

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report 01-16-2019

Auditor Information

Name: D. Will Weir

Email: [REDACTED]

Company Name: PREA America LLC

Mailing Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone: [REDACTED]

Date of Facility Visit: 05-10-2018

Agency Information

Name of Agency:

Arizona Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: 1601 W. Jefferson

City, State, Zip: Phoenix, AZ 85007

Mailing Address: Click or tap here to enter text.

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

Telephone: (602) 542-5497

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: To serve and protect the people of Arizona by securely incarcerating convicted felons, by providing structured programming designed to support inmate accountability and successful community reintegration, and by providing effective supervision for those offenders conditionally released from prison.

Agency Website with PREA Information: corrections.az.gov

Agency Chief Executive Officer

Name: Charles L. Ryan

Title: Director

Email: [REDACTED]

Telephone: [REDACTED]

Agency-Wide PREA Coordinator

Name: Cammie Burke	Title: Auditor III; PREA Coordinator
Email: [REDACTED]	Telephone: [REDACTED]
PREA Coordinator Reports to: Sean Malone, Deputy Inspector General	Number of Compliance Managers who report to the PREA Coordinator 10

Facility Information

Name of Facility: Pima Reentry Center
Physical Address: 1275 W. Starr Pass Blvd.; Tucson, AZ 85713
Mailing Address (if different than above): P. O. Box 24400; Tucson, AZ 85713
Telephone Number: (520) 884-8541

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		

Facility Mission: To serve and protect the people of Arizona by securely incarcerating convicted felons, by providing structured programming designed to support inmate accountability and successful community reintegration, and by providing effective supervision for those offenders conditionally released from prison.

Facility Website with PREA Information: corrections.az.gov

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: [REDACTED]	Title: Deputy Warden
Email: [REDACTED]	Telephone: [REDACTED]

Facility PREA Compliance Manager

Name: None	Title: Click or tap here to enter text.
Email: Click or tap here to enter text.	Telephone: Click or tap here to enter text.

Facility Health Service Administrator

Name: None		Title: Click or tap here to enter text.	
Email: Click or tap here to enter text.		Telephone: Click or tap here to enter text.	
Facility Characteristics			
Designated Facility Capacity: 150		Current Population of Facility: 58	
Number of residents admitted to facility during the past 12 months			1167
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			94
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			531
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			NA, Facility opened on December 7, 2012
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 and over	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			30.4 days
Facility Security Level:			Minimum
Resident Custody Levels:			Residents not considered to be in custody
Number of staff currently employed by the facility who may have contact with residents:			30
Number of staff hired by the facility during the past 12 months who may have contact with residents:			7
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			11
Physical Plant			
Number of Buildings: 10		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		1	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Cameras in all classrooms, all day rooms, hallways. No cameras in any areas where resident offenders are in the state of undress.			
Medical			

Type of Medical Facility:	Tucson Medical Center or any other hospital
Forensic sexual assault medical exams are conducted at:	Tucson Medical Center; conducted by Southern Arizona Center Against Sexual Assault (SACASA) SANE nurse.
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	11
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	48

Audit Findings

Audit Narrative

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

PREA America LLC was retained February 21, 2017, to conduct the PREA Audit for Pima ReEntry Center (PRC). The process was started, and dates were agreed upon. Notices went up at the facility by March 23, 2018. The Pre-Audit Questionnaire, completed digitally, and accompanying documents on a flash drive, completed and collected by PREA Coordinator Cammie Burke and Deputy Warden [REDACTED], were received by the auditor April 27, 2018. In the weeks leading up to the onsite audit, the audit team and Ms. Burke exchanged emails and phone calls to prepare for the on-site audit.

On May 10, 2018, the onsite audit was conducted as scheduled. The PREA America audit team, consisting of PREA Auditor Will Weir and Project Manager Tom Kovach, arrived at the facility that morning and participated in an introductory meeting. The meeting was attended by Ms. Burke and DW [REDACTED]. Immediately after the introductions, the audit tour started, and arrangements were made to interview staff and residents. Including some interviews already conducted by phone with agency administrators, a total of 18 formal staff interviews were completed for this audit. There were 6 specialized and 12 random staff. At Pima ReEntry Center, some staff fulfill more than one specialized function. Of a total of 58 residents, the audit team interviewed 16. All these inmates were random selections, other than two who were targeted for interviews due to identified risk factors. Despite attempts, additional residents were not identified for targeted interviews. Residents from all living areas at the facility were interviewed. The exit conference, held at the end of the on-site audit, was attended by the audit team, Ms. Burke, DW [REDACTED], and Correctional Officer III [REDACTED]. The facility strengths, as identified in interviews and review of documentation available up to that point in the audit, included an unusually strong understanding of First Responder duties and advocacy, especially for a facility with no allegations of sexual abuse or harassment in the past 12 months. Clearly, the regular ongoing training processes, in addition to the preparation that was done for this PREA audit, paid off in important ways. Training regarding the proper ways to search transgender residents, however, had not

been conducted or reviewed as other required training topics had been. Staff who perform searches stated they did not recall how to conduct the searches. Thus, proper training for how to conduct searches of transgender residents was listed as an item that the facility and audit team agreed must be completed to show fully compliance with the PREA standards. Also, for the facility to show full compliance with PREA, screening reassessments must be completed on all residents staying longer than 30 days, as well as on any resident regarding whom the facility has received additional information regarding risk of sexual victimization or abusiveness. Verification that the screenings of residents remaining beyond 30 days were completed was received within the 30 days after the on-site audit. This left only the training regarding searches of transgender residents to be completed during the Corrective Action Plan (CAP) period. The Interim PREA Audit Report was issued 06-22-2018. After an Interim Report is issued, a facility is allowed no more than 180 days to complete the CAP, which includes turning in verification of compliance. The audit team did not receive verification that all staff were trained regarding appropriate searches of transgender residents during the 180 days allotted, so this Final Report, like the Interim Report, indicates the facility did not show compliance with Standard 115.215, which includes the above-mentioned training requirement.

Documentation reviewed for this audit includes: Pre-Audit Questionnaire; Rosters of staff and residents; ADC Chapter 100 Agency Administration Department Order 106 Contract Beds, and Order 108 Americans with Disabilities Act Compliance, and Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; Organizational Charts; Contracts; ADC Chapter 600 Inspector General Department Order 601 Administrative Investigations and Employee Discipline, Order 602 Background Investigations, Order 603 Polygraph Services, Order 606 regarding Internal Inspections Program, and Order 608 Criminal Investigations; ADC Director's Office Memorandum dated August 22, 2014: Employee Assignments and Staffing – Revised; PRC Post Charts; PRC Staff Posting Projections; Weekly Staffing Reports; ADC Chapter 500 Administrative/Human Services Department Order 501 Employee Professionalism, Ethics and Conduct, and Order 504 Recruitment and Hiring, Order 508 Criminal Investigations, Order 509 Employee Training and Education, Order 517 Employee Grievances, Order 521 Employee Assistance Program, Order 524 Employee Assignments, Order 526 Victim Services, and Staffing Policy and Order 527 Employment Discrimination and Harassment; Staffing Plan Review Meeting Minutes; ADC Chapter 700 Operational Security: Security/Facility Inspections Policy; Inspections/Tour Report Form; Searches and Contraband Training Lesson Plan; ADC Chapter 700 Operational Security Department Order 708: Searches Policy, and Order 704: Inmate Regulations, Dress and Clothing Requirements; Arizona State Law 13-1419 regarding unlawful sexual conduct, correctional facilities, classification, and definitions; ADC Chapter 800 Inmate Programs Department Order 801 Classification and Order 802 Inmate Grievance Procedure (English and Spanish), Order 804 Inmate Behavior Control, Order 805 Protective Custody, Order 810 Management of LGBTI Inmates, and Order 811 Individual Inmate Assessments and Reviews; ADC Chapter 1100 Inmate Health Services Department Order 1101: Inmate Access to Health Care; ADC Staff Development Bureau Curriculum and Training Plans; Training and Acknowledgment documentation of staff training; PRC Resident House Rules and Regulations; ADC Chapter 900 Inmate Programs and Services Department Order 906: Inmate Recreation/Arts & Crafts, and Order 910 Inmate Education and Resource Center Services, Order 914 Inmate Mail, Order 915 Inmate Phone Calls, Order 916 Staff-Inmate Communications; PREA Reporting and Advocacy Posters in English and Spanish; examples of background investigations; ADC Director's Office Memorandum Instruction #315: Preliminary Background Checks for Contractors; Verification of 5 -year background checks being conducted on all staff; ADC Background Questionnaire for Applicants; Order 601 Attachment C; Arizona Administrative Code Title 2, Chapter 5; ADC Chapter 1000 Order 1003 regarding Community Corrections and Order 1006 regarding Reentry Centers; Community Corrections Technical Manual; ADC Conditions of Supervision and Release; Sample of Background Information Requests; documented efforts to establish MOU's with sexual victims' advocacy organization; established MOU with Southern Arizona Center Against Sexual Assaults; Intervention Checklist; PREA Compliance Training; FY2017; Annual Training Plan; Excel Spreadsheets tracking training, with employee acknowledgment and verification; PREA Training for Volunteers, with curriculum, signature documentation, and electronic acknowledgment; Resident PREA training record documentation and

acknowledgment; Resident Weekly Training Report; Resident Pamphlet in English and Spanish; other notices; Investigator Training with Certificates of Completion; Medical Staff Training Report and sign-in sheets; SANE Procedures; Risk Assessment Screening Report and Training, with samples of completed screenings and codes to understand them; Statewide Screening and Retaliation Training; examples of screenings being used to protect residents; PREA Hotline Agreement; Significant Incident and Criminal Investigation Reports; Employee Handbook; ADC website; Sexual and Domestic Violence Services lists; Coordinated Response Plan; Retaliation Monitoring policy and examples; General Records Retention Schedule for all Public Bodies Law Enforcement Records; Daily Count Sheets; PREA Risk Screening and Retaliation Review (Training PowerPoint); AIMS sample PREA Screening Instruments with Status Codes for Classification; Sample Transgender Actions Detail Screen; Inmate Education and Resource Center Services; Contract with Kathy Hansen Interpreting Services; Intensive Substance Abuse Treatment With Housing Program Contracts, for 30-day and 90-day programs; Mission Statement; Annual Report; Mental Health Assessment Form; sample of Shared Medical Information; Consent Forms; and DOJ Survey of Sexual Violence.

Facility Characteristics

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

The Pima Reentry Center has a 150-bed capacity, although the average daily census was much lower at the time of the on-site audit. It is located in Tucson, Arizona, in Pima County. The purpose of a Community Corrections Center is to promote successful completion of community supervision and to provide swift, certain, and fair interventions for non-compliant offenders, without having to re-commit them to prison; as such, it is non-secure. The main building is multi-story, with housing sections in dormitory style. It includes offices for counselors and programming administration and a dining area. There is a control center to track movement. There are other buildings on the grounds for the Pima County Parole offices.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 40

Click or tap here to enter text.

Number of Standards Not Met: 1

Standard 115.215: Limits to cross-gender viewing and searches

Summary of Corrective Action (if any)

Standard 115.215: Limits to cross-gender viewing and searches

Staff indicated lack of knowledge and/or training regarding how to search transgender offenders. The Corrective Action Plan (CAP) addressed the training need regarding staff needing to be taught how to search transgender residents, but verification that this training was completed was not received during the 180 days allowed by PREA Standard 115.404.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The Pre-Audit Questionnaire and accompanying documentation indicate the agency has zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. PREA Coordinator Cammie Burke answers directly to Sean Malone, Deputy Inspector General. All residents and staff interviewed indicate a clear understanding of the zero-tolerance policy.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: Interviews with the PREA Coordinator; Reviews of the Zero Tolerance Policy, Organizational Chart, and PREA Definitions.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.212: Contracting with other entities for the confinement of residents

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

115.212 (a)

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

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

N/A for Pima Reentry Center. The agency (not the facility) contracts with other entities for the confinement of residents, and all these contractors are required to be PREA compliant.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: Agency policy (including ADC Chapter 100 Agency Administration Department Order 106 Contract Beds), website, interviews with PREA Coordinator, and contracts reviewed.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the audit, it was found that the facility and agency have worked together to develop, document, and comply on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring to protect residents against abuse, taking into account all parts of this standard, including an annual review to see if adjustments are needed. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. According to documentation as well as staff and administrative interviews, there have been no deviations from staffing plan. The average number of residents has been 80; the number upon which the staffing plan is based. In calculating adequate staffing levels and determining the need for video monitoring, the agency takes the following into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. Verification of compliance with this standard was based on: Rosters of staff and residents; Employee Assignments and Staffing – Revised; PRC Post Charts; PRC Staff Posting Projections; Weekly Staffing Reports; Staffing Plan Review Meeting Minutes; ADC Chapter 700 Operational Security; Security/Facility Inspections Policy; Inspections/Tour Report Form; and interviews conducted.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

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

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the onsite audit, it was verified that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents, and there have been no exceptions known in the past year. If exceptions do occur, documentation is required. This facility does not house female offenders; so, portions of this standard relating to female residents do not apply. Procedures had been implemented that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Also, this Standard requires staff of the opposite gender to announce themselves when entering a resident housing unit. The agency has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. None of these searches have occurred, according to documentation provided, but some staff indicated lack of knowledge and/or training regarding how to search transgender offenders. Also, the agency-wide ADC staff PREA training makes it clear that searches of transgender and intersex residents should be done with respect; but, it does not provide specific instruction on how such searches can be completed properly, as required by 115.215(f).

Corrective Action: The Corrective Action Plan (CAP) addressed the training need regarding how to search transgender residents, but verification that this training was completed was not received during the 180 days allowed by PREA Standard 115.404.

Analysis: The facility is not considered to be compliant unless it has shown compliance with all parts of the Standard.

Finding: The facility has not shown compliance in all material ways with the standard.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

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

115.216 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

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

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has established procedures to provide disabled residents and residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. According to interviews and documentation reviewed by the audit team, there have been no exceptions in the past 12 months; but if there are, they must be documented. Staff and administrators interviewed indicated an understanding of the importance of this standard, and they have procedures in place so residents with disabilities and with limited English proficiency can have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Information from residents indicates residents with disabilities will be assisted by staff in order to understand what they need to understand.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. Interviews with the following individuals support a finding that the facility and agency are compliant with this standard: Deputy Warden; PREA Coordinator; random and targeted resident interviews; and random staff interviews. PREA Training and Policy are also consistent with this standard. Policies referencing this standard include ADC Chapter 100 Agency Administration Department Order 108 Americans with Disabilities Act Compliance, and Order 125 Sexual Offense Reporting Policy (with Attachments A & B). The audit team also reviewed the contract with Kathy Hansen Interpreting Services.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the audit process, policy was verified which prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents, who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse, or on any resignation during a pending investigation of an allegation of sexual abuse. Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. Agency

policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system is in place for otherwise capturing such information for current employees. Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Interviews with administrators indicated they will give information on substantiated sexual abuse to potential employers upon request, unless advised otherwise by the legal department.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence, in addition to interviews with HR and administrators, is divided as follows: ADC Chapter 600 Inspector General Department Order 601 Administrative Investigations and Employee Discipline, Order 602 Background Investigations, Order 603 Polygraph Services; ADC Chapter 500 Administrative/Human Services Department Order 501 Employee Professionalism, Ethics and Conduct, and Order 504 Recruitment and Hiring, Order 508 Criminal Investigations, Order 509 Employee Training and Education, Order 517 Employee Grievances, Order 521 Employee Assistance Program, Order 524 Employee Assignments, Order 526 Victim Services, and Staffing Policy and Order 527 Employment Discrimination and Harassment; examples of background investigations; ADC Director's Office Memorandum Instruction #315: Preliminary Background Checks for Contractors; Verification of 5-year background checks being conducted on all staff; ADC Background Questionnaire for Applicants; and Employee Handbook.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The facility opened December 7, 2012, and has not been significantly modified since that time, but they have updated their video monitoring system. Interviews and documentation verify that resident safety and PREA compliance were considered during this process, and that they are being considered on an ongoing basis.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: Site review; agency Director Designee interview; agency PREA Coordinator interview; and interview with Deputy Warden.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ADC is responsible for conducting administrative and criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct), and it follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility offers all residents who experience sexual abuse access to forensic medical examinations, without financial cost to the victim. When possible, SANEs and SAFEs conduct the exams; but when they are not available, a qualified medical practitioner performs the forensic medical examinations. The facility documents efforts to provide SANEs and SAFEs. The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and documents these efforts. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews, and they provide emotional support, crisis intervention, information, and referrals.

There is an MOU between the Southern Arizona Center Against Sexual Assault (SACASA) and Pima Reentry Center (formerly the Southern Region Community Corrections Center). Under this plan, the forensic exam will occur at the Tucson Medical Center and be conducted by a Sexual Assault Nurse Examiner (SANE). Southern Arizona Center Against Sexual Assault (SACASA) will assist in coordinating this exam and will also respond with an advocate.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Chapter 500 Administrative/Human Services Department Order 508 Criminal Investigations; ADC Chapter 1100 Inmate Health Services Department Order 1101: Inmate Access to Health Care; ADC Chapter 1000 Order 1003 regarding Community Corrections and Order 1006 regarding Reentry Centers; Community Corrections Technical Manual; documented efforts to establish MOU's with sexual victims' advocacy organization; established MOU with Southern Arizona Center Against Sexual Assaults; Intervention Checklist; Medical Staff Training Report and sign-in sheets; SANE Procedures; Mental Health Assessment Form; sample of Shared Medical Information; and Medical Consent Forms.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a.)]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to the agency investigators and that these referrals be documented. This policy is published on the agency website.

Analysis: Since the Pre-Audit Questionnaire stated there were no allegations of sexual abuse or harassment in the past 12 months, to verify compliance with this standard, in addition to studying the agency policy published on the agency website, the auditor interviewed investigators, staff (including specialized staff and administrators), and residents.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The agency trains all employees who may have contact with residents on the following matters: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All staff employed by the facility, who may have contact with residents, have been trained in PREA requirements. Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment, at least annually and when there are changes. The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification,

verified by the auditor. Employees interviewed generally remembered receiving each portion of the training and indicated an understanding of the material, as well as a commitment to the well-being and safety of residents.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: Employee Assignments and Staffing – Revised; PRC Post Charts; ADC Chapter 500 Administrative/Human Services Department Order 501 Employee Professionalism, Ethics and Conduct, Order 509 Employee Training and Education; Searches and Contraband Training Lesson Plan; Arizona State Law 13-1419 regarding unlawful sexual conduct, correctional facilities, classification, and definitions; ADC Staff Development Bureau Curriculum and Training Plans; Training and Acknowledgment documentation of staff training; PREA Compliance Training FY2017; Annual Training Plan; and Excel Spreadsheets tracking training with employee acknowledgment and verification.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

All 11 volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide, and on the level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed how to report such incidents. The agency maintains documentation, which was reviewed by the auditor, confirming that volunteers/contractors understand the training they have received.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: documentation confirming that volunteers/contractors understand the training they have received; volunteer/contractor agreements and training; and policies relating to volunteers/contractors.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.233: Resident education

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

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Residents of Pima Reentry Center receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. All residents have received this information at intakes and have received comprehensive information within 30 days. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility. Resident PREA education is available in accessible formats for all residents, including those who are: limited English proficient, deaf, visually impaired, otherwise disabled, and limited in their reading skills. The agency maintains documentation of resident participation in PREA education sessions. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible, through posters, resident handbooks, or other written formats. These were reviewed during the on-site audit tour. Interviews with staff and residents indicate that residents have been trained and that they state that they understand.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: documentation of resident participation in PREA education sessions; resident education policy and materials; posters observed during the site review; and interviews of staff and residents.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency performs its own administrative and criminal investigations. Investigators have received training in conducting such investigations in confinement settings. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency has documented the training, and it was reviewed by the audit team.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: interviews with administrators and investigators; training curriculum, documentation of investigative training received, and training policy.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy related to the training of medical and mental health practitioners who work regularly at PRC. All medical and mental health care practitioners who work regularly at this facility received the training required by agency policy, and it is documented, but they do not conduct forensic medical exams. The medically trained staff whom the audit team interviewed remember their training regarding how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and how to report allegations or suspicions.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: ADC Chapter 1100 Inmate Health Services Department Order 1101: Inmate Access to Health Care; ADC Staff Development Bureau Curriculum and Training Plans; Training and Acknowledgment documentation of staff training; PREA Compliance Training FY2017; Annual Training Plan; Excel Spreadsheets tracking training with employee acknowledgment and verification; Medical Staff Training Report and sign-in sheets; and Mental Health Assessment Form.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ADC has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. Risk assessment is to be conducted using an objective screening instrument, which considers: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; (9) The resident's own perception of vulnerability; and (10) Whether the resident is detained solely for civil immigration purposes. The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the screening questions related to this section. The agency has appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. Screenings and reassessments are recorded through computer entry by screeners. Random selections of these screenings were provided for the auditor's review. Screeners and residents interviewed provided additional verification that these screenings are completed appropriately. However, interviews, and documentation provided indicated the 30-day reassessment is not always completed. This issue was corrected in the 30-day period after the on-site audit when the audit team received verification of these screenings being completed.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 108 Americans with Disabilities Act Compliance, and Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Arizona State Law 13-1419 regarding unlawful sexual conduct, correctional facilities, classification, and definitions; ADC Chapter 800 Inmate Programs Department Order 801 Classification, Order 810 Management of LGBTI Inmates, and Order 811 Individual Inmate Assessments and Reviews; ADC Chapter 1100 Inmate Health Services Department Order 1101: Inmate Access to Health Care; Risk Assessment Screening Report and Training with samples of completed screenings and codes to understand them; Statewide Screening and Retaliation Training; PREA Risk Screening and Retaliation Review (Training PowerPoint); AIMS sample PREA Screening Instruments with Status Codes for Classification; Sample Transgender Actions Detail Screen; and verifications of 30-day reassessments completed.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.242: Use of screening information

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

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

PRC uses information from the risk screening required by § 115.241 to inform housing, bed, work, education, and program assignments, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. They make individualized determinations about how to ensure the safety of each resident. They make housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year, to review any threats to safety experienced by the resident. Transgender and intersex residents’ own views with respect to their own safety are given serious consideration. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. Lesbian, gay, bisexual, transgender, or intersex residents will not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status. Interviews indicate screening information has been used appropriately, and protections are in place with limited access to sensitive information.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 108 Americans with Disabilities Act Compliance, and Order 125 Sexual Offense Reporting Policy (with Attachments A & B); ADC Chapter 800 Inmate Programs Department Order 801 Classification, Order 810 Management of LGBTI Inmates, and Order 811 Individual Inmate Assessments and Reviews; ADC Chapter 1100 Inmate Health Services Department Order 1101: Inmate Access to Health Care; Risk Assessment Screening Report and Training with samples of completed screenings and codes to understand them; Statewide Screening and Retaliation Training; examples of screenings being used to protect residents; PREA Risk Screening and Retaliation Review (Training PowerPoint); AIMS sample PREA Screening Instruments with Status Codes for Classification; Sample Transgender Actions Detail Screen; and verifications of 30-day reassessments completed.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The agency has established procedures that allow for multiple internal ways for residents to report privately to agency officials about: sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy mandating that staff promptly accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and to give these reports promptly to their supervisor, who will notify statewide PREA Investigators, and to appropriate official(s) for investigation. Staff and residents are informed of these procedures in writing, in training, verbally, and through signs posted in the facility. Residents interviewed indicated they remember options for reporting and that they can get help reporting. They can report to the ADC Inspector General Bureau (801 South 16th Street; Phoenix AZ 85034). Reports can also be made through the agency website, as well.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: resident handbooks and postings around the facility; and through private interviews with residents and staff.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

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

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility is exempt from this standard, since it does not have an administrative procedure for dealing with resident grievances. Since residents are only at this facility for a relatively short period of time, all their allegations are handled through the investigative system in place for handling allegations of sexual abuse and harassment.

Analysis: When a Standard does not apply, a facility is typically considered to be compliant as long as there is not contradictory evidence.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

PRC provides residents with access to outside and facility staff victim advocates for emotional support services related to sexual abuse by: Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The resident handbook tells residents they may contact the Southern Arizona Center Against Sexual Abuse (SACASA) at (520)327-7273 or write to: 1600 N. Country Club Rd., Tucson, AZ 85716, to report sexual abuse or sexual harassment. No residents are detained solely for immigration purposes, so the portion of this standard dealing with these residents does not apply. Interviews at the facility indicate the facility is invested in enabling reasonable communication between residents and these organizations, in as confidential a manner as possible. The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored, and about the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. To verify compliance with this standard, the auditor reviewed and verified the Memoranda of Understanding (MOU) with Southern Arizona Center Against Sexual Assault. Residents view PRC as a link to the community, anyway, by the nature of the services it provides; so, it appears they find their easy access to SACASA to be consistent with other aspects of PRC programming.

Analysis: In addition to interviews with administrators, and calls made to verify the MOU and the availability of advocates, documents were reviewed to verify compliance with this standard. These include: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Chapter 900 Inmate Programs and Services Department Order 910 Inmate Education and Resource Center Services; PREA Reporting and Advocacy Posters in English and Spanish; documented efforts to establish MOUs with sexual victims' advocacy organization; established MOU with Southern Arizona Center Against Sexual Assaults; Intervention Checklist; SANE Procedures; Sexual and Domestic Violence Services lists; and Coordinated Response Plan.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Information about reporting is publicly distributed in the lobbies and visitation areas, and on the agency website. Third parties can report directly to CIU supervisors, as well. The auditor has verified that information is publicly available regarding how to report sexual abuse and sexual harassment on behalf of a resident.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: agency website; postings observed during site review; and interviews with residents who have had visits; and interviews with staff.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

The agency requires all staff to report immediately and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against residents or staff who reported such an incident; and, Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are required to report sexual abuse and to inform residents of the practitioner's duty to report, and of the limitations of confidentiality when they initiate services. The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Interviews indicate an understanding of this standard and related policies and procedures.

Analysis: Interviews with investigators, supervisors and administrators, as well as a review of policy and case documentation, indicate these policies are being followed. Policy and other documentation reviewed includes: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy (with Attachments A & B); ADC Chapter 500 Administrative/Human Services Department Order 501 Employee Professionalism, Ethics and Conduct, and Order 509 Employee Training and Education; ADC Chapter 1100 Inmate Health Services Department Order 1101: Inmate Access to Health Care; ADC Staff Development Bureau Curriculum and Training Plans; PREA Reporting and Advocacy Posters in English and Spanish; PREA Compliance Training FY2017; Annual Training Plan; Excel Spreadsheets tracking training with employee acknowledgment and verification; Medical Staff Training Report and sign-in sheets; PREA Hotline Agreement; and Employee Handbook.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the 12 months prior to the onsite audit, the facility has not determined that a resident was subject to substantial risk of imminent sexual abuse. Interviews with staff indicate a commitment to take immediate action when there are indications of risk of imminent abuse. Information received from residents generally indicated that residents feel staff will take steps to protect them.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: Interviews with staff and supervisors; interviews with residents; PAQ and supporting documentation; and PREA policy (AKA Department Order 125).

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the given facility must notify the head of the external facility, or the appropriate office of the agency or facility, where sexual abuse is alleged to have occurred. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency or facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. Verification of compliance with this standard was supported by a review of policy, investigations, and other Pre-Audit documentation. Also, interviews indicated regular communication between wardens and agency officials to assure compliance with this standard. However, there have been no allegations received in the past 12 months regarding residents being abused at another facility, nor of former PRC residents being abused while at PRC.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: PREA policy (D.O. 125); PAQ; and interviews with the Agency Head Designee, Deputy Warden, and Random Staff.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a First Responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse

occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to: request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Staff interviews indicated that staff have a basic understanding of the First Responder protocol. Also, investigative forms used indicate staff and administrators have reminders of first responder duties built in to their processes. Also, First Responder cards are issued as another way of reinforcing the policy and training.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. In addition to interviews with First Responders and administrators, evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Staff Development Bureau Curriculum and Training Plans; Training and Acknowledgment documentation of staff training; ADC Chapter 900 Inmate Programs and Services Department Order 916 Staff-Inmate Communications; Excel Spreadsheets tracking training with employee acknowledgment and verification; Medical Staff Training Report and sign-in sheets; SANE Procedures; and Coordinated Response Plan.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The facility has developed a written institutional plan to coordinate actions taken, in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan was reviewed and verified by the auditor.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: Coordinated Response Plan; interviews with facility administration demonstrating familiarity with the process; and PREA Policy.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has not entered into or renewed any collective bargaining agreement since the previous audit. They retain the ability to protect residents from abuse.

Analysis: Polices, PAQ documentation, and interviews with administrators verify that there are no agreements in place that would pose a barrier to protecting resident victims.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. Policy charges the facility administrator, the Deputy Warden, with this task. Agency policy is very clear that he is to be supported and assisted in these efforts by other administrators, including every level up to and including the Director of the agency. For example, HR must assist with monitoring whether staff have been retaliated against, and Victim Services, Employee Grievance Program, and Employee Assistance Programs provide outreach, training, and services. The PREA Coordinator and Special Review Team help monitor residents for retaliation and agency professionals, and SACASA provides services to residents. The agency monitors housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment, or for cooperating with investigations, for at least 90 days. In the case of residents, such monitoring also includes periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. The agency acts promptly to remedy retaliation and continues to monitor longer 90 days if needed. There have been no instances of retaliation reported in the 12 months prior to the onsite audit.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. In addition with interviews with PREA Coordinator and Deputy Warden, this evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Chapter 600 Inspector General Department Order 601 Administrative Investigations and Employee Discipline, and Order 608 Criminal Investigations; ADC Chapter 500 Administrative/Human Services Department Order 501 Employee Professionalism, Ethics and Conduct, and Order 508 Criminal Investigations; Statewide Screening and Retaliation Training; Retaliation Monitoring policy and examples (from other facilities); and PREA Risk Screening and Retaliation Review (Training PowerPoint).

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

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

115.271 (e)

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

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

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

115.271 (h)

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

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ADC has a policy related to criminal and administrative agency investigations, and these investigations are typically done by agency investigators. Substantiated allegations that appear to be criminal are referred for prosecution. Where sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations. These investigations are conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Where the evidence seems to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as a resident or staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and the investigations are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence, and in which copies of all documentary evidence are attached. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility or agency is not a basis for terminating an investigation. These policies and procedures were verified through documentation review. A review of investigative files from other agency facilities indicates they have complied with these standards, while one ADC facility required corrective action to come into compliance. There were no reports alleging/suspecting sexual abuse or harassment of PRC residents during the 12 months that were reviewed for this audit.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. In addition to interviews with investigators and administrators, this evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Chapter 600 Inspector General Department Order 601 Administrative Investigations and Employee Discipline, Order 603 Polygraph Services, Order 606 regarding Internal Inspections Program, and Order 608 Criminal Investigations; ADC Chapter 500 Administrative/Human Services Department Order 501 Employee Professionalism, Ethics and Conduct, and Order 504 Recruitment and Hiring, and Order 508 Criminal Investigations; Arizona State Law 13-1419 regarding unlawful sexual conduct, correctional facilities, classification, and definitions; Intervention Checklist; Investigator Training with Certificates of Completion; Medical Staff Training Report and sign-in sheets; SANE Procedures; Coordinated Response Plan; General Records Retention Schedule for all Public Bodies Law Enforcement Records; and DOJ Survey of Sexual Violence.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

As stated in policy and interviews with administration, as well as the agency investigators, the agency imposes a standard of a "preponderance of the evidence" when determining whether allegations of sexual abuse or sexual harassment are substantiated during administrative investigations.

Analysis: This standard is clearly stated in established written policy and verified by the auditor during interviews with investigators, the PREA Coordinator, and the Deputy Warden. It is also taught in investigator training.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. If an outside entity conducts such investigation, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. In the 12 months prior to the onsite audit, there have been no such notifications documented, since there have been no allegations or investigations. Following an resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or, The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency has a policy that all notifications to residents described under this standard are documented.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. In addition to interviews with the PREA Coordinator and Deputy Warden, this evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy (with Attachments A & B); ADC Chapter 600 Inspector General Department Order 601 Administrative Investigations and Employee Discipline, and Order 608 Criminal

Investigations; ADC Chapter 500 Administrative/Human Services Department Order 508 Criminal Investigations; and Investigator Training with Certificates of Completion.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

As verified by policy review and interviews with the Deputy Warden, PREA Coordinator, and HR, staff are subject to disciplinary sanctions, up to and including termination, for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. During the past 12 months, there have been no substantiated findings that staff engaged in sexual abuse or harassment, and therefore no terminations or discipline based on this standard, nor notification of law enforcement, according to information provided to the audit team.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. In addition to interviews with administrators who deal with personnel issues, this evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Chapter 600 Inspector General Department Order 601 Administrative Investigations and Employee Discipline, Order 606 regarding Internal Inspections Program, and Order 608 Criminal Investigations; ADC Chapter 500 Administrative/Human Services Department Order 501 Employee Professionalism, Ethics and Conduct, and Order 504 Recruitment and Hiring, Order 508 Criminal Investigations, Order 509 Employee Training and Education, Order 517 Employee Grievances, Order 521 Employee Assistance Program, Order 524 Employee Assignments, Order 526 Victim Services, and Staffing Policy and Order 527 Employment Discrimination and Harassment; Arizona State Law 13-1419 regarding unlawful sexual conduct, correctional facilities, classification, and definitions; and Employee Handbook.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ADC agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Although there have been no allegations in the past 12 months, the Deputy Warden and PREA Coordinator verify that the facility follows these policies, takes appropriate remedial measures, and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. In addition to interviews with the Deputy Warden and staff who supervise and train volunteers, this evidence is divided as follows: ADC Chapter 100 Agency Administration Department Order 125 Sexual Offense Reporting Policy; PREA Training for Volunteers with curriculum and signature documentation and electronic acknowledgment; Coordinated Response Plan; and Chapter 200 Public/Public Access Department Order 204 Volunteer Services. 204.08 states:

“Volunteers may be dismissed at any time as determined by the appropriate Warden, Deputy Warden, Bureau Administrator, Administrator or designee.”

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.78 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Residents at PRC are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or criminal finding, that the resident engaged in resident-on-resident sexual abuse. When there are substantiated allegations, sanctions are to be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, and it considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The agency would only discipline residents for sexual conduct with staff upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents, but the agency does not deem such activity to constitute sexual abuse unless it determines that the activity is coerced.

Analysis: Compliance with this standard was verified by a review of policy and in interviews with investigators, the Deputy Warden, and the PREA Coordinator, although there were no substantiated allegations of resident-on-resident sexual abuse during the past 12 months, and therefore, there were no residents subjected to discipline for such activity.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

PRC resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services at Tucson Medical Center. The nature and scope of such services are determined by medical and mental health practitioners, according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff First Responders take preliminary steps to protect the victim pursuant to § 115.62. and they immediately notify the appropriate medical and mental health practitioners. Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim, without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Since there were no incidents of sexual abuse reported in the past 12 months indicating a need for treatment, the auditor did not review documentation specific to the practice of this standard.

Analysis: Interviews with First Responders and administrators indicated a readiness and ability to follow this policy. Also, a review of policy, and a review of the Coordinated Response Plan, indicated policies and procedures are consistent with this standard.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

From a review of agency policy and training, and interviews with administrators, the auditor has verified that the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility as required by this PREA Standard. The evaluation and treatment of such victims includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility provides such victims with medical and mental health services consistent with the community level of care. This is an all-male facility, so the portions of this standard relating to female residents do not apply. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility documents attempts to conduct mental health evaluations of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Analysis: Compliance with this standard was verified through a review of policies, services available through MOU's and local providers, and through interviews with staff and residents.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Deputy Warden and the PREA Coordinator verify that the facility, according to policy, conducts a sexual abuse incident review, at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. According to policy, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation, although this has not been required in the past 12 months, since there have been no investigations. The sexual abuse incident review team is to include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team will: (1) Consider whether the allegation or investigation

indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; and (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The facility prepares a report of its findings from sexual abuse incident reviews, including, but not necessarily limited to, determinations made pursuant to this section, and any recommendations for improvement, and submits such report to the facility head and to the PREA Coordinator. None of these reviews were indicated or performed during the 12 months reviewed for this audit.

Analysis: By a triangulation of evidence, the auditor is able to determine that the facility has shown compliance with this standard. This evidence is divided as follows: PREA policy; and interviews with the PREA Coordinator, the Deputy Warden, the Agency Director's Designee, and members of the Incident Review Team.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ADC collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions. The standardized instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually. The agency maintains, reviews, and collects data in reports. The agency reports to the Department of Justice as requested. Interviews with investigators, with the PREA Coordinator, and with other administrators verify compliance with this standard.

Analysis: Compliance with this standard was verified through a review of annual reports and data collection methods, and through a review of policies provided during the audit process. Interviews with the state's PREA Coordinator also indicated ongoing efforts to collect accurate data.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.288: Data review for corrective action

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

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ADC reviews data collected and aggregated pursuant to §115.287, in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for the facility. The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The agency makes its annual report readily available to the public, at least annually, through the ADC website. The reports are approved by the agency head. When the agency redacts material from an annual report for publication, the redactions are limited to specific materials, publication of which would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted.

Analysis: Compliance with this standard was verified through a review of annual reports and documentation provided during the audit process. Interviews with the state's PREA Coordinator also indicated ongoing efforts to collect accurate data and to use the data to improve the system through effective processes to protect residents.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

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

115.289 (c)

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

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Arizona Department of Corrections policy and procedure ensure that incident-based and aggregate data are securely retained, requiring that aggregated sexual abuse data be made readily available to the public, at least annually. This is accomplished through their website, which the audit team found to be user-friendly. They have published their policies, as well as a variety of reports and statistics, readily available at azcorrections.gov. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

Analysis: Compliance with this standard was established through a review of the website, materials provided with the Pre-Audit Questionnaire, and interviews with administrators conducted during the audit.

Finding: The agency/facility has shown substantial compliance or complies in all material ways with the standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Interviews conducted, and documents reviewed, indicate ADC has been working and scheduling for a number of years to comply in material ways with this standard.

Analysis and Finding: Interviews conducted, and documentation reviewed, indicate the facility has shown compliance with this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Final audit reports are published on the agency website, and it appears the agency is compliant in material ways with this standard.

Analysis and Finding: Interviews conducted, and documentation reviewed, indicate the facility has shown compliance with this standard.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

D. Will Weir

01-16-2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.