

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: 22 June, 2016

Auditor Information			
Auditor name: Jack Falconer			
Address:			
Email:			
Telephone number:			
Date of facility visit: 6-7 June, 2016			
Facility Information			
Facility name: Southern Regional Community Corrections Center			
Facility physical address: 1275 W. Starr Pass Blvd., Tucson, AZ 85713			
Facility mailing address: <i>(if different from above)</i> PO Box 24400, Tucson, AZ 85713			
Facility telephone number: 520-664-2893			
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 type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input checked="" type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Therese Schroeder			
Number of staff assigned to the facility in the last 12 months: 1663			
Designed facility capacity: 150			
Current population of facility: 72			
Facility security levels/inmate custody levels: No custody level			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Therese Schroeder		Title: Deputy Warden	
Email address: tschroed@azcorrections.gov		Telephone number: 520-664-2893	
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: Michael McCarville		Title: Admin Services Officer II, PREA Coordinator	
Email address: mmcarville@azcorrections.gov		Telephone number: 602-771-5798	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Southern Regional Correctional Center (SRCCC) was conducted on June 6-7, 2016. The facility is a 150 bed male offender Community Correctional Center operated by the Arizona Department of Corrections (ADOC) and is located in Tucson, Arizona.

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

Preparation for the audit began by thoroughly reviewing all materials submitted by the SRCCC. The documentation included the Arizona DOC policies and procedures, forms, training curriculum, organizational charts, pre-audit questionnaire, 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 questions to the Arizona DOC PREA Coordinator. Responses were reviewed prior to the on-site visit.

The Center also provided staff and offender rosters. These rosters were used to select offender and staff names for the interview process. The auditor randomly selected from each of the Center's housing units ten offender names for interview. The facility had a total of 5 housing dorms. Offender names were selected at random (ethnic groups were included) from each of the facility housing locations. The purpose of the offender interview is to ensure that the offenders 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 a list to the facility of other offender categories that must be interviewed. These included disabled offender, LBGTI offender, offender in segregation for protection, offender who reported sexual abuse, and an offender who disclosed being a victim during risk screening. The facility indicated that none of their offenders met the descriptions.

Additionally, a random sample of ten Correctional Officer staff 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 also 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.

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

Therese Schroeder, Deputy Warden
Mike McCarville – Arizona DOC PREA Coordinator
Jack Falconer – Auditor
In addition, several SRCCC staff were present.

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

After the entrance brief, the tour of the SRCCC facility was started. The facility has three different offender housing programs, all of which are located in one building. During the tour, the auditor must look at all offender housing areas, program areas, food service (no food is prepared at SRCCC), medical (no medical services are provided at SRCCC), visiting areas, work programs (N/A for SRCCC), and other area specified by PREA. The placement of audit and PREA information for the offenders, the staffing levels for safety, cameras and their locations, blind spots, phone locations (N/A for SRCCC), and many other areas must be examined. The auditor toured the facility

and was accompanied by the Deputy Warden and the Arizona PREA Coordinator.

On the tour, a review of the three offender programs: Intensive Treatment with Housing (ITH), Without Placement (WOP) and Sanctions was made. The classrooms, program space, dayroom, chow hall, office space, parole offices, and outside recreation areas were toured and the interviews of offenders and staff were completed.

On the second day, additional touring occurred and the remainder of the interviewing was conducted. The Exit Briefing was held for DW Schroeder and several SRCCC staff. The auditor made comments about the SRCCC and its operation as it relates to the PREA requirements. The next steps in the process were also reviewed.

The auditor interviewed thirty-three staff and offenders during the PREA audit. Ten random offenders from the housing units, ten specialized staff, three management staff, and ten random correctional officers were interviewed using the questions provided in the PREA audit documents.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Southern Region Community Corrections Center is located in Tucson, Arizona. It is a community corrections center that is operated by the Arizona Department of Corrections (ADC). The facility houses three categories of offenders: ITH, WOP, and Sanctions. It has a design capacity of 150 offenders and currently has a population of 72 male offenders on community supervision with ages ranging from 18 to 80 years of age.

The mission of SRCCC is to reduce recidivism and harm to citizens by assisting offenders in leading a more productive and crime-free lifestyle. Established in December 2012 as an alternative to a return to custody. The Southern Region Community Corrections Center is a facility that offers structure, supervision, surveillance, and substance abuse treatment opportunities to offenders who are in violation of their conditions of supervised release and/or who are in need of additional structured support in order to successfully complete community supervision. The GOAL of the facility is to make community supervision more effective in protecting the public by "Swift, Certain and Fair Intervention." The Center's aim is to reduce the number of violators who require revocation by responding to violating behavior before it reaches a level of seriousness requiring incarceration.

The facility has a zero tolerance policy regarding sexual abuse of an offender. The PREA information is provided to all offenders upon arrival at the facility. Posters and signs are available to the offender population. Offender placement at the Center is voluntary and the offenders may walk away at any time.

The following programs are available at SRCCC:

Sanction Program - Offenders who violate their conditions of release may be immediately taken into the Center in lieu of returning to prison as an intervention. Offenders are required to:

- Stay at the facility for short periods of time to attend various support group meetings, adhere to curfew, and if assigned, meet with mentors as well as participate in peer support groups.
- If employed, be allowed to continue working under supervision, returning as established by work schedule to complete their sanction.
- The program is progressive, in that continued violations would be met with longer stays and continued programming at the facility.

Intensive Treatment Program (ITH) designated to:

- Provide a 90-120 day treatment program in a therapeutic community environment.
- Emphasis is placed on substance abuse treatment and the connection between the offenders' continued abuse and their inability to successfully complete community supervision.
- RE-Entry efforts to assist with successful transition back into the community.

Without Placement - An offender, who has no viable residential placement and is in need of temporary emergency housing, is required to:

- Participate in employment classes, peer programs, and pro-social activities offered at the Center.
- Actively seek employment if not employed.
- Search for viable residential placement.
- Houses homeless sex offenders on Community Supervision.

Also located in the facility is the Tucson Regional Parole Office (TRPO). The 15 TRPO staff have offices on the grounds of SRCCC and make contact with their day reporters at the facility. Two staff from the Southern Region Parole Office (SRPO) also has their offices at SRCCC.

Offenders residing at SRCCC and day-reporters have access to the following:

- Sign-up for AHCCCS – PCAP(Medical Access)
- Sign-up for behavioral health services – CHA
- Peer Mentoring – HOPE
- Programs – MRT(Moral Recognition Therapy)

- Job Development Classes
- AA/NA
- PSP Classes
- A+ Education
- COIII Classes
- Bible Study
- Pet Partners, sewing class, gardening, Community Betterment (food bank).
- SRCCC has donated clothing, suits, boots and other supplies for offenders.

Facility Demographics:

Operational Capacity	150
Actual Population 6 June, 2016	72
Security/Custody level	Community Supervision
Gender	Adult Male
Age Range	18-80

Staffing:

Administration	1
Security	20
Programs	5
Total	26

Criminal Investigation Unit- Assigned to ASPC-Tucson
 Physical Plant Maintenance- Assigned to ASPC-Tucson
 Parole Staff- 17

The facility has a clean, orderly appearance, is well maintained, and the programs provided appear to be appropriate for offenders on community supervision.

SUMMARY OF AUDIT FINDINGS

The Pre-Audit Questionnaire provided by the facility indicated zero allegations of offender on offender sexual abuse and sexual harassment in the past 12 months. There were zero allegations of staff sexual abuse.

The offenders 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 interviewed offenders were able to describe how to report 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 offender population.

In addition, the auditor interviewed a medical 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, the auditor determined that the Southern Regional Correctional Center has made the requirements of PREA a high priority by properly training their staff and offender populations on the key components of PREA. The Deputy Warden and her top management staff displayed a high commitment to the PREA process.

Number of standards exceeded: 01

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 4

Standard 115.211 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 offender populations. The AZDOC PREA Coordinator 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 to reduce and prevent sexual abuse and sexual harassment

The ADOC employs a PREA Coordinator who reports to the AZDOC Inspector General. The Coordinator is listed on an organizational chart and indicates that he has sufficient time to address the needs of PREA. The Deputy Warden is the PREA Compliance Manager for the facility and indicated she has sufficient time to address the needs of PREA and is shown on the org chart.

Policies, other evidence reviewed:

SRCCC Pre-Audit Questionnaire.

AZ DOC 125, 125.01, 125.02, 125.03, 125.04, 125.05, 125.06, DO1003

SRCCC PREA Response Plan

AZ organizational charts, interviews, and memos.

Standard 115.212 Contracting with other entities for the confinement of residents

- 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 AZ DOC does not contract for the confinement of offenders or residents in community centers. The standard is therefore non-applicable.

Policies, other evidence reviewed:

SRCCC Pre-Audit Questionnaire.

AZ DOC 106 and DO 606

Standard 115.213 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 SRCCC 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 52 inmates.

On May 4, 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. At the time of the audit, 100% of all positions were filled.

Policies and other evidence reviewed:

AZDOC DO 524, DI 286, & TM1006.03, pg 3.

SRCCC Pre-Audit Questionnaire.

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

Standard 115.215 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.

SRCCC has policies that do not allow their correctional staff to conduct cross-gender strip or visual body cavity searches of offenders. The facility reported zero instances where these types of searches had occurred. The facility has a male offender population. These policies were confirmed by the Deputy Warden and the Correctional Officers interviewed.

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

Policies are in place to prevent staff to examine an inmate solely for the purpose of determining gender. The facility reported no 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, 125.10, DO704.05, DO708, DO708.01, DO708.02, DO810.02, DO810.03 DO1101.15., Training Rosters, Search logs, training signatures.

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

SRCCC Pre-audit questionnaire

Standard 115.216 Residents with disabilities and residents 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 offenders with special needs have an equal opportunity to understand and receive the benefits of the facility efforts to prevent, detect, and respond to sexual abuse and harrassment. SRCCC has a variety of ways to ensure offenders 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 to provide interpreter service. PREA posters are in inmate housing units and the information is available in the offender handbook. This information was confirmed verbally by the Deputy Warden. The auditor, based on observation of process and interviews of staff, believe that the requirements of the standard are met.

Offender interpreters are prohibited in all situations.

Policies and other evidence reviewed:

DO 108.02, 125.02, DO 704.15.

Posters, offender handbooks, certificates.

Interviews of Agency Head and random staff.

SRCCC Pre-audit questionnaire.

Standard 115.217 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.

SRCCC does not have an on-site HR position that manages the recruitment and hiring process. This service is provided by AZDOC HR division. 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 1 (100%) new employees/applicants background check was 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 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. Examples of this communication was provided.

Policies and other evidence reviewed:

DO125.06, DO125.07, DO504, DO602 & DO601 att C..

List of 5 year background checks on current employees.

SRCCC Pre-audit questionnaire.

Interviews with HR Manager(AZDOC HR Division)

Standard 115.218 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.

SRCCC is a Community Correctional Facility that was opened in December, 2012. The facility has numerous cameras that monitor the activities in the Center. These were observed by the auditor on the tour. The functionality and clarity were considered very good.

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

Policies and other evidence reviewed:

SRCCC Pre-audit questionnaire.

Memos.

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

Standard 115.221 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 SRCCC offers all offenders forensic examinations if sexually abused. The facility has an MOU with SAFE and SANE examiners using an outside health care provider (SACASA Rape Crisis Center). The facility conducted zero SAFE/SANE examinations during the last 12 months. These exams are at no cost to the

offender and are available at any time. Victim advocates to provide outside services are under contract if required. In addition, six SRCCC employees have been certified to provide advocate services.

Policies and other evidence reviewed:

DO 125.05, DO125.06, DO 608.08.

SRCCC Pre-audit questionnaire.

Memos, employee certificates

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

Standard 115.222 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 CIU staff available to ASPC-Tucson have been trained to meet PREA standards.

During the past past 12 month period, zero allegations of sexual abuse and sexual harassment were received. There were zero criminal or administrative investigations.

Any reports, if received, would be investigated and documented and 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 Deputy Warden.

SRCCC Pre-audit questionnaire.

ADOC DO125.06, DO 601, & DO 608.

Standard 115.231 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)

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The staff training provided by SRCCC 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 employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 47 (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 verified 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. The staff understand the PREA requirement very well.

Policies and other evidence reviewed:

DO 125.10 ,DO 509 & DO810.03.

Pre-service and In-service curriculum.

SRCCC Pre-audit questionnaire.

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

Standard 115.232 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 offenders at SRCCC have been trained to understand the requirements of PREA and the zero tolerance policy.

100% of the 35 volunteers and contractors were trained about PREA and correctional requirements during the last 12 months. The training is based on the service level and offender contact they provide. This was verified by examination of training records and the signatures that documented that they understood the training presented.

Interviews and attendance records verified that the contractors/volunteers 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.

SRCCC Pre-audit questionnaire.

Interview with medical contractor.

Standard 115.233 Resident 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.

Per ADOC policy, offenders are provided information at intake about the zero-tolerance policy for sexual abuse or harassment. The information is provided within the first two hours upon arrival. In the past 12 months, 74 (100%) inmates admitted to SRCCC were trained within 2 hours on the day of arrival, about 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 offender attendance. The offender interviews indicated that they understood their rights under PREA.

Policies and other evidence reviewed:

DO 108.02, DO 125, DO 125.02, DO 704.15 & TM1006.03

Offender assessment forms, handbooks, & orientation schedule.

Training rosters.

SRCCC Pre-audit questionnaire.

Posters, brochures, lesson plans.

Interviews with Intake staff & random sample of offenders.

Standard 115.234 Specialized training: Investigations

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

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

Per ADOC policy, the ADOC CIU will conduct all investigations. In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The six ASPC-Tucson CIU staff available to SRCCC 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.

SRCCC Pre-audit questionnaire.

Investigative staff training certificates.

The interviews with the CIU investigator.

Standard 115.235 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.

Not applicable.

Standard is non-applicable to SRCCC.

Since all SRCCC medical and mental health services are provided off-site in the Tucson community, this standard is considered non-applicable to SRCCC.

ADOC policy does require that all Medical and Mental health providers that are located within the facility attend PREA training. However, according to the frequently questions on the PRC website (28 Sep,2015) the off site providers are exempt from the training requirements of this standard.

Policies and other evidence reviewed:

DO 125.10

PRC Frequently asked questions dated 28 September, 2015

Standard 115.241 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, offender screening for risk of sexual abuse victimization and sexual abusiveness towards other offenders is required. 100 % of the 74 offenders received by the SRCCC were screened for the risk of sexual abuse victimization or sexual abuse towards other offenders. This screening is accomplished using an objective screening instrument 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 offenders 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 74 reassessments. ADOC policies prohibit discipline of an offender for refusing to answering questions in the screening process.

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

Policies and other evidence reviewed:

DO811.01 & .02, Form 1006-3.

SRCCC Pre-audit questionnaire.

The interviews of risk screening staff, random offenders, PREA Coordinator.

Standard 115.242 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 SRCCC, the information obtained in the offender screening process is used to make individualized determinations to ensure the offenders safety. This documentation is used to make decisions to place each offender 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 offenders, 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 offenders in dedicated units, however, a AZDOC committee makes placement decisions based on the needs and desires of the offender.

Policies and other evidence reviewed:

ADOC DO 801, DO 810, & 811.02 and Form 1006-3.

Offender Victimization and Abusiveness Screening form.

SRCCC Pre-audit questionnaire.

The interviews of risk screening staff & PREA Coordinator(no LBGTI offenders).

- 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 offender can report sexual abuse/harassment, retaliation, or staff neglect. They can report any incident to any staff person, write a report, write letters, , or notify a third person. The offender can call on their cell phones the SACASA (Southern Arizona Center Against Sexual Abuse).

Staff are required to accept and 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 offenders are held for civil immigration purposes at the facility.

Policies and other evidence reviewed:

DO 125, DO125.03, DO 501.01, DO 527, DO 608.08

SRCCC Pre-audit questionnaire.

SACASA Agreement, employee handbook, staff training curriculum

The interviews of random offenders, random CO staff & Deputy Warden

Standard 115.252 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.

Not applicable.

Standard is not applicable to SRCCC.

The Arizona Southern Regional Correctional Facility does not have a administrative procedure for dealing with offender grievances regarding sexual abuse therefore the standard does not apply.

Standard 115.253 Resident 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 SRCCC provides to the offenders, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the offender handbook. Offenders may also possess personal cellular phones.

The 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. A list of Advocate Centers is also provided in the offender handbook and is placed on offender bulletin boards.

The facility maintains an agreement with the Southern Arizona Center Against Sexual Abuse (SACASA) who provide advocate services and also informs the offenders of mandatory reporting rules governing privacy and the limits to confidentiality. This agreement was provided in the Pre-Audit questionnaire.

Policies and other evidence reviewed:

ADOC DO 125.05, DO 125.09, TM1006.06, SRCCC R/R on use of Cellular phones

SRCCC Pre-audit questionnaire.

Offender handbooks.

Interview of random offenders.

Standard 115.254 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 offender sexual abuse and harassment. The ADC Website provides information of how to report issues. It also contains all ADC policies which provide reporting instructions and provides instruction for outside third party reporting procedures.

Offenders 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.

Offender Handbooks.

SRCCC Pre-audit questionnaire.

Standard 115.261 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 SRCCC staff to immediately report any incident of sexual abuse/harassment and retaliation againsts offenders or staff. The policies also address the need to maintain confidentiality of all information. All staff are informed of the importance of confidentiality being maintained in the reporting process.

The facility reports all allegations to the ADOC CIU.

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.

No inmate is under the age of 18 at SRCCC.

Policies and other evidence reviewed:

ADOC DO125.01

SRCCC Pre-audit questionnaire.

Interviews with Deputy Warden, random staff, & PREA Coordinator.

Standard 115.262 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 SRCCC staff to immediately take steps to protect an offender 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 TM1996.06

SRCCC Pre-audit questionnaire.

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

Standard 115.263 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 SRCCC has a policy that requires notification of another facility when they learn of an offender that

had been sexually abused at that other facility. This notification is to be completed within the 72 hour time frame. If an allegation was received, agency policy requires that the CIU be informed and investigated.

In the past 12 months, the facility reported zero allegations of sexual abuse that an offender received at another facility.

SRCCC received zero allegation of sexual abuse that happened at the SRCCC from other facilities.

Policies and other evidence reviewed:

ADOC DO125.03 and DO 608.02.

SRCCC Pre-audit questionnaire.

Interviews with Agency Head designee & Deputy Warden.

Standard 115.264 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. All SRCCC 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 offender. 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, zero allegations of sexual abuse from an offender at SRCCC were recorded.

Policies and other evidence reviewed:

ADOC DO125.03.

SRCCC Pre-audit questionnaire.

Interviews with random CO staff.

Samples of the PREA First Responder cards.

Standard 115.265 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 for the SRCCC. The facility has site adapted ADOC Policy DO125 to address the coordinated response requirements.

The plan address the coordination of first responder staff, the Deputy Warden, control center, call 911 for medical assistance, CIU investigators, the victim advocate/offender victim representative, and the facility management staff.

The plan meets the requirements of both the SRCCC and PREA.

Policies and other evidence reviewed:

ADOC DO 125

SRCCC Pre-audit questionnaire.

Written response plan dated 9 May, 2016

Interviews with Deputy Warden.

Standard 115.266 Preservation of ability to protect residents 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 SRCCC employees do not participate in collective bargaining as Arizona is a “right to work State”.

Policies and other evidence reviewed:
SRCCC Pre-Audit Questionnaire.

Standard 115.267 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 SRCCC has policies that protect offenders and staff who report sexual abuse/harassment or cooperate with an investigation from retaliation by other offenders or staff. The Deputy Warden is responsible 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 offender 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 facility had zero instances of retaliation in the past 12 months.

Policies and other evidence reviewed:
ADOC DO125.01 & DO 811.02.
SRCCC Pre-audit questionnaire.

Interviews with Agency Head designee & Deputy Warden

Standard 115.271 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 this policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The six CIU staff assigned to ASPC-Tucson have been trained to meet PREA standards. 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 that were referred for prosecution since 20 August, 2012. Policies require written reports be developed and retained per PREA and ADOC requirements. Should a victim or abuser (staff or offender) 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.

SRCCC Pre-audit questionnaire.

Training certificates.

Interviews with investigative staff(CIU), Deputy Warden & PREA Coordinator.

Standard 115.272 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.

SRCCC Pre-audit questionnaire.

Interviews with investigative staff.

Standard 115.273 Reporting to residents

- 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 offender be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the offender has filed. The ADOC CIU conducts all investigations.

In the past 12 months, zero allegations from offenders were investigated. There were no complaints directed towards staff and there were no offender notifications required.

Should there be a complaint against staff, the offender 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.

SRCCC Pre-audit questionnaire.

Interviews with Deputy Warden & investigative staff.

Standard 115.276 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 ADOC 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 offender and zero cases where a SRCCC 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.

SRCCC Pre-audit questionnaire.

Standard 115.277 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.

SRCCC has disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. The facility does take remedial steps and considers whether to prohibit further contact with offenders. The facility reported zero cases where a contractor employee or volunteer was reported to law enforcement for engaging in sexual abuse of offenders.

Policies and other evidence reviewed:

AZDOC DO 125.01, DO125.03, DO125.06, DO 204.07, DO 204.08 & DO 205.

SRCCC Pre-audit questionnaire.

Interviews with Deputy Warden.

Standard 115.278 Disciplinary sanctions for residents

- 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 has a formal disciplinary process that includes sanctions following a administrative finding of offender-on-offender sexual abuse. These sanctions are commensurate with the offenders's disciplinary and mental health history and comparable to other offender sanctions.

Since the SRCCC does not offer medical or mental health services at the facility, it cannot provide therapy or counseling for an abuser. The offender would be returned to another AZDOC facilities for this treatment.

The ADOC does not permit sexual activity between offenders. Policies state that offenders 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 offender-on-offender sexual abuse in the past 12 months.

Policies and other evidence reviewed:

ADOC DO 125.01, TM1003, TM1003.24

SRCCC Pre-audit questionnaire.

Interviews with Deputy Warden

Standard 115.282 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.

All SRCCC offenders have unimpeded access to emergency medical treatment. The medical service for SRCCC is provided by community based health care providers. In the event of an emergency, the facility would call 911 for any needed service. Other than emergency, the offenders would make appointments for medical care the same as citizens of Arizona. Other than PREA related issues, the medical expenses would be charged to the offender or if eligible, Medicaid would cover the expense. PREA related costs would be at State expense and the services would be coordinated by the SACASA program

Policies and other evidence reviewed:

ADOC DO 125.03, DO 125.04 & DO 608.8.

SRCCC Pre-audit questionnaire.

Interviews with Community Medical/Mental Health staff

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

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

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

The medical service for SRCCC is provided by community based health care providers. In the event of an emergency, the facility would call 911 for any needed service. Other than emergency, the offenders would make appointments for medical care the same as citizens of Arizona. Other than PREA related issues, the medical expenses would be charged to the offender or if eligible, Medicaid would cover the expense.

PREA related issues for victims such as tests for sexually transmitted disease, mental health evaluations,

and MH treatment within a 60 day period, etc., are managed by the AZDOC and the SACASA program and at the expense of the State.

Policies and other evidence reviewed:

ADOC DO 125.04.

SRCCC Pre-audit questionnaire.

Interviews with Community Medical/Mental Health staff

Standard 115.286 Sexual abuse incident reviews

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

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

The ADOC policies require that all incidents of sexual abuse are thoroughly reviewed by an incident review team at each Unit. The team at SRCCC is chaired by the Deputy Warden. The team is required to review each incident and make recommendations for improvements within 30 days. The team's recommendation shall be implemented by the facility or state reasons for not doing.

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

Policies and other evidence reviewed:

ADOC DO 125.06, 1.13.

SRCCC Pre-audit questionnaire.

Interview with Deputy Warden.

Standard 115.287 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 AZDOC 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 meets the requirement of PREA.

Policies and other evidence reviewed:

ADOC DO 125.08 and DO 105.

SRCCC Pre-audit questionnaire.

Standard 115.288 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.

SRCCC Pre-audit questionnaire.

Interviews with Agency Head designee, PREA Coordinator & Deputy Warden

Standard 115.289 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.

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

22 June, 2016

Auditor Signature

Date