

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 12 August, 2015

Auditor Information			
Auditor name: Jack L. Falconer			
Address:			
Email:			
Telephone number:			
Date of facility visit: 27-29 July, 2015			
Facility Information			
Facility name: Arizona State Prison Complex-Tucson			
Facility physical address: 10000 South Wilmot, Tucson, AZ 85734			
Facility mailing address: <i>(if different from above)</i> PO Box 24400, Tucson, AZ 85734-4400			
Facility telephone number: 928-627-8871			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Alfred Ramos, Warden			
Number of staff assigned to the facility in the last 12 months: 1273			
Designed facility capacity: 5518			
Current population of facility: 5181			
Facility security levels/inmate custody levels: Minimum, Medium, Close, Maximun			
Age range of the population: 15-93 (Minors Unit 15-17)			
Name of PREA Compliance Manager: Sheryl Rigby		Title: CO IV, PREA Compliance Manager	
Email address: srigby@azcorrections.gov		Telephone number: 520-574-0024	
Agency Information			
Name of agency: Arizona Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1601 W. Jefferson, Phoenix, AZ 85007			
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Agency Chief Executive Officer			
Name: Charles L. Ryan		Title: Director	
Email address: crayn@azcorrections.gov		Telephone number: 602-542-5225	
Agency-Wide PREA Coordinator			
Name: Michael McCarville		Title: Admin Services Officer II, PREA Coordinator	
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AUDIT FINDINGS

NARRATIVE

The PREA audit of the Arizona State Prison Complex- Tucson was conducted on July 27-29, 2015. The facility is a 5518 bed, minimum, medium, close and maximum custody level prison housing male inmates and is operated by the Arizona Department of Corrections (ADOC). It is located in Tucson, Arizona.

It is the mission of the **Arizona Department of Corrections (ADOC)** "To serve and protect the people of Arizona by securely incarcerating convicted felons, providing structured programming designed to support inmate accountability, successful community reintegration, and providing effective supervision for those offenders conditionally released from prison".

On the first day of the audit, an entrance meeting was held where introductions were made. The following staff was in attendance:

Alfred Ramos, Warden ASPC-Tucson	Jack Falconer, Auditor
Mike McCarville, PREA Compliance Coordinator	John Mattos, CO IV, Manzanita Unit
Jason Monson, Associate Deputy Warden, Rincon Unit	Sheryl Rigby, CO IV Complex PREA Manager
Yolanda Martinez, Compliance Deputy Warden	

The auditor briefed the group on the audit process and responded to questions.

After the entrance meeting, a tour of the Manzanita, Catalina, Whetstone, Rincon, Winchester, and Minors Unit was conducted. Inmate housing, program areas, food service, medical, recreation, and other areas required by the PREA guidance were examined. In addition, a number of staff and inmate interviews was conducted. On Tuesday and Wednesday, the remaining Units were toured and interviews of staff and inmates were completed.

Facility Description

The Arizona State Prison Complex – Tucson is a multi-unit male correctional facility operated by the Arizona Department of Corrections (ADOC). Nine individual correctional units are part of this complex (see below). The complex has a capacity of housing 5518 inmates and currently has a population of 5181 inmates on its minimum, medium, close and maximum units. Inmate's ages range from 14 to 93. All ASPC-Tucson units are named after Arizona mountain ranges.

ASPC-Tucson is located on 640 acres off of Interstate 10 in Tucson, Arizona.

CDU:

The Complex Detention Unit (CDU) is a 40 cell/80 bed facility. It serves as the primary detention area at Tucson. It is supervised by a Detention Sergeant with staff that have additional training and experience in the requirements of maximum custody/detention settings. The CDU has its own recreation areas, non-contact visitation, property storage, medical evaluation room and Main Control.

Winchester Unit:

Winchester Unit was built in 1994 and is sited on 15 acres. It is a medium custody unit with an open yard and dormitory style housing. The unit has a total bed capacity of 736. The unit consists of eight buildings, each with two pods. Each pod houses 46 inmates, except HU 8, A side which houses 50, and B side which houses 42.

Winchester also has a Detention Unit. The inmates in the detention unit are typically housed for disciplinary or the 805 process. This unit has a 24 bed capacity. Detention inmates have a structured schedule for recreation and showers. ASPC-Tucson is classified as a corridor facility and many inmates assigned to Winchester have elevated medical and mental health treatment needs. The unit can also accommodate ADA inmates.

Catalina Unit:

Catalina, opened in 2006, is a minimum custody unit with a capacity of 360 inmates. It is considered a work unit. It also houses inmates with medical and mental health needs. Catalina has bay setting dorms that include cubicles and bunks. Each bay houses 120 inmates and six ADA cubicles. It has an open yard with recreation, education and religious activities scheduled throughout the week.

Catalina offers inmates a variety of programs to include education, career technical training, self-improvement, and mental health treatment. Due to the increase in mental health inmates assigned to the unit, a partnership has been developed in order to successfully house inmates with special needs. Mental health has incorporated a number of groups, including one in Spanish, to assist with the unique needs of some of the population. All inmates are expected to be actively engaged in work or programming. Staff and inmates are also actively engaged in victim rights and community betterment projects including knitting caps for abused and neglected children.

The unit currently supports a number of Intergovernment agreements and community betterment inmate work crews. The fire crew reports to wild land fires and are an incredible asset in containing these fires. Other crews include two community betterment crews. Nogales Food Bank (inmates reduce the labor cost allowing the food bank to serve more people who are in need) and the Clean Sweep crew (which is part of a larger project maintaining the I-10 corridor between Tucson and Phoenix). Inmates are also provided to the complex assisting with day to day complex operations. On average, 160 inmates leave the gate daily for work and education. Expectation is 100% employment of all inmates.

Catalina unit has 22 inmate crews working in the community including: Two Habitat for Humanity crews, Multiple AZ Dept. of Transportation crews, Humane Society, City of Benson, Kartchner Caverns, Cities of Sahuarita & Nogales, Operation Clean Sweep, & Wild Land Fire crews.

Whetstone Unit:

The Whetstone Unit opened its doors for the first time in April 2010. Whetstone houses minimum custody inmates in a dorm style housing unit with upper and lower bunks. The Unit Management Team consists of Administration, Security, and Program staff who combine their efforts to provide for a safe/secure daily operation. Programs include; GED , Cognitive Restructuring, Conflict Resolution, Cultural Diversity , Domestic Violence, Alcoholic Anonymous, Business Classes, Functional Literacy, Automotive Technology, Construction Technology, HVAC/Refrigeration, Computer Technology, and Work Incentive Pay Plan. Whetstone Inmates are also employed as aides for Education, Programs, Recreation, Library, Kitchen, Store/Warehouse, Maintenance, Administration Porters, Laundry, City of Tucson, ADOT, Pima County, ADA Aides, IGA Crews, Home Town Hero Call Center, and Complex positions such as Food Factory, Motor Pool and Complex Perimeter Crews.
Inmates Employed - 922: 796 WIPP and 126 WBE

Cimarron Unit:

Cimarron Unit, opened in 1985, has two 192 bed medium custody housing units, a close custody housing unit of 288 beds and a 96 bed Detention unit. The population is comprised of general population, Security Threat Group Step Down, and detention inmates. Each Housing Unit consists of four separately enclosed pods that contain 24 or 26 cells.

The Cimarron Unit is host to the Step-Down Program consisting of 26 Close Custody inmates who have completed the Phase Program as validated Security Threat Group (STG) members.

Programs include; GED, Functional Literacy, Mandatory Lit, Teachers Aids, Work Based Education (Career Technical Education), PREA Orientation, Responsible Thinking, Self-Control, Thinking for a Change, Social Values, Softball/ Volley Ball Tournaments, Better Weight, Cross Fitness, Walking Club, Bingo/ Chess Tournaments /Ping Pong, Volunteer and Religious Services, Alcoholics Anonymous, Jehovah's Witness Services, Prison Fellowship, Roman Catholic Services, Multi-Faith Services, Native American Sweat Lodge, and Non-Denominational Services

The Unit provides 361 Inmate WIPP jobs (WIPP-Work Incentive Pay Program).

Manzanita Unit:

The Manzanita Unit became operational in April, 1994. The Unit consists of five dorms with 309 beds, a Detention Unit (DU) that has 12, 2 man cells, and a 46 bed Special Needs Unit (SNU). The facility uses Unit Management teams consisting of security and program staff to manage the unit. All staff are trained in Direct Supervision, allowing positive and open communication between inmates and staff.

The inmates are able to participate in various Religious programs and services, GED classes, Vocational classes, Cognitive restructuring, Alcoholics/Narcotics Anonymous, Sign language and Last timers.

Mental Health has implemented a variety of programs for those inmates who do not qualify for a structured mental health program. These include Yoga, meditation, forgiveness, SMART, and Anger management. The Special Needs Unit (SNU) is a step-down to the Intensive Patient Care (IPC) Unit at Rincon. The SNU is for inmates that are not medically qualified to be on the GP yard but do not require intensive medical care. Medical is staffed 24/7 and the unit has dental and x-ray onsite.

Manzanita inmates work strictly within the unit in various jobs such as housing unit porters, kitchen workers, maintenance, recreation aides and wheel chair assistants.

Rincon

The Rincon Unit was opened on January 24, 1978, making it the oldest Unit at the Tucson Complex. The Unit has 737 close custody beds with a variety of inmate classifications including General Population, In-Patient Care, Transitory, Behavioral Health, Mental Health, and high security risk. Due to the diversity of the specialty populations within the Unit, staff are provided specialized training to better manage the inmates. The Unit consists of eight, 2 man cell buildings and one building with 2 man cells and a dorm.

Programs and Incentives include; PREA Orientation (All new arrivals) ,Changes/ Self-Control, Reentry, Changes/Social Values, Changes/ Substance Abuse, Recreational Therapy, Volleyball/Basketball/Kickball, Volunteer and Religious Services, Alcoholics Anonymous, Jehovah's Witness Services, Catholic Mass, Bible study, Multi-Faith Services, Native American Sweat Lodge, Muslim Prayer Chaplin Services GED/Mandatory, Lit/High School, & WIPP.

Inmates in Phase III of the Earned Incentive Program may qualify to be placed in the Preferred Living Assignment in HU 6. Phase III inmates who have demonstrated exceptional DO 704 compliance enjoy additional out of cell time.

Minors:

The Minors Unit opened in 1997. The population is youthful offenders adjudicated as adults.

The Unit has 99 total beds available & 1 watch cell. One building is shut down and has 97 Beds.

Programming includes an accredited High School, GED, college self study. Anger Management, Stress Management, recreation and religious services. Work offered includes porters, clerks, kitchen workers and yard crews.

Santa Rita Unit:

Santa Rita Unit was constructed in 1982 to house medium custody male inmates. The capacity is 768. Inmate housing is cells, with two inmates assigned to each cell. The unit is divided into 4 yards, with each one housing 192 inmates. Santa Rita Unit offers a variety of recreational activities as well as program and religious services. It is the only Unit that offers a Men Education, Treatment and Health (METH) program.

ASPC Tucson Comments:

Fire Crew- The Complex Wildland Fire Crew consists of a Sergeant, 2 Correctional Officers and a crew of 20 inmates. Tucson Wildland Fire responds all over the state under the direction of State Forestry to fight fires and do tree thinning and abatement projects. With an average of 19 forest fire deployments each year, totaling 49 days in the field, they provide a significant resource to protect the property and lives of Arizona's citizens.

Work Crews- Tucson Complex supervises 31 work crews with over 400 inmates working on and offsite to include; landscape, food factory, welding, fencing, Humane Society and Habitat for Humanity. These crews also help keep the roads, landfill and border areas clean. They also work at Kartchner Cavern State Park. The work crews journey as far south as Nogales, North to Cortaro, East to Benson and West to Three Points.

Offender Information Unit (OIU) - OIU handles an average of 224 Releases, 39 Violators, 5 Minor Inmate intakes, 80 Courts and 16 Detainers per month and maintains over 5000 inmate records.

Corizon Health- 104 doctors, nurse practitioners, dentists, psychiatrists and nurses provide the inmate health care at Tucson complex. Each month Corizon averages 3,341 HNR's, 83 inmates to offsite specialty consultants, 50 inmates to the Emergency Room and 432 intakes.

Central Intake Processing (CIP) - CIP staff process an average of 238 inmates in and out of the complex and another 10 to 25 releases during business hours every week.

Trinity Food Service- The Complex Food Factory has 15 Trinity staff and an inmate work crew of 60. The Food Factory handles all food purchasing, warehousing and distribution for the Complex and produces over 5000 sack lunches daily.

Arizona Correctional Industries (ACI) - The ACI Sign Shop fabricates signs, plaques and creates decaling for vehicles such as fire and police.

Pima Community College- PCC offers vocational training in the Career Technical Education pro-gram (CTE).

PREA Audit Comments

The Complex has a neat and orderly appearance. The grounds are well manicured and the facility appears to be well maintained. The Correctional Officers provide security supervision.

Prior to the on-site visit, the auditor reviewed the Pre-Audit questionnaire examining the documentation offered by the facility for each PREA standard. During the three day on-site audit, the auditor toured the facility, examined additional documentation, and conducted formal staff and inmate interviews.

The auditor interviewed 79 staff and inmates during the PREA audit. 31 Inmates from the housing units, 18 Specialized Staff, 7 Management Staff, and 23 Correctional Officers were interviewed using the questions provided in the audit documents. The staff and the inmates were eager to answer all questions.

The Pre-Audit document provided by the facility indicated one allegations of staff sexual abuse and 27 offender allegations of offender sexual abuse. The allegation involving a staff member was submitted to local officials for prosecution. The offender allegations were investigated by the ADOC CIU and determined to be unfounded or unsubstantiated.

In this auditor's opinion, the ASPC Tucson was well managed and the staff was well trained in their assignments.

On Wednesday, an exit meeting was conducted by the auditor. The attendees were;

Alfred Ramos, Warden ASPC-Tucson
Mike McCarville, PREA Compliance Coordinator
Linda Vega, Deputy Warden, Santa Rita Unit
Dionne Martinez, Deputy Warden, Whetstone Unit
Jason Monson, Associate Deputy Warden, Rincon Unit
Anna Jacobs, Deputy Warden of Operations
Daniella Stemple, Deputy Warden, Cimarron Unit

Jack Falconer, Auditor
Darrell Koch, Lieutenant, Santa Rita Unit
Eric Hall, Deputy Warden, Catalina Unit
John Mattos, CO IV, Manzanita Unit
Sheryl Rigby, CO IV Complex PREA Manager
Christopher Josefowicz, Major
Yolanda Martinez, Compliance Deputy Warden

The auditor provided an overview of the audit results and congratulated the facility staff about the progress made in compliance with the PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

Facility Demographics

ASPC Tucson

Designed Capacity:	5518
Actual Population	5181
Security/Custody level:	Minimum, Medium, Close, Maximum
Gender	Adult Male
Age Range	18-93 (adult) 15-17 (Minors)
Average length of Stay	Less than 1 year

Number of full time staff:

Administration	19
Criminal Investigations Unit	9
Security	1075
Programs	75
Support	84
Education	25
Substance Abuse	6
AZ Correctional Industries	3
Human Resources	4
Religion	7
Pima College	6
Medical (Corizon)	226
Food Service (Trinity)	41
Keefe (Commissary)	12
Total Facility	1592

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ADOC has policies that mandate a zero tolerance for sexual abuse and sexual harassment of their inmate populations.

The policies also present a plan to address prevention, detection, and responses for all employees. The ADOC employs a PREA Compliance Coordinator and the facility assigns a Correctional Officer IV as the PREA Manager. Both indicate they have sufficient time to address the needs of PREA.

Policies found in DO 125.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC currently has two contracts (MTC & CCA), developed since August 20, 2012, with private agencies to house prisoners. The contracts do require the contractors to comply with all provisions of PREA. A full-time ADOC monitor is assigned to each of the facilities under contract.

Standard 115.13 Supervision and monitoring

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

Auditor discussion, including 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 standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC has developed a staffing plan to safely meet the PREA and correctional needs. This plan involves always filling a list of mandatory positions to meet the necessary post staffing requirements when vacancies occur. The facility used overtime to meet a safe staffing mandate required by the ADOC. The facility reported no deviations from the custody staffing plan for the past 12 months. Unannounced rounds are conducted for all shifts and recorded by senior management staff. A review of the staffing plan was documented. The Auditor examined direct contact correctional staff vacancy rates for an 12 month period June 30, 2014 thru July 1, 2015. The correctional staff vacancy rate for this period averaged 10.105%. Policies are found in DO 524 & DO 703.

Standard 115.14 Youthful inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPC Tucson provides a Minors Unit where youthful inmates are separately housed. These inmates are provided separate dayrooms, common areas, showers, sleeping areas, exercise areas, and program areas. The inmates have complete sight, sound, and physical contact separation from adult inmates. In the past 12 months, no youthful inmates were placed in isolation in order to separate them from adult inmates.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC has policies that does not allow cross-gender strip or visual body cavity searches of inmates. These policies were confirmed by the staff and inmates interviewed. The facility reported zero instances where these types of searches had occurred. All showers areas have curtains or protective screens. Policies are in place to prevent staff (other than medical) to examine an inmate solely for the purpose of determining gender. The facility reported zero instances where these types of searches have occurred in

the past 12 months.

100% of the staff has been trained in the correct procedure for searches. Policies found in DO 125, 704 & 708.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPCTucson provides a variety of ways to ensure inmates with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, etc. are available in both English and Spanish. Staff interpreters are available at all Units to provide any needed service. Inmate interpreters are prohibited. Policies are found in DO 108, 125, 704 & 906.

Standard 115.17 Hiring and promotion decisions

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ASPC Tucson has an on-site HR position that manages the recruitment and hiring process. Background checks are requested by the HR manager and completed by the ADOC BIU. Review of ADOC policy and interviews of the on-site HR manager verified that the facility follows the PREA requirements. All contractors are screened by using the same process. The facility reported 113 employee checks were made and 6 contractor background checks.

The ADOC policies require a 5 year re-check of employees and contractors. This was verified by review of the documentation and in the interview process. Agency policy does indicate that any employee misconduct or false reporting is subject to the possibility of termination of employment. Policies are found in DO 125, DO 504, DO 601 & DO 602.

Standard 115.18 Upgrades to facilities and technologies

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPC Tucson is an older facility that has made several improvements. These included new kennels and K9 offices, fencing improvements, new food traps, new sally port, new EOC, and other miscellaneous improvements.

In addition, cameras were installed in all libraries, classrooms, kitchens and dining rooms. The planning for these types of projects considers the improvement of their ability to protect inmates as critical.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per ADOC policy, the ADOC CIU will conduct all investigations (the CIU has the legal authority). In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The investigator interview and the ADOC policy indicated they follow a uniform evidence protocol that is appropriate for youth.

The ASPC Tucson has an MOU with SAFE and SANE examiners using an outside health care provider. The facility conducted three SAFE examinations and three SANE examinations during the last 12 months. These exams are at no cost to the inmate. Victim advocates to provide outside services are under contract if required.

Policies are found in DO 125 and DO 608.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per policy, the ADOC CIU will conduct all investigations (has the legal authority). In accordance with the policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The six CIU staff assigned to ASPC-Tucson have been trained to meet PREA standards. The training certificates were reviewed by the auditor. During the 12 month period, 30 allegations of sexual abuse and sexual harassment was received and all 30 were referred for criminal investigation. The allegations were investigated and resulted in 26 to be unfounded or unsubstantiated, 2 were substantiated, and 2 were still in process. These reports are all documented and are available on the ADOC website of azcorrections.gov. These policies are found in ADOC DO125, DO 601, & DO 608.

Standard 115.31 Employee training

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The staff training provided by ASPC Tucson meets policy requirements of PREA. All ASPC-Tucson employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 1273 staff were trained. The ADOC has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates the trainees understand the training presented. The interview process documented that employees understood the materials presented. The Training Administrator was also interviewed and provided information to the auditor about the training content and process. The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well. Policies are found in DO 125 & DO 509.

Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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ADOC policy requires that all volunteers and contractors be PREA trained. 420 volunteers and contractors at ASPC Tucson were trained about PREA and correctional requirements during the last 12 months. Signatures documented that they understood the training presented. The volunteer interviewed was very knowledgeable about the requirements of the facility and PREA. Policies are found in ADOC 125.

Standard 115.33 Inmate education

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

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By ADOC policy, inmates are provided information at intake about the zero-tolerance policy for sexual abuse or harassment.

In the past 12 months, 21,489 (100%) inmates were trained on the principals of PREA. Provisions are made to assist those inmates with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, etc. are readily available to the population. Documentation is maintained for inmate attendance. The inmate interviews indicated that they understood their rights under PREA.

Policies are found in DO 108, DO 125, DO 704, & DO 802.

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per ADOC policy, the ADOC CIU will conduct all investigations. In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The six CIU staff assigned to ASPC-Tucson have been trained to meet PREA standards. The training certificates were reviewed by the auditor. These policies are found in ADOC DO125.

Standard 115.35 Specialized training: Medical and mental health care

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

By ADOC policy, all Medical and Mental health providers are required to attend PREA training. Documentation and the interviews indicated that all Medical and Mental Health services staff have been trained in the requirements of PREA. 100% of the 200 Medical staff were trained. Forensic examinations are not conducted by the medical staff. These exams, if needed, are provided by a certified local health care organization at the local hospital. Policies are found in DO 125.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

By ADOC policy and practice, inmate screening for risk of sexual abuse victimization and sexual abusiveness towards other inmates is required. 100 % of the 15,222 inmates received by the ASPC

Tucson were screened for the risk of sexual abuse victimization or sexual abuse towards other inmates. This screening is accomplished within the first 24 hours of arrival. The risk assessment documents of the ADOC are instruments that meets the PREA requirements.

The inmates are reassessed for the risk of sexual victimization or being sexually abusive based on any additional information received within the time frames required. The facility reported 5987 reassessments. ADOC policies prohibit discipline of an inmate for refusing to answering questions in the screening process. All information received on this process is considered sensitive and shall not be use by staff to the detriment of the inmate.

Policies are found in DO811.

Standard 115.42 Use of screening information

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The information obtained in the inmate screening process is used to make individualized determination to ensure the inmates safety. This documentation found on AIMS DC71 Screen is used to make decisions to place each inmate in appropriate housing, work, education, and program assignments. The placement decisions are made by a classification committee. In making assignment decisions for transgender or intersex inmates, the decisions are made on a case-by-case basis and reassessed twice each year. They also given the opportunity to shower separately and their personal views as to their safety is given serious consideration.

These policies are found in ADOC DO 704, DO 801, DO 805, & DO 811.

Standard 115.43 Protective custody

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ADOC policies prohibit the placement of inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of alternatives has been made.

The facility reported no inmates were held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any inmate in segregation. The policies for inmates in protective custody are found in DO125, DO 804 & DO 805.

Standard 115.51 Inmate reporting

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC has several ways that an inmate can report sexual abuse/harassment, retaliation, or staff neglect. They can report any incident to any staff person, write a grievance or report, write letters, use an inmate hot line, or notify a third person. Staff are required to document verbal reports immediately. Staff are informed of these requirement with required PREA training and employee handbooks. No inmates are held for civil immigration purposes at the facility. Inmate and staff interviews confirm that the process is well understood.

The policies that require this are found in DO125, DO 501, DO 608, DO 802, DO 805, & DO 916.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC has an inmate grievance process that meets the requirements of PREA. The process allows the inmate to file an written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary. Third parties are permitted to assist the inmate in filing grievances. The Inmate Handbook clearly outlines the process required. In the past 12 months, there was zero grievances filed concerning sexual abuse or harassment.

The policies are found in DO 802.

Standard 115.53 Inmate access to outside confidential support services

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPC Tucson provides to the inmates, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the inmate handbook for each unit in the facility. These services are available from the Southern Arizona Center Against Sexual Assault (SACASA).

Policies are found in ADOC DO 125, DO 914, & DO 915.

Standard 115.54 Third-party reporting

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC has a Constituent Services website (corrections.az.gov) for third party reporting of inmate sexual abuse and harassment. Inmates may also write to the ADOC Inspector General Bureau in regard to any sexual abuse or harassment.

Policies are found in ADOC 125.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC has policies that require all staff to immediately report any incident of sexual

abuse/harassment. The policies also address the need to maintain confidentially and address possible retaliation. Senior management staff has been assigned the task to monitor possible retaliation and the monitoring must be recorded.

Medical and mental staff report all sexual abuse allegations and they do inform the inmate of their duty to report. The ASPC reports all allegations to the ADOC CIU. These policies are found in ADOC DO125.

Standard 115.62 Agency protection duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies require all ASPC Tucson staff to immediately take steps to protect an inmate who is the subject of imminent sexual abuse. There has been no incident of this action being required in the past 12 months. These policies are found in ADOC DO 805.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPC Tucson has a policy that requires notification of another facility when they learn of an inmate that had been sexually abused at that other facility. This notification is completed within the 72 hour time frame. Documentation is required that the report will be investigated and properly acted upon. In the past 12 months, the facility reported two allegations of sexual abuse that inmates received at another facility. These were immediately reported to the Warden, the ADOC CIU for investigation, and the other facilities.. Also, the ASPC Tucson received eight allegation of sexual abuse from other facilities. These allegations were all investigated.

These policies are found in ADOC DO125 and DO 608.

Standard 115.64 Staff first responder duties

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC policies meets all first responder requirements of PREA. These policies were verified by the responses from the staff being questioned. In the past 12 months, 29 allegations of sexual abuse from an inmate were recorded. Ten of these involved the first security staff to respond and seven reports were timely to allow for the collection of physical evidence. The reports indicated the staff followed the correct procedures required by PREA. The facility also reported that 4 non-security staff were first responders who reported inmate sexual abuse. The reports indicated that the proper response procedures occurred. These policies are found in ADOC DO125.

Standard 115.65 Coordinated response

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A written institutional plan for a coordinated response to any incident of sexual abuse was available at the ASPC Tucson. They are required to follow ADOC Policy DO125 to address the coordinated response requirements. The plan meets the requirements of PREA.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable.

The ASPC Tucson employees do not participate in collective bargaining as Arizona is a “right to work State”.

Standard 115.67 Agency protection against retaliation

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPC Tucson has policies that protect inmates and staff who report sexual abuse/harassment from retaliation. Senior management assigned to a Special Review Team (SRT) supervise the plan. Any monitoring required will be promptly conducted for a minimum of 90 days or longer if needed. The ASPC Tucson reported zero instances of retaliation in the past 12 months. These policies are found in ADOC DO125 & DO 811.

Standard 115.68 Post-allegation protective custody

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ADOC has policies that govern the use of involuntary inmate segregation. None are placed in segregated housing involuntary without an assessment of all available alternatives. These policies meet the PREA requirements. The ASPC reported that no inmates who reported sexual abuse were held in involuntary segregation in the past 12 months. If this would occur, policies require 30 day reviews. These policies are found in ADOC DO125, DO 804, & DO 805.

Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Per ADOC policy, the ADOC CIU will conduct all investigations. In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The six CIU staff assigned to ASPC-Tucson have been trained to meet PREA standards. Should an allegation be substantiated, the case will be referred for prosecution. The facility reported one case of a substantiated allegations since 20 August, 2012 and was referred for prosecution. . Written reports are developed and retained per PREA and ADOC requirements. These policies are found in ADOC DO125, DO 501, DO 601, DO 608.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC CIU investigator that was interviewed indicated they use as a standard the preponderance of the evidence. The policy is found in DO 125.06.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC has a policy that requires that the inmate be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the inmate has filed. The ADOC CIU conducts all investigations.

In the past 12 months, 27 allegations from inmates were recorded and 20 inmates were informed of the result of the investigation(7 inmates were no longer incarcerated or the complaint was anonymous). The reports were all documented.
Policies are found in ADOC DO 608.

Standard 115.76 Disciplinary sanctions for staff

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPC Tucson has disciplinary sanctions for staff up to and including termination for violating sexual abuse/harassment policies. The facility reported one case where a staff (who had resigned) was reported to law enforcement for violating sexual abuse or harassment policies.
Policies are found in ADOC DO 125.01, DO 501, & DO 601.

Standard 115.77 Corrective action for contractors and volunteers

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ASPC Tucson has disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. The facility reported one case where a volunteer/contractor was reported to law enforcement for violating policies on sexual abuse/harassment.
Policies found in DO 125, DO 204 & DO 205.

Standard 115.78 Disciplinary sanctions for inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPC has a formal disciplinary process that includes sanctions following an administrative finding of inmate-on-inmate sexual abuse. These sanctions are commensurate with the inmate's disciplinary and mental health history and comparable to other inmate sanctions. Therapy, counseling sessions, etc., are offered to the inmate. The ADOC does not permit sexual activity between inmates. The facility reported zero cases of administrative or criminal finding of sexual abuse in the past 12 months. Policies are found in ADOC DO 125, & DO 803, and DO923.

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

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

ASPC policies require that all inmates (100%) who disclosed prior sexual victimization during initial screening be offered a follow-up meeting with medical and mental health. The meeting is required within 14 days of the initial screening. The same policy also applies to inmates who perpetrated sexual abuse. Documentation is securely maintained by Med/MH staff. Information found is strictly limited to medical, mental health, and management staff. Informed consent is obtained by Med/MH staff. Policies are found in ADOC DO 125.04, & DO 125.05.

Standard 115.82 Access to emergency medical and mental health services

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The medical program at ASPC Tucson is staffed 24 hours per day, 7 days per week. All inmates who report to be sexual abused have unimpeded access to medical treatment. The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, and at no cost to the inmate.

Policies are found in ADOC DO 125.04.

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

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ASPC Tucson provides medical and mental health evaluation and treatment consistent with the community standard for health care. The inmates are offered tests for sexually transmitted disease. These services are provided to all inmates who have been sexually abused. These services are at no cost. Inmate abusers are also offered mental health evaluations and treatment within a 60 day period. Policies are found in ADOC DO 125.03, DO125.04, and DO 608.

Standard 115.86 Sexual abuse incident reviews

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC policies require that all incidents of sexual abuse are thoroughly reviewed by an incident review team. This team includes the PREA Compliance Manager and several top facility management staff. The reports are then reviewed by the Warden and ADOC Administrative staff. The team is required to review and make recommendations within 30 days of the conclusion of the investigation. The facility reported nine sexual abuse investigations in the past 12 months. All were reviewed by the team. Policies are found in ADOC DO 125.06.

Standard 115.87 Data collection

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The AZDOC requires the Inspector General Bureau to provide a semi-annual report to the DOC Director detailing each sexual abuse and harassment incident that occurred in all its facilities. This data is aggregated annually in a public report and is available on the web. The process followed meets the requirement of PREA.

Policies are found in ADOC DO 125.08 and DO 125.

Standard 115.88 Data review for corrective action

- 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 discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC collects sexual abuse data from all facilities and aggregates into an annual report. This 2014 report is available on the web at azcorrections.gov. The report is approved by the Director of the Arizona DOC. The report provides an analysis and corrective actions implemented.

Policies are found in ADOC DO 201.

Standard 115.89 Data storage, publication, and destruction

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

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The ADOC Inspector General's office collects and securely retains sexual offense data for a period of at least 109 years according to State Records Retention schedules. This data is compiled from reports of all its facilities. This information is a public document and is readily available to the public. Per DO 201.1, 1.3, personal identifiers are redacted from the documents.

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.



12 August , 2015

Auditor Signature

Date