

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 9 February, 2016

Auditor Information			
Auditor name: Jack L. Falconer			
Address:			
Email:			
Telephone number:			
Date of facility visit: 1-3 February, 2016			
Facility Information			
Facility name: Arizona State Prison Complex-Eyman			
Facility physical address: 4734 East Butte Avenue, Florence, AZ 85132			
Facility mailing address: <i>(if different from above)</i> PO Box 3500, Florence, AZ 85132-3500			
Facility telephone number: 520-868-0201			
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: James O'Neil, Warden			
Number of staff assigned to the facility in the last 12 months: 1133			
Designed facility capacity: 5663			
Current population of facility: 5152 (2/1/16)			
Facility security levels/inmate custody levels: Medium, Close, Maximum			
Age range of the population: 18-91			
Name of PREA Compliance Manager: Julynne Garrison		Title: PREA Compliance Mgr/COIV	
Email address: jgarrison@azcorrections.gov		Telephone number: 520-868-0201	
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: crayn@azcorrections.gov		Telephone number: 602-542-5225	
Agency-Wide PREA Coordinator			
Name: Michael McCarville		Title: Admin Services Officer II, PREA Coordinator	
Email address: mmccarville@azcorrections.gov		Telephone number: 602-771-5798	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Arizona State Prison Complex-Eyman was conducted on 1-3 February, 2016. The facility is a 5663 bed, medium, close and maximum custody level prison housing male inmates and is operated by the Arizona Department of Corrections (ADOC). 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".

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

James O'Neil, Warden
Julyanne Garrison, CO IV Complex PREA Manager
Mike McCarville, PREA Compliance Coordinator
Jack Falconer, Auditor
In addition, 19 ASPC management staff attended.

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

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

Facility Description

The Arizona State Prison Complex-Eyman 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 capacity of housing 5,663 male inmates and currently has a population of 5,152 inmates of medium, close and max custody levels with ages ranging from 18 years to 91 years.

Cook Unit

This Unit, opened in 1993, houses medium custody sex offenders with a capacity of 1,280 beds in a dormitory environment.

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, maintenance, educational aide, and library worker. Programming consists of academic education, career and technical education including an HVAC/Refrigeration college course taught by Central Arizona College instructors. In addition, self improvement programs such as *Thinking for a Change* (a cognitive behavior program) and *Merging Two Worlds* (a program designed to prepare inmates for release) are offered.

Meadows Unit

This Unit, opened in 1994, houses medium custody sex offenders with a capacity of 1,279 beds in a dormitory environment. Meadows Unit also includes a complex detention unit (CDU) with a capacity of 80 beds in a double-bunked cell environment. Inmates housed in CDU are sex offenders who are temporarily located there for disciplinary or protective segregation.

The inmates are assigned to various jobs to support and maintain the facility including, cleaning porter, laundry porter (including work crews for Browning Unit), inmate barber, kitchen worker (including work crews for Browning Unit), sewing machine operator, sanitation, maintenance, landscaping, educational aide and library worker. Meadows Unit also has inmates employed by Arizona Correctional Industry (ACI) in the bakery located at the Unit, which produces bakery 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 Food Preparation 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) and *Merging Two Worlds* (a program designed to prepare inmates for release). This Unit also includes a Sex Offender Education and Treatment Program that is run by Psych Associate employee.

Rynning Unit

This Unit, opened in 1992, houses medium and close custody sex offenders with a capacity of 874 beds in a double-bunked cell environment. The Unit also includes six (6) beds for close management inmates.

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. Rynning Unit also has inmates employed by ACI, at the License Plate factory located at the Unit, which produces license plates for the Arizona Motor Vehicle Division. Programming consists of academic education, career and technical education as well self improvement programs including *Thinking for a Change* (a cognitive behavior program) and *Merging Two Worlds* (a program designed to prepare inmates for release).

Special Management Unit (SMU)-1

This Unit, opened in 1989, houses maximum custody sex offenders, general population and protective custody inmates with a capacity of 1256 beds in a single and double-bunked cell environment. SMU-1 also includes a detention unit in a cell environment and mental health watch cells.

SMU-1 houses a portion of the Maximum Custody Population Management program which allows inmates in maximum custody to work through a program utilizing a step system providing the opportunity to participate in jobs, programs and other out of cell activities. Based on behavior and programming, inmates may progress from controlled based housing to open privilege base housing where movement outside a cell is without restraint equipment. This program utilizes a three step system to afford inmates privileges and out of cell time, with Step I being the most controlled and Step III being the least. Advancement through step levels and/or movement to a less controlled housing location requires completion of all programs identified in the Step Program Matrixes for each housing location. Maximum custody sex offenders and maximum protective custody inmates begin at SMU-1. Sex Offenders and protective custody inmates requiring any level of control are also housed at the unit.

SMU-1 also includes the Behavioral Management Unit (BMU), which houses inmates requiring significant interventions due to continual acts of serious self-harm. The inmates can graduate, or be removed, from this program and placed in the Kasson Wing One Program or in SMU 1 (general population).

The inmates have the opportunity to be assigned to different jobs including pod porters and kitchen workers. Programming consists of participation in two classroom series', Courage to Change Series and New Directions

Series, as well as a 28-part in cell program consisting of booklets that the inmate's study and work at their own pace to complete.

Browning Unit

This Unit, opened in 1996, houses maximum custody including general population, Security Threat Groups (STGs), Death Row, Mental Health, and Enhanced Security inmates with a capacity of 888 beds in a single and double celled environment.

Browning Unit also includes the intake facility for the Maximum Custody Population Management program. Upon arrival to Browning Unit, inmates are initially assigned to the intake and assessment area, except population groups that require specialty housing. The Assessment Team consisting of a Correctional Officer III, security supervisor and Associate Deputy Warden then conducts a review to place inmates in the appropriate maximum housing location. Advancement through step levels and/or movement to a less controlled housing location requires completion of all programs identified in the Step Program Matrixes for each housing location. Inmates classified to maximum custody units are assigned to specific housing areas, using a system of steps for managing inmates in the least restrictive way necessary. This applies to general population maximum custody groups, Mental Health, Validated Security Threat Groups, Step down Program for STGs, Inmates who debrief from STG and Condemned Row. General population inmates at Browning Unit remain Step I but may receive additional programming (such as Anger Management, Pre-Release, Substance Abuse, etc.) until they qualify for transfer to SMU- I. Browning Unit has the least amount of out-of-cell activities. The progression for general population, to include general population mental health inmates, begins at Browning Unit and ends at ASPC–Florence, Central Unit. Condemned row, validated STG and STG Step Down inmates, have their own step program. Inmates at Browning Unit may be assigned to limited jobs to support and maintain the facility including pod cleaning porters. Programming consists of participation in the classroom series Courage to Change, Anger Management, Life Skills, Looking for Work, Parenting in Prison, 12 Steps, Thinking for a Change and Re-Entry.

Corizon Health Care (Contractor)

The Corizon program has 142 medical employees including doctors, nurse practitioners, dentists, psychiatrists, nurses, and support staff that provide the inmate health care at Eyman complex on a 24/7 basis.

Trinity Food service (Contractor)

The Complex Food program has 35 Trinity staff and uses inmate work crews. The food program handles all food purchasing, warehousing and distribution for the Complex.

PREA Audit Methodolgy and Comments

Prior to the on-site visit, the auditor reviewed the facilities Pre-Audit questionnaire examining the documentation offered by the facility and comparing that documentation to the requirements for each PREA standard. A determination was made whether the policies and information met the PREA requirements and was used by the auditor in the interview process.

For the interview process, the auditor randomly selected from each of the ASPC Units the names of inmates for interview. The ASPC had a total of 27 housing wings & pods. Inmate names were selected at random (ethnic groups were included) from each of the facility housing locations. The purpose of the inmate interviews is intended to ensure that the inmates understand their rights under PREA and validate that the PREA provisions are being provided by the facility.

Additionally, a random sample of Correctional Officer staff was selected for interview. The names selected work on each Unit and include all shifts. The purpose of the staff interviews was to verify whether the policies and procedures were actually being enforced and that the Officers understood their responsibilities under PREA.

The facility was also provided, by the auditor, a list of management and specialized staff, plus a list of inmates that must be interviewed if they met the specific requirements as outlined in the PREA audit guidance. The facility determined the names and scheduled the individuals for interview.

During the three day on-site audit, the auditor toured the facility, examined additional documentation, and conducted interviews. All administrative areas, inmate housing, program areas, food service, medical, and the facility security procedures and camera placements, were examined

The auditor interviewed 66 staff and inmates during the PREA audit. 31 random and specific inmates from the housing units, 17 specialized staff, 3 management staff, and 15 random correctional officers were interviewed using the questions provided in the PREA audit documents.

The Pre-Audit Questionnaire provided by the facility indicated one allegations of staff sexual abuse and of 41 allegations of inmate sexual abuse. The allegation involving a contractor staff member was removed and was submitted to local law enforcement for prosecution. All investigations were completed or are still in the investigation process by the ADOC CIU. The facility reported that 35 allegations were determined to be unfounded or unsubstantiated and 6 allegations are still under investigation.

The auditor received 13 letters from inmates prior to the audit. All letters were forwarded to the Agency PREA Coordinator who in turn delivered them to the Agency CIU division within the AZDOC Inspector Generals Office. The content of the letters was reviewed with the Warden and the auditor interviewed one on the inmates who had sent a letter.

The Complex has a very clean and orderly appearance. The grounds are well manicured and all Units appears to be well maintained. The correctional security program appears to be appropriate for the maximum, close, and medium security classification. Correctional Officers provide the security supervision. The inmates indicated that they felt safe in the correctional environment provided by the ASPC. All staff and inmates interviewed were knowledgeable about PREA.

On Wednesday, an exit meeting was conducted by the auditor.

The attendees were;

Jeffery Van Winkle, Correctional Administrator IV (Sitting in place of the Warden)

Julyne Garrison, CO IV Complex PREA Compliance Manager

Mike McCarville, PREA Compliance Coordinator

Jack Falconer, Auditor

In addition, 18 ASPC management staff attended.

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

After completion of the Audit report, the auditor determined that the ASPC Eyman has met all requirements of PREA and the report should be considered a final report.

DESCRIPTION OF FACILITY CHARACTERISTICS

Facility Demographics

ASPC Eyman

Operational Capacity:	5663
Actual Population (2/1/2016)	5152
Security/Custody level:	Medium, Close, Maximum
Gender	Adult Male
Age Range	18-91

Number of full time staff:

Administration	31
Criminal Investigations Unit	10
Security	986
Programs	40
Education	15
AZ Correctional Industries	6
Human Resources	5
Religion	4
Support	35
Medical (Corizon)	142
Food Service (Trinity)	35
Keefe (Commissary)	10
Physical Plant	27
Total Facility	1346

SUMMARY OF AUDIT FINDINGS

[Click here to enter text.](#)

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.

These policies also present a plan to address prevention, detection, and responses of the zero tolerance policy for all employees. The policies also include 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 Org chart and they both indicate that they have sufficient time to address the needs of PREA.

Policies are found in AZ DO 125, Sexual Offense Reporting and AZDOC/Eyman Org Charts.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The ADOC currently has two contracts (MTC & CCA), developed since August 20, 2012, with private agencies to house prisoners. 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.

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

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 Eyman 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 5378 inmates.

On December 15, 2015 the facility reviewed its staffing plan and provided a POA to update their plan if deemed necessary.

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 12 month period January, 2015 thru Dec, 2015. The correctional staff vacancy rate for this period averaged 17.58%.

Policies are found in DO 524, DO 703.01, DO 703.2, DI 286 &DOC Form 286.

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.

The ASPC Eyman does not have any inmates under the age of 18. Therefore, this standard is non-applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

- Does Not Meet Standard (requires corrective action)

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

The ADOC has policies that does not allow cross-gender strip or visual body cavity searches of inmates. These policies were confirmed by the staff interviewed. The facility reported zero instances where these types of searches had occurred. Policies require that they be documented if they would occur. All showers, commodes, and urinal areas have curtains or protective wall or screens. By policy, inmates are required to be clothed at all times except when in the shower. Female officers do announce their presence.

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

100% of the staff has been trained in the correct procedure for searches.

Policies found in DO 125.01, 125.02, DO 704.05, DO 708.01, 708.02, ARS 13-1419, DO 810.02.

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

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

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

The ASPC-Eyman provides a variety of ways to ensure inmates with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, etc. are available in both English and Spanish. Staff interpreters are available at all Units to provide any needed service. Inmate interpreters are prohibited.

Policies are found in DO 108, 125, 704, 906 & 910.

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 Eyman has an on-site HR position that manages the recruitment and hiring process. Background checks are requested by the HR manager and completed by the ADOC BIU. Review of ADOC policy and interviews of the on-site HR manager verified that the facility follows the PREA requirements. All contractors are screened by using the same process. The facility reported 86 (100%) employee checks were made and 7 (100%) contractor background checks. The facility must have the DOC approval before any employee or contractor is hired.

The ADOC policies require a 5 year re-check of employees and contractors. This was verified by review of the documentation and in the interview process. Agency policy does indicate that any employee misconduct or false reporting is subject to the possibility of termination of employment. The facility provided several examples of providing information on the records of former employees to prospective outside employers.

Policies are found in DO 125, DO 504, DO 601 & DO 602.

Standard 115.18 Upgrades to facilities and technologies

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

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

The ASPC Eyman is an older facility that has made several improvements to the facility. In addition, cameras were installed in all libraries, classrooms, kitchens and dining rooms. The planning for these types of projects considers the improvement of their ability to protect inmates as critical. More cameras are being requested.

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 interview and the ADOC policy indicated they follow a uniform evidence protocol.

The ASPC Eyman 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 two 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 are found in DO 125 and DO 608.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Per 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-Eyman have been trained to meet PREA standards. The training certificates were reviewed by the auditor.

During the 12 month period, 42 allegations of sexual abuse and sexual harassment was received and all were referred for criminal investigation. In addition, one was referred for an administrative investigation

The allegations were investigated and resulted in 34 to be unfounded or unsubstantiated, 2 was substantiated, and 6 were still in process.

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

These policies are found in ADOC DO125, DO 601, & DO 608.

Standard 115.31 Employee training

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

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

The staff training provided by ASPC Eyman meets policy requirements of PREA. All ASPC-Eyman employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 1133 staff were trained. The ADOC has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates the trainees understand the training presented. The interview process documented that employees understood the materials presented. The Training Administrator was also interviewed and provided information to the auditor about the training content and process.

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

Policies are found in DO 125 ,DO 509 & DO810.

Standard 115.32 Volunteer and contractor training

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

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ADOC policy requires that all volunteers and contractors be PREA trained. 614 volunteers and contractors (100%) at ASPC Eyman were trained about PREA and correctional requirements during the last 12 months. The level of training is determined by the level of contact with the inmate population that might occur. This is determined and included in their contract for services. Signatures are documented that they understood the training presented. The contractor interviewed was very knowledgeable about the requirements of the facility and PREA.

Policies are found in ADOC 125 & Volunteer Training Curriculum.

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, 7293 (100%) inmates admitted to ASPC Eyman 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 are found in DO 108, DO 125, DO 704, & DO 802.

Standard 115.34 Specialized training: Investigations

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

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

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

These policies are found in ADOC DO125 .10.1.4.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Per ADOC policy, all Medical and Mental health providers are required to attend PREA training. Documentation and the staff interviews indicated that all Medical and Mental Health Services staff have been trained in the requirements of PREA. 100% of the 142 Medical staff were PREA trained. 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. 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 are found in DO 125.10.

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 6574 inmates received by the ASPC Eyman were screened for the risk of sexual abuse victimization or sexual abuse towards other inmates. This screening is accomplished using an objective screening instrument and is accomplished within the first 24 hours of arrival. The risk assessment documents of the ADOC are instruments that meets the PREA

requirements.

The inmates are reassessed for the risk of sexual victimization or being sexually abusive based on any additional information received within the time frames required. The facility reported 3879 reassessments. 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 are found in DO811.01, .02.

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

These policies are found in ADOC DO 704.08, DO 801, DO 810, & 811 and the AIMS DC71 screen.

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.

The policies for inmates in protective custody are found in DO125, DO 804 & DO 805.

Standard 115.51 Inmate reporting

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

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

The ADOC has several ways that an inmate can report sexual abuse/harassment, retaliation, or staff neglect. They can report any incident to any staff person, write a grievance or report, write letters, use an inmate hot line, or notify a third person. 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. This was verified in the interview process. Staff are informed of these requirement with required PREA training and employee handbooks.

No inmates are held for civil immigration purposes at the facility. Inmate and staff interviews confirm that the process is well understood.

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

Standard 115.52 Exhaustion of administrative remedies

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

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

The ADOC has an inmate grievance process that meets the requirements of PREA. The process allows the inmate to file an written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary. Third parties are permitted to assist the inmate in filing grievances. The Inmate Handbook clearly outlines the process required. In the past 12 months, there were five grievances filed concerning sexual abuse or harassment. All of the grievances were completed within 90 days and the inmate was notified. DOC policy allows third party assistance to inmates in the grievance process. No assistance has been requested.

Emergency grievances are permitted. Four were filed and acted upon within five days.in the past 12 months. Three of these were completed within 48 hours.

The policies are found in DO 802.09.

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 Eyman 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 agreements are available. The facility advises the inmate on the level of monitoring the communication. These services are available from several sources in the area of the facility.

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

Standard 115.54 Third-party reporting

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

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

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

Policies are found in ADOC 125 and Inmate Handbooks.

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.

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

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

These policies are found in ADOC DO125.

Standard 115.62 Agency protection duties

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

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

Policies require all ASPC Eyman 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.

These policies are found in ADOC DO 805.01,1.2.

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 Eyman 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. In addition, the ASPC Eyman received four allegation of sexual abuse from other facilities. These allegations were all investigated by the CIU.

These policies are found in ADOC DO125 and DO 608.

Standard 115.64 Staff first responder duties

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

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

The ADOC policies meets all first responder requirements of PREA. These policies were verified by the responses from the staff being questioned. In the past 12 months, 35 allegations of sexual abuse from an inmate were recorded. Twenty one of these involved the first security staff to respond and ten reports were timely to allow for the collection of physical evidence. These reports, reviewed by the auditor, indicated the staff followed the correct procedures required by PREA. The facility also reported that eight non-security staff were first responders who reported inmate sexual abuse. The reports indicated that the proper response procedures occurred.

These policies are found in ADOC DO125.03.

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 Eyman. The facility has adopted ADOC Policy DO125 to address the coordinated response requirements. The plan meets the requirements of PREA.

Policy is found in ADOC DO 125.

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

Standard 115.67 Agency protection against retaliation

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

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

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

These policies are found in ADOC DO125.01 & DO 811.02.

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. If this would occur, policies require 30 day reviews.

These policies are found in ADOC DO125.02, DO125.06, DO 804.01, & DO 805 .01.

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-Eyman 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 one substantiated allegations since 20 August, 2012 and this was referred for prosecution. Written reports are 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.

These policies are found in ADOC DO125.01, DO 501.01, DO 60 should 1, DO 608, 1.1.2.

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 the use of the preponderance of the evidence as a standard.

The policy is found in DO 125.06, 1.12.1.

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, 32 allegations from inmates were completed and 28 inmates were informed in

writing of the result of the investigation(4 inmates were no longer incarcerated or the complaint was anonymous). The reports were all documented.

The auditor did interview one inmate that was considered to be a victim of staff abuse. He was fully aware of the outcome of the investigation. The staff person was terminated and the case presented to a prosecutor.

Policies are found in ADOC DO 608.08, 1.3.1.1.

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 Eyman has disciplinary sanctions for staff up to and including termination for violating sexual abuse/harassment policies. The facility had one case where a contractor 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 are found in ADOC DO 125.01, DO 125.06, DO 501.01, & DO 601.

Standard 115.77 Corrective action for contractors and volunteers

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

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

ASPC Eyman has disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. The facility reported one case where a contractor employee was reported to law enforcement for violating policies on sexual abuse/harassment. That employee was terminated.

Policies found in AZDOC DO 125, DO 204 & DO 205.

Standard 115.78 Disciplinary sanctions for inmates

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

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

The ASPC has a formal disciplinary process that includes sanctions following 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. The ADOC does not permit sexual activity between inmates. The facility reported zero cases of administrative or criminal finding of inmate-on-inmate sexual abuse in the past 12 months.

Policies are found in ADOC DO 125, & DO 803.

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 are found in ADOC DO 125.04, & DO 125.05.

Standard 115.82 Access to emergency medical and mental health services

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

- Does Not Meet Standard (requires corrective action)

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

The medical program at ASPC Eyman 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.

Policies are found in ADOC DO 125.03 and DO 125.04.

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

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

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

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

Policies are found in ADOC DO 125.04.

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 teams are required to review and make recommendations within 30 days of the conclusion of the investigation. The facility reported six sexual abuse investigations followed by incident review reports in the past 12 months. All were reviewed by the incident review teams and acted upon.

Policies are found in ADOC DO 125.06, 1.13.

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 are found in ADOC DO 125.08 and DO 125.

Standard 115.88 Data review for corrective action

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

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

The ADOC collects sexual abuse data from all facilities and aggregates into an annual report. The 2014 & 2015 reports are 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.

Policies are found in ADOC DO 201.

Standard 115.89 Data storage, publication, and destruction

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

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

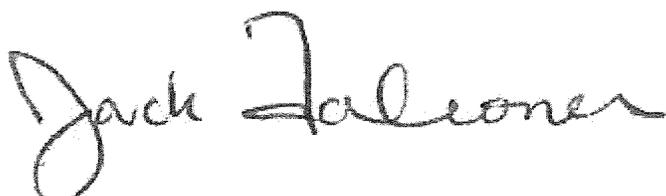
The ADOC Inspector General’s office collects and securely retains sexual offense data for a period of at least 109 years according to State Records Retention schedules. This data is compiled from reports of all its facilities. This information is a public document and is readily available to the public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

Policies are found in ADOC DO 125.06, 1.3.3, ; DO 103 & DO 201.

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.



9 February, 2016

Auditor Signature

Date