleged perpetrator in a cell, where possible, in the event evidence collection is possible; file a CoreCivic Incident Report From 5-1C; and keep the information confidential. In addition, multiple additional steps are listed and described for supervisors and the PCM.

In the past twelve (12) months, there were no instances the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

During an interview with CoreCivic Vice President, Operations Administration, he stated that staff take immediate action to protect the inmate by removing the inmate from the area and/or individuals where risks may be stemming from and an investigation is immediately initiated.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Sexual Abuse Incident Checklist
Interview with CoreCivic Vice President, Operations Administration
Sample Incident Reports
Interview with PC
Interview with Random Staff
Interviews with Random Staff
First Responder Cards

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that if the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility), the following actions shall be taken:

1. The Administrator/Director that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.

2. Determine whether the allegation was reported and investigated.
 - a. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted and that the allegation has already been addressed. Under this circumstances, further investigation and notification need not occur.
 - b. If the allegation was not reported or not investigated, a copy of the statement of the inmate/detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.

The facility Director stated that there have been no allegations received that an inmate was sexually abused while confined at another facility.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that if the allegation involves events that took place while the alleged victim was not in CoreCivic custody (e.g. while housed at another provider's facility), the following actions shall be taken:

1. The Administrator/Director that received the allegation shall contact the facility head or appropriate office of the facility where the alleged abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation.
2. Determine whether the allegation was reported and investigated.
 - a. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, the name and title of the person contacted and that the allegation has already been addressed. Under this circumstances, further investigation and notification need not occur.
 - b. If the allegation was not reported or not investigated, a copy of the statement of the inmate/detainee shall be forwarded to the appropriate official at the location where the incident was reported to have occurred.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that all such contacts and notification shall be documented on the 5-1B Notice to Administration; including any details learned from contact with the site where the alleged abuse took place, and the facilities response to the allegation.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that if an allegation is received from another facility, the Administrator/Director will ensure the allegation is investigated.

The facility Director stated that there has been one allegation received from other facilities in the past twelve (12) months.

During an interview with the CoreCivic Vice President, Operations Administration, he stated referrals to and from other facilities occurs most often at the facility level rather than at the corporate office level. The information is received by the Warden at the facility. However, any staff who received the information know to report it to the Warden, for appropriate action. It then gets added into our incident system and the PREA protocols are initiated. If the allegation was alleged to have occurred at another facility, the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility both the partner agency and the investigative entity responsible for criminal investigations would be notified. He also stated that the most common examples are allegations inmates make during their intake process. The CoreCivic staff obtain as much information as possible from the inmate and provide this to Warden at the other facility as part of the notification.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

Community Corrections PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration
Copies of NTA's and email notifications made to another facility

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Response Procedures Sections that any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:

- a. The alleged victim is kept safe, has no contact with the alleged perpetrator and is immediately escorted to the Health Services Department.
- b. While in the private area, employees shall, to the best of their ability, ensure that that the victim does not wash, shower, remove clothing use the restroom facilities, eat drink, smoke or brush his/her teeth. The highest ranking authority on-site is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.

Further policy states that upon notification of alleged sexual abuse, highest ranking authority on-site will ensure the following actions are accomplished:

- a. When the alleged perpetrator is an inmate/detainee, in order to preserve any evidence, the alleged perpetrator is not allowed to wash, shower, brush his/her teeth, use the restroom facilities, change clothes, or eat or drink while secured in segregation in a single cell.

Lastly, policy states that if the abuse occurred within a time period that allows for collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions could (sic) destroy physical evidence. This

would include as appropriate washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating, or brushing his/her teeth.

All staff have signed an acknowledgment of this provision, on the 14-2A form, CoreCivic PREA Policy Acknowledgment and/or Training Acknowledgement.

Sample reports and investigations were reviewed by the auditor for an incident of alleged sexual abuse. In the report, staff documented their efforts to maintain the preservation of evidence as noted in the provisions of this standard and in policy.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff.

Staff are all provided, and the auditor saw while on-site, a First Responder Duty card to add to their ID. It states:

CCA has a zero tolerance for all forms of sexual abuse and sexual harassment.

FIRST RESPONDER DUTIES:

- *Separate the alleged victim and abuser (ordinarily the victim should not be placed in segregation/restrictive housing).*
- *Preserve and protect the crime scene until steps can be taken to collect evidence.*
- *If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence (such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating).*
- *Ensure the alleged abuser does not take any of the above actions that could destroy physical evidence.*
- *Immediately notify your supervisor and medical and mental health practitioners.*

Confidentiality must be maintained, apart from reporting to designated supervisors or officials.

This information was all included and reviewed in the training for PREA Overview and the Facilitators Guide.

The auditor conducted three interviews of random staff that could act as first responders utilizing the security staff and non-security staff who have acted as first responders protocol sheet. Each was able to detail the process that a first responder takes in response to an allegation of sexual abuse to include but not limited to:

1. Separating the alleged victim and abuser;
2. Preserving and protecting any crime scene until appropriate steps can be taken to collect any evidence;
3. Requesting the alleged victim and ensuring the alleged abuser do not take any steps that would destroy evidence; and

4. Immediately notifying medical and mental health practitioners.

Each staff provided more detail of various forms that would be completed, areas, as samples that they would use to secure and protect, and process that could follow, depending on the incident.

In addition, all staff that are randomly selected and interviewed utilizing the random staff protocols are also asked to detail the first responder process. Without fail, each staff member described these steps and processes for the facility. Many also provided specific samples and hypotheticals to detail the process.

The PAQ stated that in the past twelve months there has been 10 instances of allegations where an inmate was sexually abused. Of these allegations, each one involved a first responder who was a security staff member who responded to and separated the alleged victim and abuser. Of the auditor selected cases that were randomly selected and reviewed (9 in total), this process was detailed in the reporting process. None of the instances, as per the PAQ, involved a responding non-security staff member.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 *Sexual Abuse Prevention and Response*

First Responder Cards

PREA Training Acknowledgments

Copies of Incident reports of incident requiring first responders to sexual assault

Policy Change Notice, 14-2

Interviews with Random Staff

Interview with PCM

Sample Report

PREA Overview Training

PREA Overview Facilitator Guide

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that each facility will establish a SART which includes the following positions:

- PREA Compliance Manager
- Security Representative

The SART responsibilities shall include the following:

- Responding to reported incidents of sexual abuse;
- Responding to victim assessment and support needs;
- Ensuring policy and procedures are enforced to enhance inmate/detainee safety; and
- Participating in the development of practices and/or procedures that encourage prevention of sexual abuse and enhance compliance with PREA National Standards.

Further, policy states that any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse shall ensure that the following actions are accomplished:

- The alleged victim is kept safe, has no contact with the alleged perpetrator, and is immediately escorted to the Health Services Department.
- While in the Health Services, employees shall, to the best of their ability, ensure that the victim does not wash, shower, remove clothing use the restroom facilities, eat drink, smoke or brush his/her teeth. The highest ranking authority on-site is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.
- The highest ranking authority onsite is immediately notified and will further ensure to protect the safety of the victim and the integrity of the crime scene and any investigation.
- When the alleged perpetrator is an inmate/detainee, he/she is secured in a single cell in the event evidence collection is required.
- All acquired information concerning the allegation is kept confidential.
- An incident statement is written in accordance with the CoreCivic Policy 5-1C.

Policy then further goes on to describe, in detail, all processes that would follow, to include but not limited to: preserving evidence; notifications; scene preservations; notifications if this occurred at another location; steps in the event an employee was involved; review team; administrative and criminal investigations; roles with an investigating entity; and advocacy.

In the response plan, the Sexual Abuse Incident Check Sheet, form 14-2C is included. This is used at the initiation of any incident allegation that may occur and ensure that all steps in the plan are carried out in a timely manner.

A memo dated July 13, 2020, was reviewed in which the Warden and PCM outline the Sexual Abuse Response Team (SART) process and people involved. This was provided to all facility staff. This memo and plan outlines each person, the steps they will take and their role.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration
Memo designating Sexual Abuse Response Team
First Responder Cards
Incident Reports

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that neither CoreCivic nor any other entity responsible for collective bargaining on CoreCivic's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the company's ability to remove alleged employee sexual abusers from contact with any inmate/detainees pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Nothing in this requirement shall restrict entering into or renewal of agreements that govern:

- The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions outlined above in Q.2.a-c. and a preponderance of the evidence in determining whether sexual abuse or sexual harassment are substantiated.
- Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the employees personnel file following a determination that the allegation of sexual abuse is not substantiated.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that CoreCivic as an agency has entered into and/or renewed collective bargaining agreements since August 20, 2012. The agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation of disciplinary action.

Saguaro Correctional Center does not have a collective bargaining agreement.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Interview with CoreCivic Vice President, Operations Administration
Memo stating that this facility is not subject to collective bargaining

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*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 *Sexual Abuse Prevention and Response* states under the section titled SART Member Responsibilities that the PREA Compliance Manager will review the facility's response to sexual abuse allegations, with the Administrator/Director or designee, to ensure the policy is implemented effectively and victims needs are addressed; serve as a primary liaison with local law enforcement or delegate this responsibility; ensure the completion of the Sexual Abuse

Incident Check Sheet; and ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against inmate/detainees or employees. This shall include periodic status checks of inmate/detainees and review of relevant documentation. If an allegation is determined to be unfounded, retaliation monitoring will no longer be required.

At this facility, the Classification Supervisor is assigned to perform retaliation monitor for inmates that report PREA violations.

(b) Policy 14-2 states that ADO staff, or the Warden/Facility Administrator will determine, on a case-by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates is warranted. This determination will take into account the gravity and credibility of the allegations.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that to ensure that thirty/sixty/ninety (30/60/90) day monitoring is conducted by the designated staff, following a report of sexual abuse or sexual harassment, to protect against potential retaliation against inmate/detainees or employees. Policy further states that monitoring shall continue beyond ninety (90) days if the initial monitoring indicates a continuing need. The PCM shall ensure prompt action are taken to remedy any identified retaliation.

In the past twelve (12) months, there has been zero incidents of retaliation occurring at this facility, according to the PAQ and the interview with the Classification Supervisor, who is the person assigned to monitor for retaliation.

The facility provided and the auditor reviewed samples of memos in which staff were placed on administrative leave, pending investigation, to ensure the safety and security of the inmate population and victim.

(d) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that this shall include periodic status checks of inmates/detainees and review of relevant documentation.

(e) Policy 14-02 CC *Sexual Abuse Prevention and Response* states the PCM will ensure any other individual who cooperate with an investigation and expresses fear of retaliation is protected from retaliation.

During an interview with the CoreCivic Vice President, Operations Administration, he stated that for both inmate/detainees and staff who have reported allegation of sexual abuse, they provide monitoring on a 30/60/90 day period, longer if needed, to ensure no retaliation has occurred. These reviews are documented on an attachment to our 14-2 policy. The review taken into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmate/detainees and shift changes, evaluations, etc. for staff. These reviews also prohibit retaliation for any reason and includes the expectation in training with staff. Any violations are acted upon accordingly. For those who cooperate and express a fear of retaliation, the policies and practices prohibit retaliation for any reason and we include the expectation in training with staff. Any violations are acted upon accordingly.

The facility provided the auditor with a list of essential and specialized staff, prior to the site review. The auditor called and conducted an interview with the classification supervisor, who is the person assigned to conduct the retaliation monitoring for the inmate population. She stated that she conducts these interviews in person with each inmate at 30/60/90 day marks and longer when warranted. She completed these in a private room and also reviews the inmates programming, education, disciplinary history and any other updates in the inmates file. She stated that there has not been an instance where she has identified retaliation.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Blank form, PREA Retaliation report monitoring
Memo, indicating staff who will conduct all monitoring and process for staff and inmates
5-1A Incident Report
30/60/90 Day Retaliation Monitoring Report
Interview with CoreCivic Vice President, Operations Administration
Interview with Random Staff
Interview with PCM
Interview with Retaliation Monitor

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 restrictive 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*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that inmates at high risk for sexual victimization shall not be placed 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 means of separation from likely abusers. If the facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary segregated housing for less than twenty-four (24) hours while completing the assessment.

Policy 14-02 *Sexual Abuse Prevention and Response* states that inmate/detainees placed in segregated housing for this purpose shall have access to programs, privileges, education, or work opportunities to the extent possible. If access to programs, privileges, education, or work opportunities is restricted, the facility shall document the following: the opportunities that have been limited, the duration of the limitation and the reasons for such limitations.

In addition, Policy 14-02 *Sexual Abuse Prevention and Response* states that segregated housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of thirty (30) days. If involuntary segregated housing is warranted as outlined above, documentation of such action shall clearly specify: the basis for the facilities concern for the inmate/detainees safety and the reason why no alternative means of separation can be arranged.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that every thirty (30) days, a review of each inmate/detainees status will be conducted to determine whether there is a continuing need for separation from the general population.

The facility advised the auditor that the Saguaro Correctional Facility has had no inmates placed in involuntary segregated housing for high risk of sexual victimization within the last twelve (12) months. During interviews with segregations staff of various levels of supervision, all staff indicated that there were no instances of this occurring.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Memo indicating that there has been zero incidents of this occurring

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*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that it is CoreCivics policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse. Facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly, and objectively for all allegations including third-party reports and anonymous reports.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to the general training provided to all employees and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences (e.g.) leave, paid time off, sickness, offsite training, etc.) from work.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy 14-02 *Sexual Abuse Prevention and Response* also states that it is CoreCivic's policy to aggressively investigate all allegations, regardless of the source, and prosecute those who are involved in incidents of sexual abuse.

The facility provided a Certificate of Completion for the two (2) assigned facility investigators. The certificate is from a training entitled *PREA: Investigating Sexual Abuse in a Confinement Setting* which was delivered online through the National Institute of Corrections. In addition, CoreCivic held a webinar training entitled *PREA Update, Investigation Standards and Required Specialty Training*. Each of the staff members also seem to have taken this class as well, as evidenced by the sign in attendance roster.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that specialized shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02: Techniques for interviewing sexual abuse victims, the proper use of *Miranda* and *Garrity* warnings, Sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* warnings, sexual abuse evidence collections in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Policy also states that documentation confirming that investigators have completed the required specialized training in conducting sexual abuse investigations shall be maintained in accordance with facility record retention policies.

The curriculum for each of the two trainings was provided and reviewed by the auditor (through CoreCivic and the National Institute of Corrections) and each training included the requirements of the standard and Policy 14-02: Techniques for interviewing sexual abuse victims, the proper use of *Miranda* and *Garrity* warnings, Sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(e) Policy 14-02 states that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that investigators will detail in the report any testimonial evidence, reasoning behind credibility assessments, investigative findings and whether actions and/or failures of staff to act contributed to the incident, including an explanation as to what determined the outcome.

The administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report via the IRD and shall detail the following components:

- Investigative facts
- Physical evidence
- Testimonial evidence
- Reasoning behind credibility assessments (credibility shall be assessed on an individual basis and shall not be determined by the person's status as an inmate/detainee or employee.
- Investigative findings
- An explanation as to how the conclusion of the investigation was reached the conclusion (sic).

(g) Saguaro Correctional Facility does not conduct criminal investigations. Any criminal reports would be written by outside law enforcement.

Policy 14-02 CC *Sexual Abuse Prevention and Response* states that the PCM, Warden/Facility Administrator or designee shall immediately report all allegations of rape, sexual assault, or employee on inmate/detainee sexual misconduct to state or local law enforcement agencies for criminal investigation if the allegation (if proven true) would be considered a criminal act under federal, state, or local law.

(h) Saguaro Correctional Facility does not conduct criminal investigations. Any criminal reports would be written by outside law enforcement and subsequently referred for prosecution by the law enforcement agency. CoreCivic and Saguaro Correctional Facility will, however, cooperate in any way possible through this process.

(i) Policy 14-02 *Sexual Abuse Prevention and Response* states that all case records with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-15 *Retention of Records*.

CoreCivic Policy 1-15 *Retention of Records* states that 115 B Records Retention Schedule will be utilized to determine the retention period of company records. Records stored electronic are subject to the same retention period and procedures as documents store in non-electronic forms. On the schedule it stated that 5-1 Incident Packets and Aggregated PREA Sexual Abuse data shall be retained for ten (10) years. In addition, PREA investigative files and written reports are to be retained as long as the alleged abuser is incarcerated or employed plus five (5) years.

(j) Policy 14-02 states that the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

(k) Policy 14-02 *Sexual Abuse Prevention and Response* states that investigations conducted by a facility employee for allegations of sexual abuse will be handled in accordance with the Code of Federal Regulation, title 28, part 115.21, Evidence Protocol and Forensic Medical Examinations, as outlined below. If the facility is not responsible for investigating such allegations, the facility shall request that the responsible outside agency or entity comply with these requirements:

- The investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

(l) Policy 14-02 *Sexual Abuse Prevention and Response* states that whenever feasible, the facility shall enter into a written Memorandum of Understanding with the outside investigating agency or entity outlining the roles and responsibilities of both the facility and the investigating entity in performing sexual abuse investigations. Before developing or attempting to enter into an MOU, the facility shall contact the FSC Assistant General Counsel, Vendor Contract. CoreCivic shall maintain copies of agreements or documentation showing attempts to enter into such agreements. When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The auditor also reviewed and was provided a copy of the MOU for Sexual Abuse investigations between the facility and the Eloy Police Department. This MOU was executed in February 2020.

The facility provided the auditor with a list of cases by number that occurred in the past twelve months, which totaled sixteen. The auditor randomly selected 9 and requested that the completed files be sent to the auditor for review. The auditor then spoke with the facility investigator on two occasions to ask questions and obtain follow-up clarification/explanations. The investigator detailed the investigation process for each case.

In addition, the investigator was able to describe to the auditor techniques he would utilize if the allegation was anonymous or from a third party. The investigator was able to answer each question on the interview protocol with ease and in great detail. Each answer was in line with the PREA standards and provisions, facility policy and was demonstrated by the case review.

During the interview with the investigator, he showed extensive knowledge in the process and it was evident that he took great pride in his reports. His backup works in the STG office. For a facility this size, the auditor recommends that the facility train a few more staff in investigations. The current investigator does do a great job, however, should an emergency occur, vacation or a sickness, the facility would be without trained staff and people to fill in.

While interviewing the investigator, he stated that he does review the inmate files for prior complaints of the perpetrator, the auditor recommends that he adds this language to the reports so it is documented.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Investigations Training
Investigations Records
Investigation Samples
Policy 1-15 Retention of Records
51-G Investigation Report
5-1A Administrative Investigation
MOU with Eloy Police Department
Interview with Facility Investigator

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*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 *Sexual Abuse Prevention and Response* states in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize the preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place.

A PowerPoint Training excerpt was shown to the auditor from the PREA Resource Center which stated "the criteria for administrative action are determined by individual agencies. However, the Standards required that agencies set the bar no higher than requiring the preponderance of the evidence to substantiate an allegation for administrative action, which would mean that more than 50% of the evidence supports the allegation".

During an interview with the Investigator, he was able to clearly articulate this evidentiary standard. A review of the nine randomly selected files demonstrated that this standard was being applied in the administrative cases.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
5-1A Incident Report with 5-1G Investigative Report
Investigations Training curriculum from NCICS
National PREA Resource Center Notification of Curriculum Utilization
Investigation

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee 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 relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee 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 relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee.

(c) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that following an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee. That is unless the facility has determined that the allegation is unfounded, whenever:

- (1) The employees no longer posted within the inmate/detainees unit as a result of the finding of the investigation;
- (2) The employee is no longer employed at the facility;
- (3) The facility learns that the employee has been indicted on a charge related to sexual abuse within the facility; or
- (4) The facility learns that the employee has been convicted on a charge related to sexual abuse within the facility.

In the past twelve (12) months, according to the PAQ, there has been no allegations of a staff member committing sexual abuse.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that following an inmate/detainees allegation that he/she has been sexually abused by another inmate/detainee, the facility shall subsequently inform the alleged victim whenever:

1. The facility learns that the alleged abuser has been indicted in a charge related to sexual abuse within the facility; or
2. The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

In the past twelve (12) months, according to the PAQ, there have been zero notifications to residents provided.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states all inmate/detainee notifications or attempted notifications shall be documented on the 14-2 CC-E Inmate/detainee Allegation Status Notification. The inmate/detainee shall sign the 4-2 CC-E, verifying that such notification has been received. The signed 14-2 CC-e shall be filed in the inmate/detainee's institutional file.

In the past twelve (12) months, according to the PAQ, there have been zero notifications to inmates provided.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states the facilities obligation to notify the inmate/detainee as outlined in the section shall terminate if the inmate/detainee is released from CoreCivic's custody.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 *Sexual Abuse Prevention and Response*

Interview with PC

Interview with PCM

Interview with Director

Inmate/detainee PREA Allegation Status Notification, 14-2E-CC Substantiated

Inmate/detainee PREA Allegation Status Notification, 14-2E-CC Unsubstantiated

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

Saguaro Correctional Facility has not had any staff disciplined for violating sexual abuse or sexual harassment policies within the past twelve (12) months.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic's sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

In the past twelve (12) months, according to the PAQ, there have been two staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that disciplinary sanctions for violations of CoreCivic policies relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

In the past twelve (12) months, according to the PAQ, there have been two staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(d)) Policy 14-02 *Sexual Abuse Prevention and Response* states that all terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past twelve (12) months, according to the PAQ, there have been two staff members who have been terminated, disciplined or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Code of Conduct Acknowledgment Forms (signed)
Investigation with Staff discipline

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*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.

In the past twelve (12) months, according to the PAQ, there have been zero contracted staff members who have been terminated or reported to law enforcement for violating agency sexual abuse or sexual harassment policies.

(b) Policy 14-02 CC *Sexual Abuse Prevention and Response* states that any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Any other violation of CoreCivic sexual abuse or sexual harassment policies by a volunteer or contractor will result in further prohibitions.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist

Policy 14-02 CC *Sexual Abuse Prevention and Response*

Note from facility: there have been no substantiated allegations of contractor or volunteer sexual abuse/harassment.

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)

- If the agency prohibits all sexual activity between inmates, 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that inmate/detainees shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate/detainee engages in inmate/detainee-on-inmate/detainee abuse or following a criminal finding of guilt for inmate/detainee-on-inmate/detainee sexual abuse.

Policy also states that because the burden of proof is substantially easier to prove in an inmates/detainees disciplinary case than in a criminal prosecution, an inmate/detainee may be institutionally disciplined even through law enforcement officials decline to prosecute.

Policy 15-1 indicates that charge twenty-seven (27) violation of any federal, state or local law, is the above outlined behavior and can be applied.

In the past twelve (12) months, there have been zero administrative findings or criminal findings of guilt on resident-on-resident abuse that have occurred at this facility, according to the PAQ.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history and the sanctions imposed for comparable offenses by other inmate/detainees with similar histories.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that the disciplinary process shall consider whether an inmate/detainee's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

In addition, Policy 15-2, *Disciplinary Procedures* states that if the inmate/detainee has been diagnosed as having a psychiatric illness, the Warden/Administrator and the responsible physician or their designee will be consulted prior to the disciplinary measures recommended by the Hearing Officer or Disciplinary Board being taken.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that an inmate/detainee may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states in the Disciplinary Procedures, substantiated incidents sections that inmate/detainees who deliberately allege false claims of sexual abuse can be disciplined. For the purposes of disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged contact occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In the past twelve (12) months, there have been no inmates that received disciplinary action for falsified reports of sexual abuse.

(g) The facility advised the auditor that there are no explicit statements to this effect at this facility.

Policy 14-02 *Sexual Abuse Prevention and Response* states that sexual activity between inmates/detainees or employees/civilians/contractors and inmates/detainees regardless of consensual status, is strictly prohibited and subject to administrative and criminal disciplinary sanctions.

Policy further states that sexual activity between inmates/detainees is prohibited in all CoreCivic facilities, and inmates/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.

Policy 15-1 indicates that charge twenty (20) sexual misconduct, is the above outlined behavior.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 15-1 *Offense and Penalty Code*
Policy 15-2 *Disciplinary Procedures*
Incident report
Memo/Note
Staff interviews
Disciplinary Reports

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? (N/A if the facility is not a prison.)
 Yes No NA

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-2 *Sexual Abuse Prevention and Response* states that screening shall include interview questions and a review of the inmate/detainees institutional file. Prior convictions of this type will also be considered.

Policy 13-61 *Mental Health Services* states that an initial mental health screening will be performed on all inmate/detainee patients during intake to identify any obvious mental health needs.

(b) Policy 14-2 *Sexual Abuse Prevention and Response* states that screening shall include interview questions and a review of the inmate/detainees institutional file. Prior convictions of this type will also be considered.

Policy 13-61 *Mental Health Services* states that mental health appraisals will be conducted by a QMHP within fourteen (14) days of admission to the facility.

(c) Policy 14-2 *Sexual Abuse Prevention and Response* states that screening shall include interview questions and a review of the inmate/detainees institutional file. Prior convictions of this type will also be considered.

(d) Policy 14-2 *Sexual Abuse Prevention and Response* states that all information concerning an event of inmate/detainee sexual abuse or sexual harassment is to be treated as confidential. Apart from reporting to designated supervisors or officials, employees shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in this policy, to make treatment, investigation, and other security and management decisions. This information should never be shared with other inmates/detainees.

Policy also states that patient inmate/detainee information, whether in the form of the documentary medical record, computerized data, or as information known to a member of the Health Services staff, is strictly confidential and may be disclosed only to those who are responsible for the patient inmate/detainee's care or who have a legitimate interest in the patient inmate/detainees medical history.

With the exception of QHCP, staff shall have access to patient inmate/detainee information on a need-to-know basis, and clinicians may abstract patient inmate/detainee information for consultants to whom they refer patient inmate/detainees.

Policy 13-74, *Privacy of Protected Health Information* thoroughly outlines all staff who may have access to protected health information and the process of consent to release any information.

(e) Policy 13-74, *Privacy of Protected Health Information* thoroughly outlines all staff who may have access to protected health information and the process of consent to release any information. Further, it states that an authorization from the patient is required for use and disclosure of PHI for all individuals not outlined in the policy as having access.

CoreCivic and Citrus County Policy 14-2 *Sexual Abuse Prevention and Response* states that treatment services shall be 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.

The Saguaro Correctional Facility has not had any medical or mental health practitioners have to report information about prior sexual victimization within the past twelve (12) months. No informed consent was required during this time period.

In addition to reviewing the cases individually being reviewed on the sexual assault incident review forms, the facility holds quarterly meetings with the SART Team regarding all open cases and recently closed cases. Meeting minutes of these were reviewed for the past year to

include meetings held on December 21, 2020, September 30, 2020, June 4, 2020 and March 26, 2020. These usually include the PREA Compliance Manager, Chief of Security, Health Services Manager, Mental Health Coordinator, Investigative Staff and in some instances, security and unit staff.

While reviewing documentation from standard 115.41, the auditor selected inmates who had intake on their screening forms that they have been a victim or had previously been a perpetrator of sexual abuse. The author then requested documentation demonstrating that the inmates had been offered a mental health follow up within 14 days. The facility then provided the auditor with Comprehensive Mental Health Evaluation forms for each of the inmates selected. This form was the same form that is utilized for all intakes and covers not only sexual abuse but use of medication, suicidal ideations, history of mental health and many more topics. This is not a follow-up based on information received from 115.41.

Corrective Action: The facility held a PREA Risk Assessment Follow-up Meeting with case management and mental health staff to review this standard and its provisions. In addition, the facility reviewed all intakes for the previous six months and re-offered all the inmates who met the criteria a follow-up meeting with mental health utilizing the new form that was created. Copies of these follow-up offerings were all sent to the auditor to review. Many inmates refused the meeting. For those that did, follow-up documentation was always forwarded to and reviewed by the auditor.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Policy 13-58 *Medical Records*
Policy 13-61 *Mental Health Services*
Policy 1374 *Privacy of Protected Health Information*
14-2 Screening Tool
13-50 A Initial Intake Screening
13-61 A Comprehensive Mental Health Evaluation and Follow Up
Investigation sample
Interviews with Medical and Mental Health Staff

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis interventions services, the nature and scope of which shall be determined by community medical and mental health practitioners according to their professional judgment.

Policy 14-02 CC *Sexual Abuse Prevention and Response* states in the Response Procedures Sections that any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:

- a. The alleged victim is kept safe, has no contact with the alleged perpetrator and is immediately escorted to the Health Services Department.

Policy 13-79 *Sexual Assault Response* states that upon receiving a notice of an alleged RAPE that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate/detainee utilizing the protocol and will arrange for the patient inmate/detainee to be transported to the local, designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted diseases. At this facility, the location used is Citrus Memorial Health Foundation.

Beyond the seventy-two (72) hours, physical trauma is evident, the patient inmate/detainee will be transported to the local designated emergency room, in accordance with the procedures outlined above.

Policy 13-79 *Sexual Assault Response* states that patient inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and 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. Patient inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests.

Saguaro Correctional Facility has qualified medical staff on site twenty-four (24) hours per day.

(b) Policy 14-2 *Sexual Abuse Prevention and Response* states if the facility does not have qualified medical or mental health practitioners on staff, security first responders shall take preliminary steps to protect the victim.

Policy 13-79 *Sexual Assault Response* states that upon receiving a notice of an alleged rape that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate/detainee utilizing the protocol and will arrange for the patient inmate/detainee to be transported to the local, designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted diseases. At this facility, the location used is Citrus Memorial Health Foundation.

Saguaro Correctional Facility has qualified medical staff on site twenty-four (24) hours per day.

(c) Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse shall be offered timely information about and referral for timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

Policy 13-79 *Sexual Assault Response* states that upon receiving a notice of an alleged rape that occurred within the previous seventy-two (72) hours, QHCP will examine the patient inmate/detainee utilizing the protocol and will arrange for the patient inmate/detainee to be transported to the local, designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted diseases. At this facility, the location used is Citrus Memorial Health Foundation.

(d) Policy 14-2 *Sexual Abuse Prevention and Response* states that treatment services shall be 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.

Sample incident reports were reviewed which demonstrated that the facility offered these services and requirements outlined in policy and the standards.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 CC *Sexual Abuse Prevention and Response*
Policy 13-79 *Sexual Assault Response*
Investigation sample
Interviews with medical and mental health staff

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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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*)

Instructions for Overall Compliance Determination Narrative

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(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that the Health Services Department shall provide services in accordance with CoreCivic policy 13-79 *Sexual Assault Responses, unless otherwise mandated by contract.*

Policy 13-79 *Sexual Assault Response* states that upon receiving notice of an alleged RAPE that occurred within the previous seventy-two hours, QHCP will examine the patient inmate/resident utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate/resident to be transported to the local designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted disease. If physical trauma is evident for an incident beyond the seventy-two (72) hours, the patient inmate/resident will be transported to the local designated emergency room, in accordance with the procedures outlined above.

Further, Policy 14-02 *Sexual Abuse Prevention and Response* states that all patient inmates/residents who allege rape or sexual assault will be offered access to confidential support services as specified in CoreCivic Policy 14-2 Sexual Abuse Prevention and Response.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the medical representative will in cases of sexual abuse, ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim before assessment by a community medical provider, if medically indicated; and address any ongoing medical care needs following the incident. In addition, the mental health representative will ensure mental health needs are addressed according to policy and local procedure.

Policy 13-79 *Sexual Assault Response* states that upon receiving notice of an alleged RAPE that occurred within the previous seventy-two hours, QHCP will examine the patient inmate/resident utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate/resident to be transported to the local designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted disease. If physical trauma is evident for an incident beyond the seventy-two (72) hours, the patient inmate/resident will be transported to the local designated emergency room, in accordance with the procedures outlined above.

Policy 14-02 *Sexual Abuse Prevention and Response* further states that the evaluation and treatment of victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following transfer to, or placement in, other facilities or release from custody.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that the medical representative will in cases of sexual abuse, ensure that the facility's medical staff respond appropriately in medically stabilizing an alleged victim before assessment by a community medical provider, if medically indicated; and address any ongoing medical care needs following the incident. In addition, the mental health representative will ensure mental health needs are addressed according to policy and local procedure.

Policy 13-79 *Sexual Assault Response* states that upon receiving notice of an alleged RAPE that occurred within the previous seventy-two hours, QHCP will examine the patient inmate/resident utilizing the 13-79A Rape/Sexual Assault Protocol and will arrange for the patient inmate/resident to be transported to the local designated Emergency Room (ER) for examination, evidence collection, and prophylaxis treatment for sexually transmitted disease.

If physical trauma is evident for an incident beyond the seventy-two (72) hours, the patient inmate/resident will be transported to the local designated emergency room, in accordance with the procedures outlined above.

Progress notes from an incident were reviewed which demonstrated that this occurs.

(d) Policy 13-79 *Sexual Assault Response* states that patient inmate/resident victims of sexual assault shall be offered testing for sexually transmitted infections and 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. Patient inmate/resident victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/resident tests positive for pregnancy, the patient inmate/resident will be provided information regarding lawful pregnancy-related services in a timely manner.

CoreCivic and Saguardo Correctional Facility Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexually abusive vaginal penetration while incarcerated shall be referred for pregnancy tests. If pregnancy results, victims shall receive timely and comprehensive information and access, to all lawful pregnancy-related medical services.

Progress notes from an incident were reviewed which demonstrated that this occurs.

(e) Policy 14-2 *Sexual Abuse Prevention and Response* states that resident victims of sexually abusive vaginal penetration while incarcerated shall be referred for pregnancy tests. If pregnancy results, victims shall receive timely and comprehensive information and access, to all lawful pregnancy-related medical services.

(f) Policy 14-02 *Sexual Abuse Prevention and Response* states that resident victims of sexual abuse while incarcerated shall be referred for tests for sexually transmitted infections as medically appropriate.

Progress notes from an incident were reviewed which demonstrated that this occurs.

Policy 13-79 *Sexual Assault Response* states that patient inmate/resident victims of sexual abuse shall be offered testing for sexually transmitted infections and 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. Patient inmate/resident victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/resident tests positive for pregnancy, the patient inmate/resident will be provided information regarding lawful pregnancy-related services in a timely manner.

(g) Policy 14-02 *Sexual Abuse Prevention and Response* states that treatment services shall be 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.

(h) Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall attempt to refer all known resident-on-resident abusers for a mental health evaluation within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Policy 14-02 *Sexual Abuse Prevention and Response* states that QMHP shall attempt to conduct a mental health evaluation of all known inmate on inmate abusers within sixty (60) days of learning of such abuse history and offer treatment deemed appropriate. If the inmate/resident refuses a mental health evaluation, the refusal will be documented on the 13-49B Refusal to Accept Medical Treatment and placed in the medical record.

The MOU with SACASA was reviewed and states that SACASA agrees to provide inmates/detainees with confidential emotional support and advocacy services related to incidents of sexual abuse/assault upon request of the victim.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Policy 13-79 Sexual Assault Response
MOU for Emotional Support Services with Southern Arizona Center Against Sexual Assault (SACASA)
Advocacy Pamphlet, English and Spanish
Policy Change Notice
5-1A Incident Report
14-2B Sexual Abuse Screening Tool
Medical and Mental Health Follow Up
Sexually Transmitted Disease Testing
Interviews with medical and mental health staff

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that the Warden will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. In addition, to the Warden, the incident review team shall include upper-level facility management and the facility SART with input from line supervisors, investigators, and medical or mental health practitioner will review. Such review shall ordinarily occur within thirty (30) days of the conclusion of the investigation.

In the past twelve (12) months, the PAQ indicated that there has been eight (8) administrative investigations of alleged sexual abuse completed at the facility, excluding 'unfounded' incidents.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that an incident review team will review the incident within thirty (30) days of the conclusion of the investigation.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that in addition to the administrator/director, the incident review team shall include upper-level facility management, with input from line supervisors, investigators and medical or mental health practitioners.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states that the incident review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
2. Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility;
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
4. Assess the adequacy of staffing levels in that area during different shifts; and
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Further, policy states that all findings and recommendations for improvement will be documented on the 14-2 CC-F Sexual Abuse Incident Review Report. Completed forms will be forwarded to the Administrator/Director, the PCM, and the FSC PREA Compliance Coordinator.

(e) Policy 14-02 *Sexual Abuse Prevention and Response* states that the facility shall implement the recommendations for improvement or shall document reasons for not doing so.

In addition to reviewing the cases individually being reviewed on the sexual assault incident review forms, the facility holds quarterly meetings with the SART Team regarding all open cases and recently closed cases. Meeting minutes of these were reviewed for the past year to include meetings held on

December 21, 2020, September 30, 2020, June 4, 2020 and March 26, 2020. These usually include the PREA Compliance Manager, Chief of Security, Health Services Manager, Mental Health Coordinator, Investigative Staff and in some instances security and unit staff. The meeting included: The investigator reviewing current cases; notification to inmate updates; medical and mental health comments on each matter discussed; retaliation monitoring for all matters in the time frame; and corrective actions/changes made. Lastly, the team discussed general PREA updates as well.

These meetings and the format used by the facility are a great opportunity for the staff to include each other, discuss all recent matters, corrective actions and other PREA information. The facility seems to be making great use of their time and including all relevant departments on much more than required, which demonstrates a commitment to sexual safety and the protection of victims and those involved in investigations.

The auditor inquired with the facility on the cases that occur within 30 days, as per the standard and the facility provided the auditor with documentation of the 30 incident review on the 14-2F form, Sexual Abuse or Assault Incident Review Form. However, this was not compliant with the standard as it did not include the required staff. In addition, of the 9 copies provided, 6 had incorrect dates and not one had any narrative of discussion or corrective action, nor was the facility able to provide any documentation that a meeting occurred, by providing an official date, sign in sheet or meeting/zoom invite.

For corrective action, as detailed in the chart in the beginning of this report, the facility changed the incident review process to ensure that all applicable staff were present and areas reviewed, as per the standard. During the review period, the facility forwarded to the auditor:

1. An attendance roster of the staff in attendance for a SART meeting dated 01/29/2021 to include the staff clerk, the quality assurance manager, the chief of unit management, the mental health counselor, the case management supervisors, the health services administrator and the investigator. Also present was the Deputy Warden and PREA Compliance Manager. The monthly meeting reviewed four cases in detail, discussed corrective actions, 30 day reviews and facts of each case, as detailed in the meeting minutes. Lastly, a 14-2F. Sexual Abuse or Assault Incidence Review form was completed for each case.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
Sexual Abuse or Assault Incident Review Form
Interview with PREA Coordinator
14-2F Sexual Abuse Incident Review Report
5-1H Incident Packet Checklist
Interview with Incident Review Team Member
Interview with PREA Compliance Manager
Investigation Sample

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- a) Policy 14-02 *Sexual Abuse Prevention and Response* states that each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting and 1-2 CC-BB PREA 5-1 IRD Incident Reporting Definitions.
- (b) Policy 14-02 *Sexual Abuse Prevention and Response* states that at least annually, CoreCivic shall aggregate the incident-based sexual abuse data.
- (c) Policy 14-02 *Sexual Abuse Prevention and Response* states that the aggregated data will, at a minimum, include all categories of data necessary to respond to the Survey of Sexual Violence as directed by the Department of Justice.
- (d) Policy 14-02 *Sexual Abuse Prevention and Response* states that all case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling shall be retained in accordance with the facility's record retention policies.
- (f) Policy 14-02 *Sexual Abuse Prevention and Response* states that upon request, CoreCivic shall provide all data as outlined above in T.1.a.ii.-iii. from the previous calendar year to the Department of Justice no later than June 30.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 5-1 Incident Reporting
Policy 14-02 *Sexual Abuse Prevention and Response*
CoreCivic 2018/2019 Annual PREA Report
2016-2019 Annual Reports

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detections and response policies, practices and training, to include:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of findings and corrective actions for each facility, as well as CoreCivic as a whole.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of CoreCivic’s progress in addressing sexual abuse.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states CoreCivic’s report shall be approved by the company’s Chief Corrections Officer and made readily available to the public through CoreCivic website.

(d) Policy 14-02 *Sexual Abuse Prevention and Response* states specific material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated.

During an interview with CoreCivic Vice President, Operations Administration, he stated he reviews and approves annual reports written as per this standard. Further, he stated that PREA data is reviewed on a daily, monthly, and annual basis. Incident data is provided daily to select FSC staff in a daily PREA report. Monthly and annually, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

- PREA Standards Compliance Checklist
- Policy 14-02 *Sexual Abuse Prevention and Response*
- CoreCivic 2018 Annual PREA Report
- CoreCivic 2017 Annual PREA Report
- CoreCivic Public Website
- Interview with CoreCivic Vice President, Operations Administration

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

(a) Policy 14-02 *Sexual Abuse Prevention and Response* states that data collected shall be stored and retained in accordance with the facility's record retention policies.

(b) Policy 14-02 *Sexual Abuse Prevention and Response* states that the FSC PREA Coordinator shall make all aggregated sexual abuse data available to the public at least annually through the CoreCivic website.

(c) Policy 14-02 *Sexual Abuse Prevention and Response* states that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers.

(d) The records retention schedule, 1-15B-CC states that aggregated PREA Sexual Abuse data will be retained for 10 years.

Documents Reviewed, Interviews Conducted, and Observations that helped auditor reach finding:

PREA Standards Compliance Checklist
Policy 14-02 *Sexual Abuse Prevention and Response*
CoreCivic 2019 Annual PREA Report
CoreCivic 2018 Annual PREA Report
CoreCivic 2017 Annual PREA Report
CoreCivic Public Website
Records Retention Schedule

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 prior three-year audit period, 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? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

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, residents, 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A discussion was held with the PREA Coordinator in regards to the audit cycle and the audits of all CoreCivic facilities. The PC stated that for 115.401, "I have attached provided the audit tracker for our company. It is extremely difficult to reach 1/3 since most of our community facilities are not under our "operational control" as defined by PREA Standards. Those are primarily facilities with state or county contracts. Some states have moved audit dates around to ensure that the facilities are counted as their 1/3rd number. CoreCivic just added two community facilities in Virginia that have BOP contracts and will be under our control. Basically, the BOP community facilities are the only ones under our "operational control". The reviewed spreadsheet had tables to reflect every DOJ audit cycle. Lastly, the auditor was provided with a have a table for ALL facilities which shows actual and projected audit dates for every CCA and CoreCivic facility under operation since the inception of PREA. Lastly, the PC provided the auditor with tables which show ICE facilities that cannot be counted as part of the 1/3 in Prisons/Jails since ICE has its own Cycle Years".

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All information for CoreCivic PREA related topics is located at:

<http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

This includes all prior audits, CoreCivic Policies, reporting information for inmates/residents and their families and friends, the final standards, inmate and detainee rights, zero tolerance, investigations, and all previous agency reports form 2013-2018.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jillian Shane

04/22/2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.