**PREA AUDIT: AUDITOR’S SUMMARY REPORT**

**ADULT PRISONS & JAILS**

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**Name of facility:** Saguaro Correctional Center

**Physical address:** 1250 East Arica Road, Eloy, Arizona 85131

**Date report submitted:** 11/17/2014

**Auditor:** Amy J. Fairbanks

**Address:** P. O. Box 16054 Lansing, MI 48901

**Email:** fairbaa@comcast.net

**Telephone number:** 517 303-4081

**Date of facility visit:** November 3-5, 2014

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**Facility Information**

**Facility mailing address:** *(if different from above)*

**Telephone number:** (520) 464-0599

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**The facility is:**

- [] Military
- [] County
- [] Federal
- [X] Private for profit
- [] Municipal
- [] State
- [] Private not for profit
- [] Jail
- [X] Prison

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**Facility Type:**

**Name of PREA Compliance Manager:** Todd Thomas

**Title:** Warden

**Email address:** Todd.Thomas@cca.com

**Telephone number:** (520) 464-0501

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**Agency Information**

**Name of agency:** Corrections Corporation of America

**Governing authority or parent agency:** *(if applicable)*

**Physical address:** 10 Burton Hills Blvd.

Nashville, TN 37215

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**Mailing address:** *(if different from above)*

**Telephone number:** (615) 263-3000

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**Agency Chief Executive Officer**

**Name:** Damon Hningher

**Email address:** Damon.hningher@cca.com

**Title:** President and CEO

**Telephone number:** (615) 263-3301

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**Agency-Wide PREA Coordinator**

**Name:** Lisa Hollingsworth

**Email address:** Lisa.hollingsworth@cca.com

**Title:** Senior Director, PREA Compliance

**Telephone number:** (615) 263-3916
AUDIT FINDINGS

NARRATIVE:

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

The following staff were interviewed: Agency PREA Coordinator; A/Warden; Assistant Warden; Chief of Security; Human Resource Manager, the Facility Investigator; ten Corrections Officers from each shift, Segregation and Medical Unit, six Supervisors (Captain, Lieutenant, Sergeant) from each shifts; two Case Managers, the Classification Direction (who completes intake screens) the Chaplain, a Treatment Counselor, one Teacher, the Volunteer Coordinator, two Contract Employees; one Mental Health Staff; one Nurse, and the Health Administrator/Facility Asst. PREA manager.

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

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

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Saguaro Correctional Center is a medium security facility housing 1,392 inmates mostly from the state of Hawaii at the time of the audit. There are no youthful offenders housed at this facility. There are 310 staff, 20 contract staff and 34 volunteers. Within the facility fence there are four housing units, all are doubled celled with toilets and sinks in each room. The officer station is centrally located to ensure visibility of the living areas in each dormitory pod. An extensive camera system provides staff the capability to monitor operations throughout the facility with positioning to also allow privacy for shower use. Showers are available at the center of the pod, three showers with three shower heads each. Curtains provide privacy yet grant the officers the ability to ensure only legitimate activity is taking place.

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SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 1
Number of standards met: 39
Number of standards not met: 0
Number of standards not applicable: 3
☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. The Agency wide PREA Coordinator was interviewed. The Agency head was interviewed by another auditor during an audit the week earlier. The Asst. PREA compliance manager was also interviewed.

Standard number here 115.12

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard number here 115.13

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. A staffing plan is available with a process for annual review. It includes review of video monitoring and all the required elements of the standard. To date, there have been no deviations.
N/A no youthful offenders. All documents reviewed showed inmates housed here are 18 years or older.

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Information is supported in the Post Orders. Only males are housed at this facility. Exigent circumstances can allow for cross-gender strip searches; there have been no occurrences to date. Policy requires it to be documented. Transgender inmates are not physically examined for the sole purpose of determine the inmate’s genital status. Staff has been recently trained on how to conduct cross-gender pat-down searches as well as transgender searches in accordance with the standard, based on review of documentation and interviews.
Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation showed that background checks have been conducted. Potential staff and current staff sign a declaration regarding prior acts and a continuing duty to report. A review of personnel files supported this as well. A process for five year reviews has been implemented.

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

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

Standard number here 115.22

☐ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

Standard number here 115.31

☐ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

Standard number here 115.32

☐ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

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□ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation and inmate interviews support that they have been educated in the requirements and understanding of the Prison Rape Elimination Act. This is accomplished through the use of videos, the inmate hand book, orientation and an annual review. All inmates were aware of PREA, the availability of the hotline and outside resources available. Inmates confirmed that they were screened upon entry and again in 30 days. Some inmates who reported abuse verified that were referred for follow up treatment. Others would not confirm in the interview that they had reported an abuse.

□ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

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

□ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

☐ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard number here 115.51

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

Standard number here 115.52

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

N/A - All PREA allegations are processed through the investigation protocol.
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Auditor comments, including corrective actions needed if does not meet standard

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Third party complaint information is available on the website: www.cca.com/security-operations/prea.

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Staff interviews support that they are aware of the requirement to report immediately and only share information of the alleged incident with necessary, specified staff. Inmate interviews confirmed that they were aware of this option.
☐ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. There have been no incidents of imminent sexual abuse at this facility to date.

Standard number here 115.63

☐ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

Standard number here 115.64

X Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Staff interviews verified that staff was very aware of the duties as first responders, including requirements for preserving evidence, who was a member of the Sexual Abuse Response Team (SART) and who conducts the investigation.
□ Exceeds Standard (substantially exceeds requirement of standard)
  X  Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

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

Standard number here  115.66

□ Exceeds Standard (substantially exceeds requirement of standard)
  X  Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

N/A - There are no collective bargaining units at the facility.

Standard number here  115.67

□ Exceeds Standard (substantially exceeds requirement of standard)
  X  Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Documentation reveals a mechanism for monitoring for retaliation, using multiple protection measures up to 90 days and beyond if deemed necessary. Documentation reviewed supported that this has been recently implemented.
Standard number here 115.68

☐ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. As noted no use of segregated housing to protect and inmate alleging sexual abuse has occurred to date, as determined by review of documentation and interviews.

Standard number here 115.71

☐ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

Standard number here 115.72

☐ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard
Policy 14-2 Sexual Abuse Prevention and Response addresses this standard.
□ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

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

□ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

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

□ Exceeds Standard (substantially exceeds requirement of standard)
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. No volunteers or contractors have been investigated for allegations of sexual harassment or abuse to date.
standard 115.78

☐ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

standard 115.81

☐ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

standard 115.82

☐ Exceeds Standard (substantially exceeds requirement of standard)
☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)

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

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

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

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Data is being collected was available for review.
X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard as well as documentation provided.

Standard number here  115.89

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Policy 14-2 Sexual Abuse Prevention and Response addresses this standard. Information is available on the website.

AUDITOR CERTIFICATION:

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

Amy Fairbanks  

Date 11/15/2014