

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 10 May, 2016

Auditor Information			
Auditor name: Jack L. Falconer			
Address:			
Email:			
Telephone number:			
Date of facility visit: 18-21 April, 2016			
Facility Information			
Facility name: Arizona State Prison Complex-Florence			
Facility physical address: 1305 E Butte Ave., Florence, AZ 85132			
Facility mailing address: (if different from above) PO Box 629, Florence, AZ 85132			
Facility telephone number: 520-868-4011			
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: Greg Fizer			
Number of staff assigned to the facility in the last 12 months: 896			
Designed facility capacity: 4224			
Current population of facility: 4005			
Facility security levels/inmate custody levels: Minimum, Medium, Close, Maximum			
Age range of the population: 18-94			
Name of PREA Compliance Manager: Debbie Mendoza		Title: Correctional Officer IV, PCM	
Email address: dmendoza@azcorrections.gov		Telephone number: 520-868-4011	
Agency Information			
Name of agency: Arizona Department of Corrections			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 1601 W. Jefferson, Phoenix, AZ 85007			
Mailing address: (if different from above) 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-Florence was conducted on April 18-21, 2016. The prison is a 4224 bed prison operated by the Arizona Department of Corrections. It is located in Florence, 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".

Preparation for the audit included a review of the Pre-audit questionnaire and other documentation materials submitted by the ASPC. The documentation included Arizona Department of Corrections policies and procedures, forms, training curriculum, organizational charts, and other PREA related information that the facility uses to implement the PREA standards. 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. Responses were reviewed prior to the on-site visit.

The facility documentation also included staff and inmate rosters. The rosters were used to select inmate and staff names for the interview process.

For the interview process, the auditor randomly selected from each of the 42 ASPC-Florence housing units, the inmate names. Inmate names were selected at random (ethnic groups were included). 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 list of other inmate categories that must be interviewed. These included disabled inmates, LBGTI inmates, inmates in segregation for protection, inmate who reported sexual abuse, and an inmate who disclosed being a victim during risk screening. The facility selected the inmates that met the requirements and the inmates from these categories were interviewed.

Additionally, a random sample of 17 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 policies, how to respond to PREA incidents, and a variety of other questions.

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

The auditor interviewed 80 staff and inmates during the PREA audit. 45 random and other category inmates from the housing units, 14 specialized staff, 4 management staff, and 17 random 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:

Greg Fizer, Warden
Debbie Mendoza, CO IV Complex PREA Manager
Mike McCarville, PREA Compliance Coordinator
Jack Falconer, Auditor
In addition, 12 ASPC management staff attended.

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

After the entrance brief, the tour of the ASPC Florence was started. The ASPC has five separate units which include the Globe Unit, South Unit, North Unit, East Unit, & Central Unit. 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 location, and many other areas must be examined. The auditor toured each of the Units and was accompanied by the Deputy Warden of each Unit, the Arizona PREA Coordinator, the Facility PREA Compliance Manager, and others.

The tour started at the Globe Unit which is located near the city of Globe, Arizona. The tour was completed and eight interviews (four Inmates and four staff) were conducted.

The tour group returned to the ASPC Florence and the South Unit was toured and nine interviews were made.

On the second day of the audit, the North and East Units were examined and a number of interviews were conducted.

The auditor interviewed five Correctional Officers and ten Inmates at the North Unit, and nine Inmates and three Correctional Officers at the East Unit.

On the third day, the Central and the Kasson Unit were toured and a number of interviews were made. The auditor interviewed nine Inmates at the Central Unit and at the Kasson Unit, two Inmates and 5 Staff were interviewed.

On the fourth day, the remainder of the interviews were made and the Exit Brief was held. Thirteen Staff and one contractor were interviewed. The Exit Brief was held for an acting Warden and several of the ASPC staff. 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

The Arizona State Prison Complex-Florence is a multi-site facility located in Florence, Arizona that is operated by the Arizona Department of Corrections (ADC). There are five (5) separate Units included in this complex (see list below). The complex has a design capacity of housing 4,224 male inmates and currently has a population of 4,005 inmates of minimum, medium, close and max custody levels with ages ranging from 18 years to 94 years.

Central Unit

This Unit, referred to as “The Walls” opened in 1908, houses Close and Maximum custody offenders with a capacity of 1,181 beds in a cell environment. The Central Unit has 9 cell houses and 3 Health Units.

The oldest “Cell Block” still housing inmates dates back to 1930 and was constructed using inmate labor. This cell block has been referred to by many colorful and endearing nicknames over the years, but is officially known as CB-2.

Although a maximum custody facility, Central Unit has implemented several programs in recent years which afford inmates a way to begin reintegrating in to lower custody units as well as back in to society.

In 2009, the Max Phase program was implemented. In this program inmates participate in large group recreation in a field setting, as well as having meals in the dining hall as a group. In addition, they have the opportunity to participate in the WIPP job program, career and technical education including a Horticulture college course taught by Central Arizona College instructors, contact visitation, as well as numerous self improvement programs. Central Unit team is committed to making a difference. All inmates participating in these programs are screened and selected based on their ability to maintain positive behavior and willingness to program. These programs have elicited a positive effect on inmates assigned to maximum custody facilities through the incentives awarded.

East Unit

This Unit, opened in 1983, as a 10 year temporary unit, with buildings donated by the Federal Government from military surplus. The unit consists of 3 dormitory buildings and 44 Quonset huts housing 726 medium Custody Inmates.

The inmates are assigned to various jobs to support and maintain the facility including, cleaning porter, inmate barber, kitchen worker, sanitation, maintenance, landscaping, educational aide and library worker. East Unit also has inmates employed by Arizona Correctional Industry (ACI) in the Bedding Division at the Unit, which produces mattresses, pillows, laundry bags and various special project items for all of the ADC facilities and the State's Juvenile Corrections facilities. Programming consists of academic education, career and technical education including a building maintenance college course taught by Central Arizona College instructors as well as numerous self improvement programs such as *Thinking for a Change* (a cognitive behavior program), *Merging Two Worlds* (a program designed to prepare inmates for release), Cultural Diversity, domestic violence, AA/NA (which are facilitated by volunteers from AA/NA). East Unit offers substance abuse classes taught by a licensed substance abuse counselor. East Unit also has a Peer Mentor group of inmates that teach other inmates what they have done that has been successful to change their lives and move in a positive direction.

North Unit

This Unit is a 1116 bed minimum custody yard. Three separate yards consisting of the main yard (yard 1) which houses 496; Yard II located across the street (Butte) which houses 220; and Yard III which consists of the North and South tents housing 200 each for a total of 400.

The inmates are assigned to various jobs to support and maintain the facility including, cleaning porter, laundry porter, inmate barber, kitchen worker, sewing machine operator, sanitation, maintenance, landscaping, educational aide and library worker. North Unit also supplies outside workers to assist the community in IGA jobs to include, Hickman's Farms, ADOT, Town of Florence, and Town of Apache Junction. North Unit also has inmates employed by ACI, at the Warehouse located just outside the Unit, which transports ACI products around the State. In partnership with Central Arizona Community College and the Bureau of Land Management, North Unit offers an automotive class and has a Wild Land Fire Crew, giving North Unit inmates the opportunity to gain a marketable skill that they and their families can benefit from upon release. Programming consists of academic education, career and technical education including H/VAC and Automotive college courses taught by C.A.C. instructors as well self improvement programs including *Thinking for a Change*, *Merging Two Worlds*, *Cultural Diversity*, *Money Management* and *Peer Mentoring program*.

South Unit

South Unit was constructed in the late 1970's. The unit was initially constructed with ten dorms for housing the inmate population. Each dorm was named after some famous Arizona plants (Mesquite, Saguaro, Palo Verde, Cactus, Yucca and Ocotillo) and some famous Americans, (Lincoln, Kennedy, Roosevelt and Ira Hayes).

South Unit is a medium Custody sex offender unit with a maximum capacity of 965 inmates. The inmates are assigned to various jobs to support and maintain the facility including, cleaning porter, shower porter, laundry porter, inmate barber, kitchen worker, sanitation, maintenance, landscaping, educational aide and library worker just to name a few. South unit has inmates employed by ACI, Woodshop and Metal Fabrication. Career and Technical education includes a woodworking college course taught by Central Arizona College instructors. Numerous self improvement programs are also taught to include *Thinking for a Change*, *Merging Two Worlds*, *Cultural Diversity*, *Parenting in Prison*, *12 steps*, *Life Skills*. This unit also includes an S.O.E.T.P. (Sex Offender Education and Treatment Program) that is run by a licensed Psych. Associate employee.

Globe Unit

Globe Unit is a 302 bed minimum custody dormitory style unit that provides a viable labor force for city, county and state agencies in the local area. The 4 dormitory unit was originally opened as a juvenile facility with the population transition to adult occurring in 1991.

In addition, inmates work to support and maintain the facility to include, building porters, shower porters, inmate barbers, kitchen workers, sanitation, maintenance, landscaping, educational aide and library worker. Programming consists of participation in the classroom series *Courage to Change*, *Anger Management*, *Life Skills*, *Parenting in Prison*, *12 Steps*, *Thinking for a Change* and *Re-Entry*.

Corizon Health Care (Contractor)

The Corizon program has 314 medical employees including doctors, nurse practitioners, dentists, psychiatrists, nurses, and support staff that provide the inmate health care at Florence complex on a 24/7 basis.

Trinity Food service (Contractor)

The Complex Food program has 106 Trinity staff and uses inmate work crews. The food program handles all food purchasing, warehousing and distribution for the Complex.

Keefe Commissary (Contractor)

The Keefe Commissary program has 22 staff and uses inmate work crews. Keefe Commissary handles all property purchased through them and distributes it to the inmate population.

Operational Capacity:	4224
Actual Population (4/18/2016)	4005
Security/Custody level:	Minimum, Medium, Close, Maximum
Gender	Adult Male
Age Range	18-94

Number of full time staff:

Administration	21
Criminal Investigations Unit	10
Security	921
Programs	44
Education	10
AZ Correctional Industries	57
Human Resources	5
Religion	5
Support	37
Medical (Corizon)	314
Food Service (Trinity)	106
Keefe (Commissary)	22
Physical Plant	24
Total Facility	1576

The security perimeter varies at each of the facilities. The Central Unit has concrete walls and the other units utilize fencing and razor ribbon wire. 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 very 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 maximum to minimum security classification. Correctional Officers provide the security supervision. The inmates interviewed indicated that they felt safe in the correctional environment provided by ASPC Florence.

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.

SUMMARY OF AUDIT FINDINGS

The Pre-Audit Questionnaire provided by the facility indicated six allegations of staff sexual abuse and four allegations of inmate sexual abuse. There were zero administrative investigations required and ten Criminal investigations related to sexual abuse or harassment conducted at ASPC-Florence in the past 12 months.

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

In summary, after review of all documentation, the results of the interview process and the observations during the tours, the auditor determined that the ASPC Florence 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 his top management staff displayed a very high commitment to the PREA process.

It was clear to the auditor that Arizona Department of Corrections and the ASPC-Florence policies and practices are very good and address the requirements of PREA

Overall Final Compliance Report for the ASPC-Florence:

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.

ADOC has policies that mandate a zero tolerance for sexual abuse and sexual harassment of their inmate populations. The facility PREA Compliance Manager indicated that the facility follows all components of this standard.

The policies also present a plan to address prevention, detection, and responses of the zero tolerance policy for all employees. The policies includes the definitions of prohibited behaviors, sanctions and agency strategies and responses regarding sexual abuse and sexual harassment

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

Policies, other evidence reviewed:

ASPC Florence Pre-Audit Questionnaire.

AZ DOC 125.02, .03, .04, .05, & .06.

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. Both 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 Florence is not a contract facility.

Policies and other evidence reviewed:

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

ASPC Florence Pre-Audit Questionnaire

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 Florence has developed a staffing plan to safely meet the PREA and correctional needs. This plan involves always filling a list of mandatory positions to meet the necessary post staffing requirements when vacancies occur. The facility used overtime/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 4041 inmates.

On February 23, 2016 the facility reviewed the staffing plan and provided a POA to update their plan

Unannounced rounds are conducted for all shifts and are recorded by senior management staff.

The Auditor examined direct contact correctional staff vacancy rates for an 18 month period beginning November, 2014 thru April, 2016. The rate was 9.034 %.

Policies and other evidence reviewed:

AZDOC DO 524, DO 703.01, DO 703.2, DI 286, & DOC Form 286.

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

ASPC Florence 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 Florence, 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-Florence 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). The facility has a male inmate population. These policies were confirmed by the Warden and the Correctional Officers interviewed.

All showers and commodes/urnials have protective walls & curtains that allow inmates a level of privacy. Opposite gender staff announce their presence when entering the inmate housing units. This policy was confirmed by interviews of inmates and CO 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.

Policies and other evidence reviewed:

AZ DO 125.01, 125.02, DO 704.05, DO 708.01, 708.02, ARS 13-1419, DO 810.02.

Training Rosters, Search logs.

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

ASPC Florence 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. ASPC-Florence 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.. The facility also provides electronic signing equipment for any deaf offender. PREA posters are in inmate housing units and the information is available in the inmate handbook. This information 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 prohibited in all situations.

The auditor did interview an inmate that was disabled. He indicated that he understood the information about his rights and the zero tolerance policy about sexual abuse and harassment.

Policies and other evidence reviewed:

DO 108, 125.02, DO 704.16 & DO 906.05.

DO 704.15, DO 910.10.

Posters, inmate handbooks, certificates.

ASPC interviews of Agency Head, inmate with a disability, and random staff.

ASPC Florence 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-Florence has an on-site HR position that manages the recruitment and hiring process. The AZDOC policies require job applicants to have background checks completed looking at any issue of prior sexual misconduct. The background checks are completed by the BIU Division of the AZDOC. All contractors are screened by using the same process.

The facility reported 93 (100%) new employees/applicants background checks were made and 6 (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 BIU. The AZDOC policy does indicate that any employee/contractor misconduct 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. Several examples of this communication was provided.

Policies and other evidence reviewed:

DO125.06, DO125.07, DO504, & DO602.

List of 5 year background checks on current employees.

ASPC-Florence 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-Florence is an older facility that has made several improvements. The facility has added canine kennels and a HU-10 Medical Building.

In addition, cameras were added to classrooms, food service areas, visitation, and libraries.

On the tour, the auditor observed cameras in the areas described.. 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 would be reviewed for the addition of cameras.

Policies and other evidence reviewed:

ASPC Florence Pre-audit questionnaire.

Memos.

Interviews of the Agency Head and Warden, confirm that the standard is being met.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

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

The ASPC Florence 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 (Scottsdale Lincoln Hospital). The facility conducted one 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 outside services are under contract if required.

Policies and other evidence reviewed:

DO 125.05, DO125.06, DO 608.08.

ASPC Florence Pre-audit questionnaire.

Memos, employee certificate.

Interviews of the Agency Head and Warden, confirm that the standard is being met.

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 ADOC policy, the ADOC Inspector General's Office will conduct all investigations (Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU)) has the legal authority. In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The eight CIU staff available to ASPC-Florence have been trained to meet PREA standards. The training certificates were reviewed by the auditor. During the 12 month period, 10 allegations of sexual abuse and sexual harassment was received and all were referred for criminal investigation. Nine of the investigations were completed and one the investigation is still in progress. There were zero administrative investigations.

These reports were all documented and if completed are available on the ADOC website of azcorrections.gov.

Policies and other evidence reviewed:

Interviews of the Agency Head, the CIU investigator, the PREA Coordinator, and the PREA Compliance Manager.

Several investigation reports.

ASPC-Florence Pre-audit questionnaire.

ADOC DO125, DO 601, & DO 608.

Standard 115.31 Employee training

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

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

The staff training provided by ASPC Florence 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. In the past 12 months, 1255 (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 also documented that employees understood the materials presented. The Training Administrator was interviewed and provided information to the auditor about the training content and process. 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 ,DO 509 & DO810.03.

Pre-service and In-service curriculum.

ASPC-Florence Pre-audit questionnaire.

First responder cards.

Interviews of a random sample of staff, Training Manager & 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 Florence have been trained to understand the requirements of PREA and the zero tolerance policy.

100% of the 837 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 SAFE/SANE provider and the contractor verified that they understood the PREA requirements associated with being a contractor or a volunteer.

Policies and other evidence reviewed:

DO125.10

Volunteer/Contractor Training Plan.

Volunteer sign-in roster & application forms.

ASPC Florence Pre-audit questionnaire.

Interview with 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, 5834 (100%) inmates admitted to ASPC Florence in the past 12 months were trained on the principals of PREA. Provisions are made to assist those inmates with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, etc. are readily available to the population and are available in English and Spanish.

Documentation is maintained for inmate attendance. The inmate interviews indicated that they understood their rights under PREA.

Policies and other evidence reviewed:

DO 108, DO 125, DO 704, & DO 802.

Inmate assessment forms, handbooks, & orientation schedule.

Training rosters.

ASPC Florence 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 ADOC policy, the ADOC CIU will conduct all investigations. In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The eight CIU staff available to ASPC-Florence 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 interviewed was professional and very knowledgeable.

Policies and other evidence reviewed:

ADOC DO125 .10.1.4.

ASPC Florence Pre-audit questionnaire.

Investigative staff training certificates.

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

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 168 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 at the Scottsdale/Lincoln hospital. The interview with the SAFE/SANE certified provider indicated that they perform that service for Phoenix and they will provide the service to ASPC Florence on a 24/7 basis. AZDOC policies indicate that SAFE/SANE examinations are provided at no cost to the offender.

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

ASPC Florence 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, inmate screening for risk of sexual abuse victimization and sexual abusiveness towards other inmates is required. 100 % of the 5209 inmates received by the ASPC Florence 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 offender might have any prior history as a sexual abuser and the responses scored. Based on the score and responses, a decision is made to properly house the offender. Intake 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 3602 reassessments. 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 answer questions in the screening process. All information received on this process is considered sensitive and shall not be use by staff to the detriment of the inmate.

Policies and other evidence reviewed:

DO811.01 & .02.

ASPC Florence Pre-audit questionnaire.

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 Florence, 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 committee makes placement decisions based on the needs and desires of the inmate.

Policies and other evidence reviewed:

ADOC DO 704.08, DO 801, DO 810, & 811 and the AIMS DC71 screen.

Inmate Victimization and Abusiveness Screening form.

ASPC Florence Pre-audit questionnaire.

The interviews of risk screening staff, LBGTI 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, DO 804.01, DO 805.01 & DO 805.08.

ASPC Florence Pre-audit questionnaire.

The interview of the Warden and Segregated housing staff. There were no inmates that were housed in segregated housing for risk 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. 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, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, & DO 916.01.

ASPC Pre-audit questionnaire.

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 ASPC will not refer the grievance to the staff member who is the subject of the complaint. There is no time limit of the filing of a sexual abuse or sexual harassment grievance. The Inmate Handbooks clearly outlines the process required.

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 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

ASPC Florence Pre-audit questionnaire.

Inmate handbooks.

Interview of an inmate 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 Florence provides to the inmates, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the inmate handbook for each unit in the facility. . 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 several groups that provide advocate services and informs the inmates of limits to confidentiality. These agreements were provided in the Pre-Audit questionnaire.

Policies and other evidence reviewed:

ADOC DO 125, DO 914, & DO 915

ASPC Florence Pre-audit questionnaire.

Inmate handbooks. -

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. 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.

Inmate Handbooks.

ASPC Florence 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 against inmates or staff. The policies also address the need to maintain confidentiality. 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 Florence 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 ASPC 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 Florence.

Policies and other evidence reviewed:

ADOC DO125

ASPC Florence 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 Florence 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.

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

Policies and other evidence reviewed:

ADOC DO125 and DO 608.

ASPC Florence 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.

The AZDOC policies address the 4 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 Florence 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. Policies also address the actions required if the responder is not a security staff member. 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 interviewed 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, 10 allegations of sexual abuse from an inmate were recorded. Seven of these involved security staff who were first responders and three of these reports were timely to allow for the collection of physical evidence. The reports were reviewed by the auditor and the reports indicated that the staff followed the correct procedures required by PREA. The facility also reported that two non-security staff were first responders to a reported inmate sexual abuse. The reports indicated that the proper response procedures occurred.

Policies and other evidence reviewed:

ADOC DO125.03.

ASPC Florence Pre-audit questionnaire.

Interviews with random CO staff.

Samples of the PREA First Responder cards.

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

Policies and other evidence reviewed:
ASPC Florence 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 Florence has policies that protect inmates and staff who report sexual abuse/harassment from retaliation. Senior management (Captain, COIV, COIII) at each Unit, is assigned to a Special Review Team (SRT) to supervise the plan. 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 victim. This policy would also protect anyone who assisted in the investigation. The policies also require periodic status checks designed to protect an individual from retaliation.

The ASPC reported one instances of retaliation in the past 12 months. The issue was resolved with the inmate.

Policies and other evidence reviewed:

ADOC DO125.01 & DO 811.02.

ASPC Florence Pre-audit questionnaire.

Interviews with Agency Head designee, Warden, & Retailation Monitor.

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 zero 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:

ADOC DO125.02, DO125.06, DO 804.01, DO 805 .01, & 805.08.

ASPC Florence 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 eight CIU staff assigned to ASPC-Florence have been trained to meet PREA standards. They are State approved Law Enforcement officials and will promptly and thoroughly investigate each allegation. Should an allegation be substantiated, the case will be referred for prosecution. 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 very thorough by collecting all evidence, interviewing witnesses, perpetrators, victims, etc. Reports are documented and cases are referred for prosecution if necessary. Polygraph tests for PREA cases are not authorized.

The facility reported zero substantiated allegations since 20 August, 2012. Policies require written reports 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:

ADOC DO125.01, DO125.06, DO 501.01, & DO 608.06.

ASPC Florence Pre-audit questionnaire.

Training certificates.

Interviews with investigative staff, Warden, PREA Coordinator, PCM, & inmate 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 of the preponderance of the evidence as a standard.

Policies and other evidence reviewed:

AZDOC DO 125.06, 1.12.1.

ASPC Florence 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/harassment complaints that the inmate has filed. The ADOC CIU conducts all investigations. In the past 12 months, nine allegations from inmates were investigated. Eight were completed and the inmates were informed in writing of the result of the investigation (one allegation was made by an anonymous third party). The reports were all documented. There were no complaints directed towards staff. 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:

ADOC DO 608.08.

ASPC Florence Pre-audit questionnaire.

Interviews with Warden, investigative staff & an inmate 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 Florence has disciplinary sanctions for staff up to and including termination for violating sexual abuse/harassment policies. The facility had zero cases where an employee was terminated for sexual abuse of an inmate and zero cases where a ASPC staff member was reported to law enforcement for violating sexual abuse or harassment policies.

Policies and other evidence reviewed:

ADOC DO 125.01, DO 125.06, DO 501.01, & DO 601.

ASPC Florence 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 Florence has disciplinary sanctions for volunteers and contractors up to and including termination of

the contract for violating sexual abuse/harassment policies. The facility reported zero cases where a contractor employee was reported to law enforcement for engaging in sexual abuse of inmates.

Policies and other evidence reviewed:

AZDOC DO 125.01, DO125.06, DO 204.08 & DO 205.

ASPC Florence Pre-audit questionnaire.

Interviews 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. The ADOC does not permit sexual activity between inmates. Policies state that inmates are disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

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

Policies and other evidence reviewed:

ADOC DO 125.01, DO125.05, DO923, DO801.02, DO803.08, & DO809

ASPC Florence Pre-audit questionnaire.

Interviews with Warden and Medical/Mental Health.

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. Documentation is securely maintained by Med/MH staff. Information found is strictly limited to medical, mental health, and management staff. Informed consent is obtained by Med/MH staff.

Policies and other evidence reviewed:

ADOC DO 125.04, DO 125.05, DO 1104

ASPC Florence Pre-audit questionnaire.

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 Florence 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 which is provided by the medical staff according to their professional judgement.. 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. Security first responders are also trained to protect any inmate victim and make contact with medical.

Policies and other evidence reviewed:

ADOC DO 125.03 and DO 125.04.

ASPC Florence Pre-audit questionnaire.

Interviews with Medical/Mental Health staff and an inmate 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 Florence provides medical and mental health evaluation and treatment consistent with the community standard for health care. The inmates are offered tests for sexually transmitted disease. These services are provided to all inmates who have been sexually abused. These services are at no cost. Inmate abusers are also offered mental health evaluations and treatment within a 60 day period.

Policies and other evidence reviewed:

ADOC DO 125.04.

ASPC Florence Pre-audit questionnaire.

Interviews with Medical/Mental Health staff and inmate 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. These teams includes the PREA Compliance Manager and several top unit management staff. The reports are then reviewed by the Warden and ADOC Administrative staff. The

team is also 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.

The facility reported one sexual abuse investigations followed by incident review reports in the past 12 months. The report was reviewed by the incident review team at the particular unit and acted upon.

Policies and other evidence reviewed:

ADOC DO 125.06, 1.13.

ASPC Florence Pre-audit questionnaire.

Interviews with Warden, PREA Compliance Manager, & member 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:

ADOC DO 125.08 and DO 105.

ASPC Florence Pre-audit questionnaire.

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 reports are approved by the Director of the Arizona DOC. The reports provide an analysis and corrective actions implemented. . The 2014 AZ PREA Report was reviewed by the auditor.

Policies and other evidence reviewed:

ADOC DO 201.01, .02.

ASPC Florence Pre-audit questionnaire.

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

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 201.1, 1.3, personal identifiers are redacted from the documents.

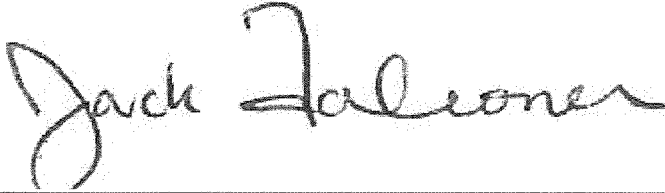
Policies and other evidence reviewed:

ADOC DO 125.06, 1.3.3, ; DO 103 & DO 201.

Interviews with PREA Coordinator.

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.



10 May, 2016

Auditor Signature

Date