

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 12 October, 2016

Auditor Information			
Auditor name: Jack L. Falconer			
Address:			
Email:			
Telephone number:			
Date of facility visit: 22-24 August, 2016			
Facility Information			
Facility name: Arizona State Prison Complex-Safford			
Facility physical address: 896 South Cook Road, Safford, Arizona 85546			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 928-428-4698			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Juli Roberts, Warden			
Number of staff assigned to the facility in the last 12 months: 345			
Designed facility capacity: 1924			
Current population of facility: 1585 (8/9/2016)			
Facility security levels/inmate custody levels: Minimum, Medium			
Age range of the population: 18-68			
Name of PREA Compliance Manager: Quinten Wood		Title: COIV and PREA Compliance Manager	
Email address: qwood@azcorrections.gov		Telephone number: 928-428-4698	
Agency Information			
Name of agency: Arizona Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1601 W. Jefferson, Phoenix, AZ 85007			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 602-542-5497			
Agency Chief Executive Officer			
Name: Charles L. Ryan		Title: Director	
Email address: cryan@azcorrections.gov		Telephone number: 602-542-5225	
Agency-Wide PREA Coordinator			
Name: Mike McCarville		Title: Administrative Services Officer II, PREA Coordinator	
Email address: mmccarvi@azcorrections.gov		Telephone number: 602-771-5798	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Arizona State Prison Complex-Safford was conducted on August 22-24, 2016. The facility is a 1924 bed prison operated by the Arizona Department of Corrections. It is located approximately 10 miles east of Safford, Arizona.

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

The audit process began by receiving and reviewing all PREA documentation submitted by the Arizona Department of Corrections and the Arizona State Prison Complex at Safford. The documents included the Pre-Audit Questionnaire, ADC policies and procedures, inmate rosters, staff rosters, organizational charts, inmate population count information, inmate handbooks, facility schematics and photos, DOC training curriculum for both staff and inmates, various forms, and other information used by the facility to implement PREA.

The documentation was reviewed by the auditor and any questions were clarified by sending them to the agency PREA Coordinator and the facility PREA Compliance Manager.

The auditor is required to select for interview a group of randomly selected inmates and staff during the on-site visit portion of the audit. The rosters of staff and inmates were used by the auditor to select the names. Inmate names were selected at random (ethnic groups were included) from each of the ASPC housing units. The purpose of the interview is to ensure that the inmates understand their rights under PREA, how to report any incident, and validate that their PREA provisions are being provided by the facility.

The auditor also provided to the facility a second list of inmates that must be interviewed. This list included disabled inmates, LGBTI inmates, inmate in segregation for risk of sexual victimization, inmate who reported a sexual abuse, and an inmate who disclosed being a victim during risk screening. The facility selected the inmates that met the requirements. A transgender inmate and an inmate who did not speak English were interviewed. None of the other categories of inmates were available.

A random sample of Correctional Officers were selected for interview. This process included all shifts, both male and female. The purpose of the CO interview was to verify whether the policies and procedures were actually being enforced and that the Officers understood their responsibilities under PREA. The questions included asking about their understanding of the zero tolerance policy, how to respond to PREA incidents, and a variety of other questions.

The auditor provided a list of management and specialized staff that must also be interviewed if they met the specific requirements as outlined in the PREA audit guidance.

The auditor interviewed sixty-six staff and inmates during the PREA audit. Twenty-seven random and other category inmates, nineteen specialized staff, four management staff, and sixteen correctional officers using the questions provided in the PREA audit documents.

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

Juli Roberts, Warden.
Mike McCarville, Agency PREA Coordinator.
Jack Falconer, Auditor.
Quinten Wood, PREA Compliance Manager,

In addition, seven ASPC Safford management staff attended.

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

The ASPC has three separate inmate units which include the Tonto Unit, Graham Unit and the Fort Grant Unit. The ASPC also has a Complex facility for administration and support staff.

During each Unit tour, the auditor must look at all inmate housing units, program areas, food service, medical, visiting areas, work programs and other areas specified by PREA. The placement of audit and PREA information for the inmate, the staffing levels for safety, cameras and their location, blindspots, phone locations, and many other areas must be examined.

After the entrance brief, the auditor began the tour of the Tonto and Graham Units. The auditor was accompanied by the Deputy Warden of each Unit, the Arizona PREA Coordinator, the Facility PREA Compliance Manager, and others.

After the tour of the Tonto Unit, five inmate interviews were conducted.

The group then began the tour of the Graham Unit and ten inmate interviews occurred.

On the second day of the audit, the auditor interviewed three CO's from the 3rd shift at the ASPC Complex. After the completion of the interviews, the tour group proceeded to the Fort Grant Unit which is located approximately one hour southwest of Safford.

The Fort Grant Unit was toured and a number of interviews were conducted. The auditor interviewed twelve inmates from the housing units, two specialized staff, two management staff, and four Correctional Officers. After the tour and interviews, the tour group returned to the ASPC Complex in Safford to continue with the interview process. At the ASPC Complex, four Correctional Officers, nine specialized staff and one management staff were interviewed.

On the third day, the auditor returned to the Complex and the interviews were completed. The auditor interviewed five Correctional Officers, eight specialized staff, and two management staff at the Complex Unit.

During the afternoon of the third day, the Exit Brief was held. The Warden and several of the ASPC staff were in attendance in person or by video connection. The auditor made comments about the ASPC operations as it relates to the PREA requirements. The next steps were also provided to the group.

DESCRIPTION OF FACILITY CHARACTERISTICS

ASPC Safford is a multi-site facility owned and operated by the Arizona State Department of Corrections. Three separate units are included in the Complex. The Tonto and Graham Units are located 10 miles east of Safford, Arizona. The Fort Grant Unit is located 45 miles southwest of Safford. The Complex has a design capacity of 1924 male inmates and currently has 1585 inmates of minimum and medium custody with ages ranging from 18 to 68 years.

The description of the facilities is as follows:

Graham Unit The Graham Unit is a 711 bed minimum security facility surrounded by a perimeter fence. Inmate housing is provided by dormitory style units. Ancillary spaces include food service, recreation, education, central control, and programs. Medical services are provided at the adjoining Tonto Unit. Showers and commode areas have curtains and privacy panels. The facility has a rigid dress code where all inmates are dressed at all times when in the dorms except when showering.

The Graham Unit was originally established as the Safford Conservation Center in 1970. The primary emphasis was to provide inmate workers to fight forest fires. In later years, additional beds were added. The mission today is to still provide inmate workers for State and local government purposes.

Tonto Unit The Tonto Unit is a 310 medium security facility surrounded by a double fence with razor ribbon and an electronic intrusion system. The Unit has 3 dormitory structures for inmate housing. Ancillary spaces include central control, food service, religion, medical, programs, recreation, and education. Showers and commode areas have curtains and privacy panels. The facility has a rigid dress code where all inmates are dressed at all times when in the dorms except when showering.

Fort Grant The Fort Grant Unit has 748 minimum security beds and a 49 bed maximum security detention unit. Inmate housing (other than detention) is provided in 9 dormitory structures and 29 cottages that house between 11 and 15 inmates each. The Complex Detention Unit has 1 single and 24 double cells. Ancillary spaces include space for administration, programs, education, recreation, medical, central control, maintenance and warehousing. The detention unit is surrounded by a double high security fence and the main unit has a single fence that surrounds the facility. Showers and commode areas have curtains and privacy panels. The facility has a rigid dress code where all inmates are dressed at all times when in the dorms except when showering.

The history of Fort Grant is very interesting. It was established in 1885 to serve as a Fort for the US Calvary. Over the years, the facility was expanded to serve as the Arizona State Industrial School for male and female juvenile offenders. In 1973, the facility was converted to be an adult correctional facility.

Complex Facility ASPC-Safford also has an administrative unit that provides spaces for the management of the complex. Included are Complex Administration, Complex Operations and Complex Security.

Inmate programs provided by the Complex include inmate work, private sector prison industries, education, religion, medical services, and recreation. The facilities provide Work Based Education, AA degrees, and GED. Currently, the Safford Complex sends, on a daily basis, 215 inmates into the community working for State and local agencies. In the month of July, 2016, these inmates worked over 22 thousand hours.

The facility also has a very successful alliance with the Eastern Arizona College and graduates 56 inmates yearly with Associate degrees and 786 inmates with certificate. Self-improvement programs include Thinking for a Change, Culture Diversity, Self-Improvement classes, AA, NA, Cognitive Restructuring, Conflict Resolution, and Domestic Violence.

The facilities maintenance program is responsible for 203 separate buildings. Staff housing is also provided at each site.

The Correctional Officers provide security supervision.

Corizon Health Care (Medical contractor). The Medical/Mental Health program has 42 medical practitioners including doctors, nurses, dentists, etc, that provide inmate health care.

Trinity Food Service(contractor). The ASPC food service program has 28 employess plus inmate workers.

Keefe Commissary (Contractor). Keefe Commissary handles all property purchased through them and distributes it to the inmate population.

The facility has a clean and orderly appearance. The grounds are well manicured and the facility appears to be well maintained.

The correctional security program appears to be appropriate for the minimum/medium security classification. Numerous cameras are provided to enhance the security operation. Each Unit has a central control that monitors and controls all traffic moving into and out of the facility.

The facility has a zero-tolerance policy regarding sexual abuse of any inmate. The PREA information is provided to all inmates upon arrival at the facility. Posters and signs are available in all housing areas reminding them of how to report incidents of sexual abuse. This information is also included in each of the inmate handbooks.

The inmates interviewed indicated that they felt safe in the correctional environment provided by ASPC Safford.

Design capacity	1924
Actual Population (8/9/2016)	1585
Security/Custody level:	Minimum, Medium
Gender	Adult Male
Age Range	18-68

Number of full time staff:

Administration	7
Criminal Investigations Unit	3
Security	343
Programs	29
Other	105
Support	40
Total Facility	527

Medical (Corizon) 42 practitioners and 27 administrative staff

Food Service (Trinity) 28

SUMMARY OF AUDIT FINDINGS

The Pre-Audit Questionnaire provided by the facility indicated three allegations of staff sexual abuse and harassment and zero allegations of inmate sexual abuse. There were zero administrative investigations required, two Criminal Investigations related to sexual abuse, and one Criminal Investigation for harassment conducted at ASPC-Safford in the past 12 months.

The inmates indicated that they were aware of and understood the Agency's zero tolerance policy and what it meant for their protection. All received the information at intake and other PREA training and understood the multiple ways to report sexual abuse and harassment and how to protect themselves. The inmates were able to describe how to report, use of the hot line, and what they would do if they were abused. They indicated that they felt safe and there was an open communication line between themselves and the correctional officers.

The facility staff indicated that they were trained on PREA and what zero-tolerance actually means and how to enforce the PREA policies. They were very knowledgeable about their roles and responsibilities in the prevention, reporting, and response to sexual abuse and harassment of the inmate population. They all carried the first responder cards and knew very well the steps they must follow as a first responder.

The auditor interviewed by phone the SAFE/SANE nurse in charge of that program at the Tucson Hospital to confirm the ASPC agreement and to verify that the service would be available if needed. In addition, the auditor interviewed a contractor to verify that she had received the zero-tolerance policy and other training required by PREA.

It was determined that female staff were not always announcing their presence when they entered the inmate housing units. This issue was found non-compliant to the requirements of the standard and must be addressed by the facility to obtain compliance and a final report. The Arizona Department of Corrections and the ASPC-Safford developed a corrective action plan to comply with this requirement. The plan was reviewed and a site tour was conducted by the auditor. The standard is now in compliance

In summary, after review of all documentation, the results of the interview process and observations during the tours, the auditor determined that the ASPC Safford has made the requirements of PREA a very high priority by properly training their staff and inmate populations on the key components of PREA. The Warden and her top management staff displayed a very high commitment to the PREA process.

Overall Final Compliance Report for the ASPC-Safford:

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Number of standards not applicable:	2 (115.14& 115.66)

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

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

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

ASPC Safford has policies that mandate a zero tolerance for sexual abuse and sexual harassment of their inmate populations. These policies also present a plan to address prevention, detection, and response. The policies also includes the definitions of prohibited behaviors, sanctions and agency strategies and responses regarding sexual abuse and sexual harassment. The facility PREA Compliance Manager indicated that the facility follows all components of the DOC policy.

The ADOC employs a full time PREA Coordinator who reports to the AZDOC Inspector General Operations Manager and the facility assigns a Correctional Officer IV as the PREA Compliance Manager who reports to the ASPC Major. Both the Coordinator and Manager are listed on organizational charts and they both indicate that they have sufficient time to address the needs of PREA.

Policies, other evidence reviewed:

ASPC Safford Pre-Audit Questionnaire.

AZ DOC 125.02, .03, .04, .05, & .06, pg 3-14.

AZDOC Zero Tolerance statement.

ASPC organizational charts, interviews, and memos.

Interviews with PREA Coordinator & the PREA Compliance Manager confirm that the standard is met.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The ADOC currently has three contracts (MTC, GEO & CCA), developed since August 20, 2012, with private agencies to house prisoners. The three contracts require the contractors to comply with all provisions of PREA. A full-time ADOC monitor is assigned to each of the facilities under contract. ASPC Safford is not a contract facility.

Policies and other evidence reviewed:

Policies are found in AZ DO 106(Contract Beds) & 606 (Internal Inspections Program).

Sample Contracts with bid language.

ASPC Safford Pre-Audit Questionnaire.

AZDOC 2015 Contract Bid Information Spread Sheet.

Standard 115.13 Supervision and monitoring

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

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

The ASPC Safford has developed a staffing plan to safely meet the PREA and correctional needs. The plan has addressed all points annotated in the standard.

This plan involves always filling a list of mandatory positions to meet the post staffing requirements when vacancies occur. The facility used overtime/comp time or collapsing non-custody positions to meet a safe staffing mandate required by the ADOC. The facility reported no deviations from the custody staffing plan for the past 12 months.

The average daily population since August, 2012 and to which the staffing plan is based is 1775 inmates.

On December 15, 2015 the facility management team reviewed the staffing plan. The team addressed the staffing, video, and resource needs. The staffing plan was also reviewed by the agency PREA Coordinator.

Unannounced rounds of the facility are conducted for all shifts and are recorded by senior management staff. By DOC policy, the senior staff must spend 10 hours per week touring the facility. The policy also requires that the rounds shall be unscheduled, unannounced and staff are prohibited from alerting other staff that the rounds are occurring

The Auditor examined direct contact correctional staff vacancy rates for a 12 month period. The rate was 13 %.

Policies and other evidence reviewed:

AZDOC DO 524, pg 1-19.

DO 703, pg 1-6

DI 286, pg 1-7

Sample Safford Post Charts

Sample Safford Shift Calendars

Sample Inspection Tour Reports

Interviews with the Warden, PCM, and PREA Coordinator confirm that the practice follows the policies required.

ASPC Safford Pre-Audit Questionnaire.

Standard 115.14 Youthful inmates

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

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

Not Applicable

Since no inmate is under 18 years of age at ASPC Safford, the standard does not apply to the facility.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

ASPC-Safford has policies that do not allow their correctional staff to conduct cross-gender strip or visual body cavity searches of inmates. The facility reported zero instances where these types of searches had occurred. These searches can only be done by medical personnel or by staff in an emergency(must be documented). These policies were confirmed by the Warden and the Correctional Officers interviewed.

The facility has an all male inmate population.

All showers and commodes/urnials have protective walls & curtains that allow inmates a level of privacy. The inmates are required by policy to be wear their clothing at all times except when showering. The inmates interviewed indicated they were never naked in view of female staff.

Policies are in place to prevent staff (other than medical) to examine an inmate solely for the purpose of determining gender. The facility reported zero instances where these types of searches have occurred in the past 12 months.

The facility reported that 100% of the security staff has been trained in the correct procedure for these types of searches. This was verified by sampling of training plans, training files, and interviews.

It was determined that female staff were not always announcing their presence when they entered the inmate housing units. This issue is found non-compliant to the requirements of the standard and must be addressed by the facility to obtain compliance.

Corrective Action Required:

ASPC Safford has male inmates. When the housing unit staff changes from male to female, the female staff are required to announce their presence when entering the housing unit. This requirement can be met by additional training of staff and by placing signs annotating this requirement on the entrance doors of the housing units. The Corrective Action Plan (CAP) was developed by the DOC and reviewed by the auditor.

Verification of Corrective Action:

On October 11, 2016, the auditor and the PREA Coordinator for the AZ DOC made a return visit to ASPC Safford to review the facilities efforts in implementing the CAP. Housing units were toured, random interviews were conducted of both the inmates and staff, and observations were made of the announcements. The auditor interviewed 10 specialized staff, 23 correctional officers, and 41 inmates.

Based of the tour, interviews of both staff and inmates, it is determined that ASPC Safford is now fully compliant with the requirements of the standard.

Policies and other evidence reviewed:

DO 708, pg 6; DO 708.01, pg 8; DO 708.02, pg 10.

DO 125.01, pg 18; DO 125.02, pg 4.

DO 704.05, pg 5

DO 1101.15, pg 21

DO 810.02, pg 2; DO 810.03, pg 3.

Training Rosters, Search logs.

Interviews with Correctional Staff & inmates confirm that the standard is met.

ASPC Safford Pre-audit questionnaire.

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

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

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

AZDOC policies require that all inmates with special needs have an equal opportunity to understand and receive the benefits of the facilities efforts to prevent, detect, and respond to sexual abuse and harrassment. The facility has developed a variety of ways to ensure inmates with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, inmate handbooks, etc. are available in both English and Spanish.

Staff interpreters are available at all units to provide interpreter service. PREA posters are in inmate housing units and the information is available in the inmate handbook. This availability was confirmed verbally by the Warden. The auditor, based on observation of process and interviews of staff, believe that the requirements of the standard are met.

Inmate interpreters are not used. Only staff are authorized for this purpose.

The auditor interviewed two inmates that spoke limited or no English. Both understood the information about PREA and the zero tolerance policy on sexual abuse and harassment. Staff interpreters were provided for the interview.

Policies and other evidence reviewed:

DO 108, pg 3-4, 7-8

DO125.02, pg 3-4

DO 704.15, pg 20

DO 704.16, pg 20

DO 906.05, pg 6

DO 910.10, pg 18

Posters, inmate handbooks, certificates.

ASPC interviews of Agency Head, inmates who did not speak English, and random CO staff.

ASPC Safford Pre-audit questionnaire.

Standard 115.17 Hiring and promotion decisions

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

- Does Not Meet Standard (requires corrective action)

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

ASPC-Safford has an on-site HR position that manages the recruitment and hiring process. The AZDOC policies require job applicants to have background checks completed by looking at any issue of engaging in sexual abuse in a correctional facility, been convicted of sexual abuse, or adjudicated for engaging in this activity. If any issue is found, the applicant is prohibited from being hired or promoted.

The background checks are completed by the Background Investigation Unit (BIU) of the AZDOC. All contractors are screened by using the same process. The process also involves making contact with previous institutional employers for information on substantiated allegations of sexual abuse.

The facility reported 50 (100%) new employee/applicant background checks were made and 4 (100%) contractor background checks were completed in the past 12 months. Documentation and files were reviewed by the auditor to confirm the process.

AZDOC policies also require a 5 year re-check of all employees and contractors. This is also completed by the AZ BIU. The AZDOC policy does indicate that any employee/contractor misconduct, lack of reporting or false reporting is subject to the possibility of termination of employment.

The HR Manager also indicated that the BIU will respond to any request for information from an institutional employer seeking information on a former employee. Examples of this communication was provided.

Policies and other evidence reviewed:

DO125.06, pg 13.

DO125.07, pg 15-17.

DO504, pg 13-14.

DO602, pg 4, 10-11.

List of 5 year background checks on current employees.

ASPC-Safford Pre-audit questionnaire.

Interviews with HR Manager.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

ASPC-Safford has made several improvements since the last audit. The facility has added a canine kennel, remodeled several bathrooms, added new classrooms, and added several video cameras.

On the tour, the auditor observed cameras throughout the facility. The functionality and clarity were considered good.

The Warden indicated that any modification or expansion of existing facilities will consider the modifications impact upon the facilities ability to protect the inmates from sexual abuse. Areas such as blind spots, sight lines, and other spaces not under constant visual supervision are priorities for the addition of cameras.

Policies and other evidence reviewed:

ASPC Safford Pre-audit questionnaire.

List of modifications and improvements.

Interviews of the Agency Head and Warden.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Per policy, the ADOC Inspector General's Office will conduct all investigations. The units with the legal authority are the Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. Both the CIU investigator and the ADOC policy indicated they follow a uniform evidence protocol that is based on the National protocol.

The ASPC Safford offers all inmates a forensic examinations if sexually abused. The facility has an MOU with SAFE and SANE examiners using an outside health care provider (Southern Arizona Center Against Sexual Abuse(SACASA) and the Tucson Medical Center).

The facility conducted zero SAFE/SANE examinations during the last 12 months. These exams are at no cost to the inmate and are available at any time.

Victim advocates to provide services include the Mount Graham Safe House, SACASA, and one Safford employee who is certified to provide the service if required.

Policies and other evidence reviewed:

DO 125.05, pg 11.

DO125.06, pg 12.

DO 608.08, pg 2-4, 6-7.

ASPC Safford Pre-audit questionnaire.

Memos, employee advocate certificate, training curricula, MOU's.

Interviews of random CO's, SAFE/SANE staff, & PCM. There were no inmates who reported sexual abuse.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Per policy, the ADOC Inspector General's Office will conduct all investigations. The units with the legal authority are the Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation.

The three CIU staff available to ASPC-Safford have been NIC trained to meet PREA standards. The training certificates were reviewed by the auditor.

During the 12 month period, 3 allegations of sexual abuse and sexual harassment was received and all were referred for criminal investigation. All of the investigations were completed and documented.

There were zero administrative investigations.

The AZDOC policy for referral of all incidents for investigation is available on the ADOC website at azcorrections.gov.

Policies and other evidence reviewed:

Investigation reports.

ASPC-Safford Pre-audit questionnaire.

ADOC DO125.06, pg 11-12.

DO 601, pg 1-26.

DO 608, pg 1-10.

Interviews of the Agency Head & the CIU investigaton

Standard 115.31 Employee training

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

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

The staff training provided by ASPC Safford meets policy requirements of PREA. All points required by the standard are included in the training curriculum. The ADOC provides computer based training for PREA with electronic verification.

All ASPC employees, contractors and volunteers, are trained to meet the PREA standards. Since the last audit, 704 (100%) staff were trained.

The ADOC has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates the trainees understand the training presented. The interview process indicated that employees understood the materials presented. Refresher information is available in the employee handbook and in shift briefings.

The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well.

Policies and other evidence reviewed:

DO 125.10 , pg 17-19.

DO 509, pg 1-28.

DO810.03, pg 4.

Pre-service and In-service curriculum.

ASPC-Safford Pre-audit questionnaire.

Interviews of a random sample of staff & review of training records.

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates at ASPC Safford have been trained to understand the requirements of PREA and the zero tolerance policy. 100% of the 129 volunteers and contractors were trained about PREA and correctional requirements during the last 12 months. The training is based on the service level and inmate contact they provide. This was verified by examination of training records and the signatures that documented that they understood the training presented.

Interviews with the Food Service contractor verified that she understood the PREA requirements associated with being a contractor.

Policies and other evidence reviewed:

DO125.10, pg 19.

Volunteer/Contractor Training Plan.

Volunteer sign-in roster & application forms.

ASPC Safford Pre-audit questionnaire.

Interview with the Food Service contractor.

Standard 115.33 Inmate education

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

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

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

In the past 12 months, 1527 (100%) inmates admitted to ASPC Safford were trained on the principals of PREA within 30 days of intake. Provisions are made to assist those inmates with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, etc. are readily available to the population and are available in English and Spanish. Documentation is maintained for inmate attendance.

The two non-English speaking inmates interviewed, both indicated that they understood their rights under PREA.

Policies and other evidence reviewed:

DO 108, pg 7.

DO 125.02, pg 3-4.

DO 704, pg 20.

DO 802, pg 2.

Inmate assessment forms, handbooks, & orientation schedule.

Training rosters.

ASPC Safford Pre-audit questionnaire.

Posters, brochures, lesson plans.

Interviews with Intake staff & random sample of inmates.

Standard 115.34 Specialized training: Investigations

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

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

Per policy, the ADOC Inspector General's Office will conduct all investigations. The units with the legal authority are the Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation.

The three CIU staff available to ASPC-Safford have been trained to meet PREA standards. The training certificates were reviewed by the auditor. The training included interviewing sexual abuse victims, use of Garrity and Miranda, & evidence collecting.

The CIU Investigator indicated they use the Miranda warnings (AIU uses the Garrity warnings) and approved interviewing techniques. The Investigator was professional and very knowledgeable.

Policies and other evidence reviewed:
ADOC DO125 .10.1.4., pg 19.
ASPC Safford Pre-audit questionnaire.
Investigative staff training certificates from NIC.
The interviews with the CIU investigator.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Per ADOC policy, all Medical and Mental health providers are required to attend PREA training.

Documentation and the staff interviews indicated that all Medical and Mental Health Services staff have been trained in the requirements of PREA. 100% of the 42 Medical staff were PREA trained. The documentation is maintained by the ASPC and was provided to the auditor.

Forensic examinations are not conducted by the Corizon medical staff. These exams, if needed, are provided by a certified local health care organization provider (Southern Arizona Center Against Sexual Abuse and the Tucson Medical Center). The interview with the SAFE/SANE certified provider indicated that they perform the service for ASPC Safford on a 24/7 basis.

ADOC policy requires that all employees of Corizon receive the same Correctional training as all other DOC employees. This requirement was verified in the interview process.

Policies and other evidence reviewed:
DO 125.10, pg 17-19.
ASPC Safford Pre-audit questionnaire.
The interviews of Medical/Mental staff and review of training logs.

Standard 115.41 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Per ADOC policy and practice, all inmates upon admission or transfer shall be screened for risk of sexual abuse victimization and sexual abusiveness towards other inmates. 100 % of the 1985 inmates received by the ASPC Safford were screened for the risk of sexual abuse victimization or sexual abuse towards other inmates. This screening is accomplished using an objective screening instrument (Aims computer screen) and is accomplished within the first 24 hours of arrival. The screening document does ask questions to determine if any inmate might have any prior history as a sexual abuser and the responses scored. Based on the score and responses, a decision is made to safely house the inmate. Facility staff conduct the screening and the information is secured. The screening process and completed forms were reviewed by the auditor. The risk assessment documents of the ADOC are instruments that meets the PREA requirements.

The inmates are reassessed for the risk of sexual victimization or being sexually abusive based on any additional information received within the time frames required. The facility reported 1527 reassessments within 30 days of the initial screening. The information screen on the main frame computer is scanned at least 2 times per day looking for new information (Triggers) indicating new information has been received.

ADOC policies prohibit discipline of an inmate for refusing to answering questions in the screening process.

All information received on this process is considered sensitive and shall not be used by staff to the detriment of the inmate.

Policies and other evidence reviewed:

DO811.01, pg 1.

DO811.02, pg 3-4.

DO801.08, pg 34-37.

DO810, pg 2.

ASPC Safford Pre-audit questionnaire.

Sample Risk Assessment, Risk Screening & Retaliation Review Training slides.

The interviews of risk screening staff, random inmates, PREA Coordinator, & PREA Compliance Manager.

Standard 115.42 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

At ASPC Safford, the information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates safety. This documentation found on AIMS DC71 Screen is used to make decisions to place each inmate in appropriate housing, work, education, and program assignments. The placement decisions are made by a classification committee.

In making assignment decisions for transgender or intersex inmates, the decisions are made on a case-by-case basis and reassessed twice each year. They are also given the opportunity to shower separately if desired and their personal views as to their safety is given serious consideration. The AZ DOC does not place transgender or intersex inmates in dedicated units, however, a AZDOC Central Office committee makes placement decisions based on the needs and desires of the inmate.

Policies and other evidence reviewed:

DO 704.08, pg 10.

DO 801, pg 1-22.

DO 810, pg 3.

AIMS DC71 Screen.

Inmate Victimization and Abusiveness Screening form.

ASPC Safford Pre-audit questionnaire.

The interviews of risk screening staff, Transgender Inmate, PREA Coordinator, & PREA Compliance Manager.

Standard 115.43 Protective custody

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

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

ADOC policies prohibit the placement of inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of alternatives has been made. If any inmate would be placed in segregation for protection, they would be offered a Functional Literacy Program and other privileges to the extent possible. They are advised of these limitations and the duration.

The facility reported zero inmates were held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any inmate in segregation.

Policies and other evidence reviewed:

DO125.02,pg 4.

DO125.06, pg 11.

DO 804.01, pg 1-4.

DO 805.01, pg 1.

DO 805.08, pg 9.

ASPC Safford Pre-audit questionnaire.

The interview of the Warden and Segregated housing staff. There were no inmates that were housed in segregated housing as a victim of sexual abuse.

Standard 115.51 Inmate reporting

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

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

The ADOC has several ways that an inmate can report sexual abuse/harassment, retaliation, or staff neglect. They can report any incident to any staff person, write a grievance or report, write letters, use an inmate hot line, or notify a third person. The inmate hot line is connected to a private entity and they can also inform SACASA, a private entity.

Staff are required to document verbal reports immediately and forward to supervisor.

Staff are informed of how to report privately any sexual abuse or harassment. They can verbally discuss sexual abuse/harassment with chain of command/supervisors in a private setting. They can also report in writing, via Information Report Form, email, memo, etc. Staff are informed of these requirement with required PREA training and employee handbooks. The staff understanding of this process was verified in the interviews.

No inmates are held for civil immigration purposes at the facility.

Policies and other evidence reviewed:

DO125.03, pg 7-8.

DO 501, pg 1.

DO 527, pg 1-3.

DO 608.08, pg 6.

DO 802.09, pg 7.

DO 805.01, pg 1-2.

DO 916.01. pg 1.

ASPC Safford Pre-audit questionnaire.

PREA Training curriculum for FY 16 & 17, employee handbook.

The interviews of random inmates, random CO staff & PREA Compliance Mgr.

Standard 115.52 Exhaustion of administrative remedies

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

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

The ADOC has an inmate grievance process that meets the requirements of PREA. The process allows the inmate to file an written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary.

By policy, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint. The facility will not refer the grievance to the staff member who is the subject of the complaint. There is no time limit for the filing of a sexual abuse or sexual harassment grievance.

In the past 12 months, there were zero grievances filed concerning sexual abuse or harassment. If any were received, the grievance would be completed within 90 days and the inmate would be notified of the decision. DOC policy allows third party assistance to inmates in the grievance process. If the inmate declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If

received, the grievance is immediately addressed. AZDOC policy requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within 5 calendar days. Policy does limit any sanctions to an inmate who filed the grievance in bad faith. In the past 12 months, there were zero emergency grievances filed concerning sexual abuse or harassment. The process is well defined in the inmate handbook and would be used by the inmate if necessary.

Policies and other evidence reviewed:

DO 802.09, pg 7-8.

ASPC Safford Pre-audit questionnaire.

Inmate handbooks.

There was no inmate at the facility who reported a sexual abuse.

Standard 115.53 Inmate access to outside confidential support services

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

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

The ASPC Safford provides to the inmates, confidential access to outside victim advocates by providing the name of the organization, toll free telephone numbers, bulletin board posters, and the information is in the inmate handbook for each unit at the facility. The victim advocate service includes in-person support services to the victim through the forensic medical exam process as well as the investigatory interview process and at no charge to the inmate.

The facility maintains agreements with the Southern Arizona Center for Sexual Abuse, Mount Graham Safe Home, and they have a staff person that is certified to provide these services. The facility also informs the inmates of the limits to confidentiality and does provide for reasonable confidential communication between the inmate and the provider.

The facility does not hold inmates for civil immigration purposes. These agreements were provided in the Pre-Audit questionnaire.

Policies and other evidence reviewed:

DO 125, pg 11.

DO 914, pg 2-10.

DO 915, pg 8-10.

ASPC Safford Pre-audit questionnaire.

Inmate handbooks, provider MOU's.

List of State wide advocate centers.

Interview of Random inmates & and an inmate who reported a sexual abuse.

Standard 115.54 Third-party reporting

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

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

The ADOC has a Constituent Services website (corrections.az.gov) for third party reporting of inmate sexual abuse and harassment. The website provides information of how to report allegations and contains all ADC policies.

Inmates may also write to the ADOC Inspector General Bureau in regard to any sexual abuse or harassment.

Policies and other evidence reviewed:

ADOC 125.03. pg 8.

Inmate Handbooks.

ASPC Safford Pre-audit questionnaire.

Standard 115.61 Staff and agency reporting duties

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

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

The ADOC has policies that require all staff to immediately report any incident of sexual abuse/harassment and retaliation againsts inmates or staff. The policies also address the need to maintain confidentially.

In the interview process, the staff displayed excellent knowledge of the reporting process.

Senior management staff has been assigned the task to monitor possible retaliation and the monitoring

must be recorded. The staff are required to maintain confidentiality of all reports except for those in the need to know.

All ASPC Safford staff including medical and mental staff are required to report all sexual abuse allegations. Medical/Mental Health staff inform the inmate of their duty to report. The facility reports all allegations to the ADOC CIU.

All staff are informed of the importance of confidentiality being maintained in the reporting process.

No inmate is under the age of 18 at ASPC Safford.

Policies and other evidence reviewed:

DO125.01, pg 3.

DO125.03, pg 4 & 6.

DO125.04, pg 9.

DO125.09, pg 17.

ASPC Safford Pre-audit questionnaire.

Interviews with Warden, random staff, medical/mental health staff, & PREA Coordinator.

Standard 115.62 Agency protection duties

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

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

Policies require all ASPC Safford staff to immediately take steps to protect an inmate who is the subject of imminent sexual abuse. There has been zero incidents of this action being required in the past 12 months.

Policies and other evidence reviewed:

ADOC DO 805.01,1.2., pg 1.

ASPC Safford Pre-audit questionnaire.

Interviews with Warden, Agency Head, and random CO staff.

Standard 115.63 Reporting to other confinement facilities

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

The ASPC Safford has a policy that requires notification of another facility when they learn of an inmate that had been sexually abused at that other facility. If received, a Significant Incident Report (SIR) would be completed and sent to the Warden, CIU (for investigation), and the AZ PREA Coordinator within a 72 hour period. The incident would be investigated, proper action taken and the other facility would be notified.

In the past 12 months, the ASPC Safford received zero allegations of sexual abuse that an inmate received at another facility.

ASPC Safford also received zero allegations of sexual abuse that happened at the ASPC from other facilities.

Policies and other evidence reviewed:

ADOC DO125.03, pg 9.

DO 608.02, pg 9.

ASPC Safford Pre-audit questionnaire.

Interviews with Agency Head designee & Warden.

Standard 115.64 Staff first responder duties

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

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

AZDOC policies address the first-responder duties required in the PREA standard. The practices to these policies were verified by the responses from the staff being questioned in the interview process. All ASPC Safford staff are provided training on the 4 staff responder actions required in the event of a sexual abuse. This would include all security and non-security staff that might be a first responder. The non-security staff

person would ensure that the alleged victim not take any action that might destroy physical evidence and then notify security staff.

The security staff interviewed were well informed on the actions required in the event of a sexual abuse/harassment report from an inmate. The CO staff carried their first responder cards which listed the steps to be taken in response to any sexual abuse or harassment incident.

In the past 12 months, 2 allegations of sexual abuse from an inmate were recorded. None of these involved security staff who were first responders and none required the collection of physical evidence. The two reports were reviewed by the auditor and the reports indicated that the staff followed the correct procedures required by PREA.

Policies and other evidence reviewed:

DO125.03, pg 4-6.

DO 125.04. pg 9.

ASPC Safford Pre-audit questionnaire.

Interviews with random CO staff. There were no inmates who reported a sexual abuse.

Standard 115.65 Coordinated response

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

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

A written institutional plan for a coordinated response to any incident of sexual abuse was available at ASPC Safford. The facility has site adopted ADOC Policy DO125 to address the coordinated response requirements. The plan addresses the ASPC local requirements and meets the requirements of PREA.

The plan address the coordination of first responder staff, the PREA Compliance Manager, control center, medical and mental health staff, CIU investigators, the victim advocate/inmate victim representative, and the facility management staff. The plan meets the requirements of both the ASPC and PREA.

Policies and other evidence reviewed:

ADOC DO 125, pg 1-21.

ASPC Safford Response Plan (updated 9 August, 2016).

ASPC Safford Pre-audit questionnaire.

Interviews with Warden.

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

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

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

Not applicable.

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

Policies and other evidence reviewed:
ASPC Safford Pre-Audit Questionnaire.

Standard 115.67 Agency protection against retaliation

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

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

The ASPC Safford has policies that protect inmates and staff who report sexual abuse/harassment from retaliation.

In the event retaliation is reported, AZ policies provide for a Special Review Team (SRT) to review and monitor all incidents of retaliation. The team consist of the Captain, COIV, and a COIII at each Unit.

Any monitoring required will be promptly conducted for a minimum of 90 days or longer if needed. The facility would employ a variety of methods such as housing change, removal of abuser, or other means to protect the inmate or staff victim.

This policy would also protect anyone who assisted in any investigation. The policies require periodic status checks designed to protect an individual from retaliation.

The ASPC reported no instances of retaliation in the past 12 months.

Policies and other evidence reviewed:

DO125.01, pg 9.

DO 811.02, pg 5.

ASPC Safford Pre-audit questionnaire.

Interviews with Agency Head designee, Warden, & SRT member. There were no inmates who reported sexual abuse or abuse victims in segregation to interview.

Standard 115.68 Post-allegation protective custody

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

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

ADOC has policies that govern the use of involuntary inmate segregation for the purpose of protecting an inmate abuse victim . None are placed in segregated housing involuntary without an assessment of all available alternatives. These policies meet the PREA requirements.

The ASPC reported that no inmates who reported sexual abuse were held in involuntary segregation in the past 12 months.

Policies also dictate if an involuntary segregated assignment is made, the facility affords each inmate a review every 30 days and the inmate programs would be continued to the extent possible. This was verified in the interview process.

Policies and other evidence reviewed:

DO125.02, pg 4.

DO125.06, pg 11.

DO 804.01, pg 1-2.

DO 805 .01, pg 1.

DO 805.08, pg 9.

ASPC Safford Pre-audit questionnaire.

Interviews with Warden & Segregation unit staff. There were no inmates in involuntary segregation.

Standard 115.71 Criminal and administrative agency investigations

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

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

Per ADOC policy, the ADOC CIU and AIU will conduct all investigations. In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation.

The three CIU staff assigned to ASPC-Safford have been trained to meet PREA standards. They are State approved Law Enforcement officials and will promptly and thoroughly investigate each allegation.

Administrative Investigations are conducted by the AZ AIU unit within the Inspector General’s office. No cases of their involvement were reported.

The CIU Investigator interviewed was professional and very knowledgeable. He indicated their investigative process was thorough by collecting all evidence, interviewing witnesses, perpetrators, victims, etc. Reports are documented and cases are referred for prosecution if necessary. The creditability of the person being interviewed shall be assessed on an individual basis. Polygraph tests for PREA cases are not authorized.

The facility reported zero substantiated allegations that were referred for prosecution since the last audit.

Policies require written reports to be developed and retained per PREA and ADOC requirements. Should a victim or abuser (staff or inmate) resign or be transferred to another facility, the case will continue to be investigated.

Policies and other evidence reviewed:

DO125.01, pg 3.

DO125.06, pg 12.

DO 501.01, pg 1-2.

DO601, pg 1-21.

DO 608.pg 1-10

ASPC Safford Pre-audit questionnaire.

CIU Training certificates from NIC.

Interviews with investigative staff. There were no inmates who reported a sexual abuse.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The ADOC policy and the CIU investigator interviewed indicated they use the preponderance of the evidence as a standard for determining the substantiation of a case.

Policies and other evidence reviewed:

AZDOC DO 125.06, 1.12.1. pg 14.

ASPC Safford Pre-audit questionnaire.

Interviews with investigative staff.

Standard 115.73 Reporting to inmates

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

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

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

In the past 12 months, two allegations of abuse from inmates were investigated. Both were completed and

the inmates were advised of the results. The reports were documented.

There were no substantiated or unsubstantiated complaints directed towards staff in the past 12 months. There were no substantiated or unsubstantiated complaints of inmate on inmate sexual abuse in the past 12 months.

Should there be a complaint against staff, the inmate would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

Policies and other evidence reviewed:

DO 608.08, pg 7.

ASPC Safford Pre-audit questionnaire.

Interviews with Warden & investigative staff. There were no inmates who reported a sexual abuse.

Standard 115.76 Disciplinary sanctions for staff

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

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

The ASPC Safford has disciplinary sanctions for staff up to and including termination for violating sexual abuse/harassment policies. In the past 12 months, the facility had zero cases where an employee was terminated for sexual abuse of an inmate.

The facility also has policies for staff that are being investigated for unlawful sexual acts and harassment short of criminal actions that require management review and appropriate action. The ASPC had no staff disciplined or terminated for violation of these policies in the past 12 months.

All terminations or resignations of staff who violate the DOC sexual abuse policy shall be reported to law enforcement unless the action was clearly considered not criminal. No staff have been reported in the past 12 months.

Policies and other evidence reviewed:

DO 125.01, pg 2.

DO 125.06, pg 13-14.

DO 501.01, pg 1-2.

DO 601 Attachment C.

ASPC Safford Pre-audit questionnaire.

Standard 115.77 Corrective action for contractors and volunteers

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

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

ASPC Safford has disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. Any contractor or volunteer who engages in sexual abuse shall be reported to law enforcement, their relevant licensing bodies, and prohibited from contact with inmates, if their action was considered criminal. If considered sexual harassment, the facility will take appropriate remedial actions.

The facility reported zero cases where a contractor employee was terminated or reported to law enforcement for engaging in sexual abuse of inmates.

Policies and other evidence reviewed:

DO 125.01, pg 1-2.

DO125.06, pg 12.

DO 204.08, pg 5-6.

DO 205, pg 1-6.

ASPC Safford Pre-audit questionnaire.

Interview with Warden.

Standard 115.78 Disciplinary sanctions for inmates

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

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

The ASPC has a formal disciplinary process that includes sanctions following a administrative finding of inmate-on-inmate sexual abuse. These sanctions are commensurate with the inmate’s disciplinary and mental health history and comparable to other inmate sanctions. Therapy, counseling sessions, etc., are offered to the inmate. Treatment is also offered to those found guilty.

Policies state that inmates are disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Inmates who knowingly and intentionally make false accusations about a sexual abuse are subject to disciplinary actions.

The ADOC does not permit sexual activity between inmates.

The facility reported zero cases of administrative or criminal finding and guilt of inmate-on-inmate sexual abuse in the past 12 months.

Policies and other evidence reviewed:

DO 125.01, pg 2-3.

DO125.05, pg 11.

DO923, pg 1-4.

DO801.02, pg 2-3.

DO803.08, pg 14-15.

DO809, pg 1-5.

ASPC Safford Pre-audit questionnaire.

Interviews with Warden and Medical/Mental Health staff.

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

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

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

AZDOC policies require that all inmates (100%) who disclosed prior sexual victimization during initial

screening be offered a follow-up meeting with medical and mental health. The meeting is required within 14 days of the initial screening.

The same policy also applies to inmates who perpetrated sexual abuse.

Medical/MH maintain secondary forms such as MH Assessment forms, screening forms, etc.

Documentation is securely maintained by Med/MH staff.

Information found is strictly limited to medical, mental health, and management staff. The information provided to management staff is required to develop treatment plans, where to house, program assignments, etc.

Informed consent is obtained by Med/MH staff.

Policies and other evidence reviewed:

DO 125.04, pg 9.

DO 125.05, pg 11.

DO 1104, pg 1.

ASPC Safford Pre-audit questionnaire.

Medical Informed Consent Form, 1103-18.

Interviews with Risk Screening staff & Medical/Mental Health staff.

Standard 115.82 Access to emergency medical and mental health services

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

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

The medical program at ASPC Safford is staffed 24 hours per day, 7 days per week. All inmates who report to be sexual abused have immediate & unimpeded access to medical treatment & crisis intervention services which is provided by the medical staff/MH according to their professional judgement.

Secondary material are maintained by medical/MH to document these services were provided in a timely manner.

The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, receiving information about any disease, and at no cost to the inmate regardless of guilt.

Security first responders are also trained to protect any inmate victim and make contact with medical.

Policies and other evidence reviewed:

DO 125.03, pg 5-6.

DO 125.04, pg 8-10.

DO125.05, pg 11.

DO 608.08, pg 7.

ASPC Safford Pre-audit questionnaire.

Interviews with Medical/Mental Health staff & security staff. There were no inmates who reported a sexual abuse.

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

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

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

ASPC Safford provides medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. ASPC Safford is an all male inmate facility.

The inmate victims of a sexual abuse are offered tests for sexually transmitted disease as medically appropriate. These services are at no cost to the inmate. Inmate abusers are also offered mental health evaluations and treatment when deemed appropriate by MH within a 60 day of learning of the abuse.

Policies and other evidence reviewed:

DO 125.04, pg 9-11.

DO 608.08, pg 7.

ASPC Safford Pre-audit questionnaire.

Interviews with Medical/Mental Health staff. There were no who reported a sexual abuse.

Standard 115.86 Sexual abuse incident reviews

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

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

The ADOC policies require that all incidents of sexual abuse are thoroughly reviewed by incident review teams at each Unit.

The team includes the Deputy Warden, Chief of Security, COIV, PREA Compliance Manager, with input from the Investigator, Medical/MH and a line Supervisor from each of the three Units. Reports are developed about the incident and then reviewed by the Warden and ADOC PREA Coordinator. The team is required to review and make recommendations for improvements within 30 days of the incident. The team's recommendation shall be implemented by the facility or state reasons for not doing so.

The facility reported zero sexual abuse investigations followed by a incident review report was required in the past 12 months.

Policies and other evidence reviewed:

DO 125.06, 1.13, pg 14-15.

ASPC Safford Pre-audit questionnaire.

Interviews with Warden, PREA Compliance Manager, & members of incident review team.

Standard 115.87 Data collection

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

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

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

Policies and other evidence reviewed:

DO 125.08, pg 16-17.

DO 105, pg 1-10.

ASPC Safford Pre-audit questionnaire.

ADC PREA Allegations & Collection Instrument definitions.

ADC Sexual Assault Procedure Checklist, Form 125-1

Standard 115.88 Data review for corrective action

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

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

The ADOC collects sexual abuse data from all facilities and aggregates into an annual report. The 2014 report is available on the web at azcorrections.gov. The 2014 report compares data from the 2014 report to the 2012 and 2013 reports. The reports provide an analysis and corrective actions implemented.

The reports are approved by the Director of the Arizona DOC. The 2014 AZ PREA Report was reviewed by the auditor.

Policies and other evidence reviewed:

DO 201, pg 2-3.

ASPC Safford Pre-audit questionnaire.

Director approval memo, 2014 Annual Report

2014 AZDOC Annual PREA Report with data comparisons to 2013 & 2012 Reports

ADC 2014 Sexual Assault Incident Reviews Report.

Interviews with Agency Head designee, PREA Coordinator, PREA Compliance Manager.

Standard 115.89 Data storage, publication, and destruction

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

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

The ADOC Inspector General’s office collects and securely retains sexual offense data for a period of at least 109 years according to State Records Retention schedules. This data is compiled from reports of all its facilities. This information is a public document and is readily available to the public on corrections.az.gov. Per DO 201, pg 7, personal identifiers are redacted from the documents.

Policies and other evidence reviewed:

DO 125.06, pg 12.

DO 103, pg 1-12.

DO 201, pg 1-7.

Interviews with PREA Coordinator.

AUDITOR CERTIFICATION

I certify that:

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

Jack Falconer

12 October, 2016

Auditor Signature

Date