

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report January 16, 2019

Auditor Information

Name: D. Will Weir

Email: [REDACTED]

Company Name: PREA America LLC

Mailing Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone: [REDACTED]

Date of Facility Visit: May 7-9, 2018

Agency Information

Name of Agency:

Arizona Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: 1601 W. Jefferson

City, State, Zip: Phoenix, Arizona 85007

Mailing Address: Click or tap here to enter text.

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

Telephone: (602) 542-5497

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Website with PREA Information: azcorrections.gov

Agency Chief Executive Officer

Name: Charles L. Ryan

Title: Director

Email: [REDACTED]

Telephone: [REDACTED]

Agency-Wide PREA Coordinator

Name: Cammie Burke	Title: Auditor 3; PREA Coordinator
Email: [REDACTED]	Telephone: [REDACTED]
PREA Coordinator Reports to: Sean Malone, Deputy Inspector General	Number of Compliance Managers who report to the PREA Coordinator 10

Facility Information

Name of Facility: Arizona State Prison Complex – Tucson (ASPC-Tucson)			
Physical Address: 10000 South Wilmot, Tucson, AZ 85734			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: (520) 574-0024			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: To serve and protect the people of Arizona by securely incarcerating convicted felons, by providing structured programming designed to support inmate accountability and successful community reintegration, and by providing effective supervision for those offenders conditionally released from prison.			
Facility Website with PREA Information: azcorrections.gov			

Warden/Superintendent

Name: Juli Roberts	Title: Warden
Email: [REDACTED]	Telephone: [REDACTED]

Facility PREA Compliance Manager

Name: Kathleen Reyes	Title: Correctional Officer IV; PREA Compliance Manager
Email: [REDACTED]	Telephone: [REDACTED]

Facility Health Service Administrator

Name: [REDACTED]	Title: Facility Health Administrator
Email: [REDACTED]	Telephone: [REDACTED]

Facility Characteristics

Designated Facility Capacity: 5098		Current Population of Facility: 4996	
Number of inmates admitted to facility during the past 12 months			14613
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			5244
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			9975
Number of ADC inmates on date of audit who were admitted to ADC prior to August 20, 2012:			5034
Age Range of Population:	Youthful Inmates Under 18: 16-17	Adults: 18-96	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Number of youthful inmates housed at this facility during the past 12 months:			181
Average length of stay or time under supervision:			from 02/01/17-01/31/18 is 163 days
Facility security level/inmate custody levels:			Minimum, Medium, Close
Number of staff currently employed by the facility who may have contact with inmates:			1361
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			38
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			15
Physical Plant			
Number of Buildings: 85		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		22	
Number of Open Bay/Dorm Housing Units:		18	
Number of Segregation Cells (Administrative and Disciplinary):		119	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Facility has an extensive video monitoring system. Camera footage is recorded and monitored in control centers and administrative offices.			
Medical			
Type of Medical Facility:		Prison Health Clinic	
Forensic sexual assault medical exams are conducted at:		Tucson Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			368
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			48

Audit Findings

Audit Narrative

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

PREA America LLC was retained February 21, 2017 to conduct the PREA Audit for Arizona State Prison Complex - Tucson. The process was started, and dates were agreed upon. Notices went up at the facility by March 19, 2018. The Pre-Audit Questionnaire, completed digitally, and accompanying documents on a flash drive, completed and collected by PREA Coordinator Cammie Burke and facility PREA Compliance Manager Kathleen Reyes, were received by the auditor April 27, 2018. In the weeks leading up to the onsite audit, the audit team and Ms. Burke exchanged emails and phone calls to prepare for the on-site audit. On May 7, 2018, the onsite audit began as scheduled. The PREA America audit team, consisting of PREA Auditor Will Weir and Project Manager Tom Kovach, arrived at the facility that morning and participated in an introductory meeting. The meeting was attended by Ms. Burke and Ms. Reyes, as well as by Deputy Warden of Operations [REDACTED], Deputy Warden of Operations [REDACTED], and Deputy Warden [REDACTED].

The audit team split up to tour the complex and to interview inmates and staff. Since the complex is large, and there are long walks between housing facilities, interviews were conducted during breaks from the tour. By the end of the audit, 15 random staff had been privately interviewed, in addition to 15 specialized and administrative staff. A total of 59 inmates were privately interviewed, including 19 randomly selected and 40 targeted interviews, making sure to include inmates from every housing unit.

The exit briefing was held May 9th and was attended by Warden Juli Roberts, Deputy Warden of Operations [REDACTED], Deputy Warden [REDACTED], facility PREA Compliance Manager COIV Kathleen Reyes, and agency PREA Coordinator Cammie Burke. It was a particularly appropriate time to discuss the strengths of the facility and the commitment and accomplishments of the staff, because it was CO Recognition Week. But the team also had to discuss areas within which the facility and agency still needed to do more to show compliance with PREA. The audit team needed the facility to show that inmate education is completed for every inmate soon after the inmate's arrival at ASPC – Tucson. Also, the facility still needed to show that screenings for risk of abusiveness and victimization are required to be completed according to the PREA Standard. Then, also, it still had to be shown that reassessments for risk of abusiveness and victimization are completed for all inmates. The staff still had to be shown to have completed accurate training regarding First Responder duties. Investigations still had to be reviewed that are completed fully and according to policy and PREA Standards. Also, the audit team still needed to see appropriate work being done to accompany investigations, such as confidentiality being maintained, and meaningful referrals being made for advocacy, mental health, and medical services. It still had to be shown that retaliation is being monitored for, and that alleged victims are provided appropriate notification of investigative findings. Verification was still needed that youthful inmates always have sight and sound separation from adult inmates when in their housing unit.

Plans were developed for some items to be addressed during the 30 days after the on-site audit, so that they did not need to be on the CAP. The need for female staff to consistently announce their

presence when entering a housing unit was also discussed, and a plan was formulated to address this issue within the 30-day period after the on-site audit. The audit team was provided with daily briefing sheets, which reminded staff daily, for two weeks, about the requirement for cross-gender announcements. Also addressed during the 30 days after the on-site audit were the need for shower curtains in the Rincon Unit and in the Minors Unit that are less likely to violate the privacy of inmates during cross-gender supervision, or for transgender inmates who need to shower privately. The audit team was provided with pictures of the "PREA-Compliant" shower curtains that were installed.

The Audit Team issued an Interim Report June 22, 2018, then worked with the agency/facility to devise a Corrective Action Plan (CAP). For a complete listing of standards included in the (CAP), and progress made during the 180-day corrective action period, please see the "Summary of Corrective Action" at the end of the "Summary of Audit Finding" section of this report.

Documents reviewed include: Pre-Audit Questionnaire; ADC Chapter 100 Agency Administration Department Order 106 Contract Beds, and Order 108 Americans with Disabilities Act Compliance, and Order 125 Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; Organizational Charts; Contracts; ADC Chapter 600 Inspector General Department Order 601 Administrative Investigations and Employee Discipline, Order 602 Background Investigations, Order 603 Polygraph Services, Order 606 regarding Internal Inspections Program, and Order 608 Criminal Investigations; Staff and inmate rosters; ADC Director's Office Memorandum dated August 22, 2014: Employee Assignments and Staffing – Revised; Director's Instruction #349, 12-Hour Shift Implementation – Revised; Post Charts; Post Orders; Priority Posting Charts; Staff Posting Projections; Weekly Staffing Report; ADC Chapter 500 Administrative/Human Services Department Order 501 Employee Professionalism, Ethics and Conduct, and Order 504 Recruitment and Hiring, Order 508 Criminal Investigations, Order 509 Employee Training and Education, Order 517 Employee Grievances, Order 521 Employee Assistance Program, Order 524 Employee Assignments, Order 526 Victim Services, and Staffing Policy and Order 527 Employment Discrimination and Harassment; Staffing Plan Review Meeting Minutes; ADC Chapter 700 Operational Security Department Order 703: Security/Facility Inspections Policy; Inspections/Tour Report Form; Sample of Unannounced Rounds by Higher-Level Staff; ADC Institutional Capacity Committed Population Reports for Tucson Minors Unit; Age Report; 2018 Staff PREA Training; Searches and Contraband Training Lesson Plan PowerPoint; Course: Searches and Contraband 6.1; FY17 and FY18 PREA Training Reports; ADC Chapter 700 Operational Security Department Order 708: Searches Policy, and Order 704: Inmate Regulations, Dress and Clothing Requirements; Arizona State Law 13-1419 regarding unlawful sexual conduct, correctional facilities, classification, and definitions; ADC Chapter 800 Inmate Programs Department Order 801 Classification and Order 802 Inmate Grievance Procedure (English and Spanish), Order 804 Inmate Behavior Control, Order 805 Protective Custody, Order 810 Management of LGBTI Inmates, and Order 811 Individual Inmate Assessments and Reviews; Inmate Handbooks; ADC Chapter 1100 Inmate Health Services Department Order 1101: Inmate Access to Health Care; ADC Staff Development Bureau Curriculum and Training Plans; Training and Acknowledgement documentation of staff, contractor and volunteer training; ADC Chapter 900 Inmate Programs and Services Department Order 906: Inmate Recreation/Arts & Crafts, and Order 910 Inmate Education and Resource Center Services, Order 914 Inmate Mail, Order 915 Inmate Phone Calls, Order 916 Staff-Inmate Communications; PREA Reporting and Advocacy Posters in English and Spanish; examples of background investigations and background information requests; ADC Director's Office Memorandum Instruction #315: Preliminary Background Checks for Contractors; Verification of 5-year background checks being conducted on all staff; ADC Background Questionnaire for Applicants; Order 601 Attachment C; Arizona Administrative Code Title 2, Chapter 5; documentation of cameras installed and updated since last audit; documented efforts to establish MOU's with sexual victim's advocacy

organizations; MOU between ASPC – Tucson and Southern Arizona Center Against Sexual Assaults; SANE Procedure; Providing Sexual Assault Advocacy Training Curriculum and Certificates of Completion; Investigations; Intervention Checklist; PREA Compliance Training FY2017; 2017 Annual Training Plan; Training Excel Spreadsheets tracking training with employee acknowledgement and verification; PREA Training for Volunteers with curriculum and signature documentation and electronic acknowledgement; Inmate PREA training record documentation and acknowledgement; Inmate Weekly Training Report; Inmate Pamphlet in English and Spanish; other notices; Investigator Training with Certificates of Completion; Medical Staff Training Report and sign-in sheets; Significant Incident and Criminal Investigation Reports; Employee Handbook; ADC website; Sexual and Domestic Violence Services lists; Coordinated Response Plan; Retaliation Monitoring policy and examples; General Records Retention Schedule for all Public Bodies Law Enforcement Records; Victim Notifications; Daily Count Sheets; Inmate Screening Report; PREA Risk Screening and Retaliation Review (Training PowerPoint); AIMS sample PREA Screening Instruments with Status Codes for Classification; Samples of ADC Inmate Cell Assignment Screenings; Sample Transgender Actions Detail Screen; Verbal Reports Documentation; Discipline Chart; Covered Employees with Chart of Disciplinary Sanctions; Mental Health Assessment Form; Sample of Shared Medical Information; Consent Forms; Sample of Secondary Mental Health Forms; Sexual Incident Reviews; DOJ Survey of Sexual Violence; Annual Reports; Mission Statement; and Aerial photograph of facility complex.

26 investigations were reviewed during the CAP, along with scores of daily briefing sheets for all housing units and related emails. One Incident Review was reviewed.

Facility Characteristics

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

The Arizona State Prison Complex - Tucson is a large, 640-acre single-campus prison complex. Some housing units are inside the parameter, some are outside. Cameras are used to aid supervision. Each Unit has different security levels and populations with several programming options. It has the following units:

Catalina, opened in 2006, is a minimum-custody unit with a capacity of 360 inmates. It is considered a work unit. It also houses inmates with medical and mental health needs. Catalina has bay-setting dorms that include cubicles and bunks. Each bay houses 120 inmates and six ADA cubicles. It has an open yard with recreation.

Cimarron Unit, opened in 1985, has two 192-bed medium-custody housing units, a close-custody housing unit of 288 beds, and a 96-bed Detention unit. The population is comprised of general population, Security Threat Group Step Down, and detention inmates. Each Housing Unit consists of four separately enclosed pods that each contain 24 or 26 cells.

The Complex Detention Unit (CDU) is a 40-cell/80-bed facility. It serves as the primary detention area at Tucson. It is supervised by a Detention Sergeant with staff that have additional training and experience in the requirements of maximum custody/detention settings. The CDU has its own recreation areas, non-contact visitation, property storage, medical evaluation room, and Main Control.

The Manzanita Unit became operational in April 1994. The Unit consists of five dorms with 309 beds, a Detention Unit (DU) that has 12, 2-man cells, and a 46-bed Special Needs Unit (SNU). The facility uses Unit Management teams, consisting of security and program staff, to manage the unit.

Winchester Unit was built in 1994 and is sited on 15 acres. It is a medium-custody unit, with an open yard and dormitory-style housing. The unit has a total bed capacity of 736. The unit consists of eight buildings, each with two pods. Each pod houses 46 inmates, except HU 8: A side, which houses 50, and B side, which houses 42. Winchester also has a Detention Unit. The inmates in the detention unit are typically housed for disciplinary reasons, or for the 805 process. This unit has a 24-bed capacity. Detention inmates have a structured schedule for recreation and showers. ASPC-Tucson is classified as a corridor facility, and many inmates assigned to Winchester have elevated medical and mental health treatment needs. The unit can also accommodate ADA inmates.

The Whetstone Unit opened its doors for the first time in April 2010. Whetstone houses minimum-custody inmates in a dorm-style housing unit, with upper and lower bunks.

Santa Rita Unit was constructed in 1982 to house medium-custody male inmates. The capacity is 768. Inmate housing is cells, with two inmates assigned to each cell. The unit is divided into 4 yards, with each one housing 192 inmates.

The Rincon Unit was opened on January 24, 1978, making it the oldest Unit at the Tucson Complex. The Unit consists of eight, 2-man cell buildings and one building with 2-man cells and a dorm.

The Minors Unit opened in 1997. The population is youthful offenders adjudicated as adults. The Unit has 99 total beds available and 1 watch cell. One building is not in use and has 97 Beds.

Summary of Audit Findings

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

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

Number of Standards Exceeded:	0
Number of Standards Met:	31
Number of Standards Not Met:	14

Summary of Corrective Action (if any)

Standard 115.14: Youthful inmates (Resolved)

The on-site audit indicated that the facility occasionally sends adult inmates in to the Minors' Unit to work and to make repairs in showers, the kitchen, and common areas, and does not maintain sight and sound separation during these times.

Corrective Action: The facility implemented a policy that forbids adult inmates from entering Minors' Unit with minors present. This was reviewed with staff during shift briefings for two weeks, and verification was provided to the auditor. The warden's order states, "If Maintenance repairs are required in the housing areas at the Minors unit, the youthful inmates are to be moved out of the housing unit while the repairs are being conducted. At no time will adult inmates and youthful inmates be in the housing units together."

Standard 115.21: Evidence protocol and forensic medical examinations (*This Standard was not on the Interim Report or CAP as a Standard Not Met, but it has been added on the Final Report, and it is not resolved.*)

Investigations reviewed by the audit team before the Interim Report consistently demonstrated uniform evidence collection protocol regarding physical evidence. However, the investigations reviewed during the CAP included documentation of staff being told not to offer forensic exams. An inmate alleged sexual abuse and provided an article of clothing he claimed contained DNA evidence. Without a full investigation, he was immediately told the forensic evidence he had provided would not be tested and would be destroyed. The part of the report which tried to explain this action mentioned that the alleged victim was probably making a false report, was gay, was possibly transgender, and was being deported. The destruction of the evidence was immediate, while the inmate was still at the facility, according to documentation provided.

Standard 115.22: Policies to ensure referrals of allegations for investigations (Not resolved)

The investigative files did not show that all allegations are investigated fully as required by ADC policies and PREA standards.

Corrective Action: The Jointly Developed CAP stated: "Complete investigations for allegations that have been missed in the past 12 months and complete investigations fully for all allegations received during the CAP." The auditor has not received any updates regarding investigations considered to be incomplete prior to the Interim Report. The auditor continued to receive new investigations during the CAP that did not contain all basic requirements for sexual abuse or sexual harassment investigations. They cannot be considered "complete". For example, a sub-set of investigations follow this format: The alleged victim was interviewed first, and was told, during that initial interview, that the investigation would probably result in a finding of "unfounded". Then the alleged perpetrator was told who reported him, and what they said about him, before being asked a single question. The perpetrator denied the allegations, and the case was closed as "unfounded". Closing a case as unfounded means there likely will be no follow-up services, no retaliation monitoring, no reassessment for risk, and no incident review.

Standard 115.33: Inmate education (Not Resolved)

Inmates do not receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment, according to interviews with staff and inmates during the on-site audit. Also, if information is provided later, or through handbooks or other formats, it might not be clear or complete.

Corrective Action: The Jointly Developed CAP states: "All inmates at ASPC-Tucson must have PREA education provided to them at ASPC-Tucson. Provide documentation/verification that every inmate admitted during the past year has received the required PREA education at ASPC-Tucson as of September 1. Provide verification that all inmates admitted during the week of August 27th through August 31st received the education timely, and that this process to provide the education timely is now institutionalized and will continue." The audit team did not receive this information during the CAP.

Standard 115.34 Specialized training: Investigations (Not Resolved)

The agency performs its own administrative and criminal investigations. Although all investigators are documented as having some investigative training, the investigations are not all trained to conduct administrative investigations. They address non-criminal allegations through a criminal investigative process that does not include all the requirements of the PREA Standards, ADC policy, or the training curriculum. The agency acknowledges a need for additional administrative investigative training.

Corrective Action: The PREA Audit Interim Report erroneously stated that some investigators did administrative investigations without the required training, but the PREA Coordinator maintains that no administrative investigations have been done. All investigators are listed as having some level of investigative training to do criminal investigations. However, investigative documentation indicates some investigators are not following the training they have received, even for criminal sexual abuse investigations. Administrative investigations must be completed in some cases, and must be done by properly trained investigators.

Standard 115.41: Screening for risk of victimization and abusiveness (Not Resolved)

A number of inmates did not remember being asked the screening questions at ASPC-Tucson, and some administrative staff acknowledged that the reassessments are not always being effectively completed. High-risk inmates were not being identified.

Corrective Action: The Jointly Developed ASPC-Tucson CAP required the agency to “Design and implement a new or significantly improved screening process for risk of victimization or abusiveness. Provide a description of the new process or improvements. Provide verification and detailed description of all screenings and reassessments completed during the first week of September (assuming there are admissions and reassessments during that week). Provide logs of all ASPC-Tucson inmates identified as being high risk of being sexually abusive and high risk of being victimized.” The agency did not provide any of this verification.

Standard 115.42: Use of screening information (Not Resolved)

Since the facility does not compete screenings and reassessments effectively to identify high-risk inmates, the facility does not have the information it needs from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Corrective Action: The Jointly Developed ASPC-Tucson CAP depended on compliance with 115.41 for compliance with 115.42. Once the changes made for 115.41 were made, the auditor was, according to the CAP, to conduct phone interviews and review examples (provided by the facility) of the practice of screening and reassessment information being used to protect inmates. However, the agency did not provide verification for review.

Standard 115.61: Staff and agency reporting duties (Not Resolved)

A significant number of inmates said they believed staff will not protect confidentiality. This included inmates who made no other complaints about staff and who did not make other complaints about the facility. There was a belief among a number of inmates (about 1/2 of those who were interviewed or otherwise provided information to the auditor) that staff will share information inappropriately, rather than following up appropriately, and discretely, to protect inmates.

Corrective Action: For two weeks, the facility Daily Briefing Sheets that went out for review by every staff, including investigators, included the following reminder: “Per DO125.09, the identity and dignity of a PREA victim will be protected to the fullest extent possible. Except as required for investigations and criminal prosecution, all information and reports shall be treated as confidential. Staff shall follow existing instructions in preserving confidentiality except as provided for in instructions relating to investigations.” However, when the auditor reviewed investigative documentation, numerous instances

were documented when confidentiality appeared to have been violated, without legitimate investigative purpose.

Standard 115.64: Staff first responder duties (Not Resolved)

The Interim Report indicated that when First Responders were interviewed, there were some who did not seem to understand the duties well. In addition, the audit team received some indication that the training at academy may not be accurate regarding the point that there is some difference between the response provided to the alleged victim and the alleged abuser. First responders are to “request” the victim to not destroy evidence and “ensure” that the perpetrator does not destroy evidence. This confusion, along with the overwhelming indication from alleged victims that the facility does not provide appropriate responses, made it clear that the facility could do more to show compliance with this standard; so, it was included in the Jointly Developed CAP.

Corrective Action: The facility utilized daily briefing sheets to cover First Responder Duties with staff. These sheets were sent to the auditor, unit-by-unit, covering 10/3/18-10/15/18. When it was pointed out to the PREA Coordinator that the wording of the First Responder Duties on the briefing sheets did not address how forensic evidence from the alleged abuser would be protected, she indicated it was part of the duties of the Shift Commander and the CIU Investigator. However, when investigations completed during the CAP were provided to the auditor, they often did not document that First Responder Duties were followed. Some investigative documentation made it evident that duties were not followed, and that evidence was not protected, or even that evidence was destroyed.

Standard 115.67: Agency protection against retaliation (Not Resolved)

Based on a review of investigative work, other documentation, and interviews conducted both during the audit and during the CAP, the facility has not shown retaliation monitoring for all circumstances required by this standard or agency policy.

Corrective Action: The investigative documentation reviewed during the CAP did not verify that retaliation monitoring is provided as required by agency policy. In one case, the alleged victim told the investigator that the alleged perpetrator was determined to retaliate and had “a shank right now”, had already attacked someone else with a broom handle, and had access to his room; but yet, the concerns were not addressed, neither in the investigative interviews, nor in other documentation provided for the auditor to review. In another case, the alleged victim stated that the alleged perpetrator told him that he “felt homicidal” toward him. But yet, it does not appear that any monitoring was conducted.

Standard 115.71: Criminal and administrative agency investigations (Not Resolved)

The audit team reviewed investigations that did not appear to have been conducted promptly, thoroughly, and objectively for all allegations. Investigation files indicated investigators might not always document circumstantial evidence as required or collect available electronic monitoring data. They did not appear to always interview all witnesses or review prior complaints and reports of sexual abuse involving the suspected perpetrator. Staff or other inmates who may have collaborated may not have always gotten interviewed. Documentation did not show that the credibility of an alleged victim, suspect, or witness is always assessed on an individual basis. Investigations did not appear to always include efforts to determine whether staff actions or failures to act contributed to the abuse; nor to document, in a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings.

Corrective Action: There were a total of 26 investigations during the time-frame of 4/1/18-9/30/18, the time period agreed to for purposes of the CAP review of investigations. 7 of these appeared to meet the applicable PREA Standards. All investigations were initiated quickly and involved interviewing the alleged victim and alleged perpetrator, but the rest of the requirements of the standards were often not found in the documentation provided.

Standard 115.72: Evidentiary standard for administrative investigations (Not Resolved)

The Interim Report stated that reviews of investigations indicated that a higher standard of evidence than preponderance of evidence is often imposed.

Corrective Action: 26 additional investigations were reviewed during the CAP. The agency usually calls these criminal investigations, even though they are used for administrative purposes, and even though most do not involve allegations typically considered criminal in nature. Even when the investigation documents that additional administrative investigative actions and decisions are indicated, such actions, if completed, were not typically provided to the audit team. Most investigations reviewed are used for administrative purposes, employ a higher standard of evidence, and indicate that nothing can be done to protect the alleged victim, or hold the alleged perpetrator accountable, unless a criminal act can be proven in a court of law.

Standard 115.73: Reporting to inmates (Not Resolved)

Inmates who reported sexual abuse or harassment indicated that they were not informed of the investigative findings regarding all allegations, as is required by this standard. A review of investigations indicated that not all investigations have clear findings for all allegations.

Corrective Action: Most investigations reviewed during the CAP, but not all, documented that the alleged victim was informed of the finding of the investigation. Although some inmates received letters after the investigation was completed, many of these notifications were provided during the first interview conducted during the investigation, almost before the investigation was even started. For example, in one case, the alleged victim was told that if the alleged perpetrator denied the allegations, it would be declared to be “unsubstantiated”. There is no indication that the alleged victim was informed after the finding was made, as required by the standard. Objective, unbiased investigators do not determine their finding until after the investigation is completed and all the evidence has been reviewed.

Standard 115.81: Medical and mental health screenings; history of sexual abuse (Not Resolved)

Compliance with this standard is tied to § 115.41, and it has not been shown that screenings pursuant to § 115.41 are being completed at ASPC – Tucson. Written policies appear to be consistent with this PREA standard, but, at the time of the Interim Report, compliance still needed to be verified regarding whether this standard and related policies are in practice, including the protection of confidentiality.

Corrective Action: The CAP stated, “Compliance needs to be verified regarding whether this standard and related policies are in actual practice uniformly. Provide documentation regarding how the mental health and medical screening process assures pertinent information gleaned from this process is considered in the screening and reassessment for risk of victimization and abusiveness tools. Provide detailed examples and logs, including information about what the screening recommendations were, and whether recommendations have been followed. Use the month of September 2018 for the time frame for this reporting.” The auditor received no verification regarding this standard during the CAP.

Standard 115.86: Sexual abuse incident reviews (Not Resolved)

The auditor did not find incident reviews for several investigations that appeared to require them, as per the requirements of this standard and relevant agency policy.

Corrective Action: During the corrective action period the agency provided investigations that were incomplete according to the requirements of the PREA Standards, and some investigations gave findings that were unclear. When investigations are not complete, there is not enough evidence to make a finding, or to know whether something is unfounded. Since Incident Reviews are based on investigative information, the facility is unable to show compliance with the requirement to do proper Incident Reviews unless proper investigations are completed.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Although this Interim Report reflects that the facility and agency have shown material compliance with this standard, the auditor has to consider the latest and best information when writing the Final Report at a later date. If additional information indicates the facility or agency is not showing compliance with any of the sub-standards of this standard, or any other PREA standard, the Final Report will reflect that reality, regardless of whether the Interim Report indicated compliance. Since the facility will be working on a compliance plan, it may be that the PREA Coordinator and PREA Compliance Managers will have increased duties and may need considerably more support than they have presently. At the time of this Interim Report, the audit team feels the agency and facility are demonstrating that these PREA administrators are truly overseeing PREA, and that these high-level administrators can call upon the agency for more assistance to complete the work of bringing the facility into compliance. Even though there are standards with which the facility has not yet shown compliance, the audit team did not observe lack of commitment to the zero-tolerance policy, nor to the authority of the PREA Coordinator and PREA Compliance Manager to oversee a full and successful implementation of all parts of PREA. The Pre-Audit Questionnaire and accompanying documentation indicate the agency has zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The agency designates an upper-level PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. PREA Coordinator Cammie Burke, Auditor III, answers directly to Sean Malone, Deputy Inspector General. Kathleen Reyes, Correctional Officer IV, is the on-site PREA Compliance Manager. She answers to Deputy Warden of Operations Walter Hensley.

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

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

Standard 115.12: Contracting with other entities for the confinement of inmates

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other

entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency (not the facility) contracts with other entities for the confinement of inmates, and all three of these contractors are required to be PREA-compliant. The contracts were provided for the auditor to review, along with the Internal Inspections Program that monitors compliance.

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

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

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video

monitoring? Yes No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The facility and agency have worked together to develop, document, and comply with staffing plans that provide for adequate levels of staffing and video monitoring to protect inmates against abuse, taking into account all parts of this standard, including an annual review to see if adjustments are needed. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan, according to interviews and documentation provided. Also, according to documentation, as well as staff and administrative interviews, there have been no deviations from the staffing plan. The staffing plan was based on the average number of inmates, 4958. The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds, which cover all shifts. The facility prohibits staff from alerting other staff of the conducting of such rounds. In calculating adequate staffing levels, and to determine the need for video monitoring, the agency takes the following into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. Verification of compliance with this standard was based on the auditor's review of staffing planning and agency reviews of staffing plans. Also considered were meeting notes, as well as logs showing that unannounced rounds are standard practice during all shifts.

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

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

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

At the time of the Interim Report, the facility had shown compliance with all parts of this standard, except that the facility occasionally sent adult inmates in to the Minors' Unit to work and to make repairs in showers, the kitchen, and common areas, and did not maintain sight and sound separation during these times. This was according to information received from youthful inmates and statements made by staff and administrators.

Corrective Action: The facility implemented a policy that forbid adult inmates from entering Minors' Unit with minors present. This is was reviewed with staff during shift briefings for two weeks, and verification was provided to the auditor. The warden's order states, "If Maintenance repairs are required

in the housing areas at the Minors unit, the youthful inmates are to be moved out of the housing unit while the repairs are being conducted. At no time will adult inmates and youthful inmates be in the housing units together.”

Analysis: Compliance with this standard was determined through a review of the policies regarding youthful inmates; post orders; daily population reports; interviews with administrators and random line staff who supervise youthful inmates; and interviews with youthful offenders.

Finding: The facility has shown compliance with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

During the onsite audit, it was verified, through interviews with both staff and inmates, that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates, and that there have been no exceptions known in the past year. If exceptions occur, documentation is required. Procedures had been implemented that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Also, this standard requires staff of the opposite gender to

announce themselves when entering an inmate housing unit. Interviews with both inmates and staff during the on-site audit indicated that these cross-gender announcements are not always being made. This was corrected through trainings done off daily briefing sheets in all housing units, and this was completed in the 30 days after the on-site audit, thereby allowing this to be considered resolved prior to and not having to be further addressed within the Corrective Action Plan (CAP). The agency has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. None of these searches have occurred, and all staff have been trained on this policy.

Analysis: The facility has provided documentation to show compliance with this standard, such as DO 125: Sexual Offense Reporting Policy; Post Orders, with two weeks of reminders regarding announcements of cross-gender supervision; 2018 Staff PREA Training; Searches and Contraband Training Lesson Plan PowerPoint; Course: Searches and Contraband 6.1; FY17 and FY18 PREA Training Reports; ADC Chapter 700 Operational Security Department Order 708: Searches Policy, and Order 704: Inmate Regulations, Dress and Clothing Requirements; ADC Chapter 800 Inmate Programs Department Order 810: Management of LGBTI Inmates, and Order 811: Individual Inmate Assessments and Reviews; and the Employee Handbook. Also helpful in showing compliance was interviews of both staff and inmates and the site review.

Finding: The facility has shown compliance in all material ways with the standard.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? Yes No

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

115.16 (b)

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

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. There have been no exceptions; but if there are, they must be documented. Staff and administrators interviewed indicated an understanding of the importance this standard, and procedures are in place so that inmates with disabilities and with limited English proficiency can have equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Inmate interpreters are not being used. Inmates with disabilities who were interviewed usually indicated that staff help them understand what they need to understand.

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

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

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

During the audit process, policy was verified which prohibits hiring or promoting anyone who may have contact with inmates, and prohibits enlisting the services of any contractor who may have contact with inmates who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Interviews with administrators indicated they will give information on substantiated sexual abuse to potential employers when required. The PREA Coordinator is responsible for responding to such requests for information from other agencies considering a former ADC employee for employment.

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

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

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ASPC – Tucson has neither acquired a new facility nor made a substantial expansion or modification to existing facilities since the last audit, but it has updated a video monitoring system since the last PREA audit. Policy requires the sexual safety of inmates to be considered when making modifications and expansions. The auditor was provided with a description of the changes.

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

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency/facility is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations reviewed by the audit team before the Interim Report was written consistently demonstrated uniform evidence collection protocol regarding physical evidence. The facility appeared to offer all inmates who experienced sexual abuse access to forensic medical examinations without financial cost to the victim. Crisis service providers contracted, MOU's reviewed, and investigators interviewed, indicated evidence protocols are understood and followed. However, the investigations reviewed during the CAP included documentation of staff being told not to offer forensic exams. An inmate alleged sexual abuse and provided clothing he claimed contained DNA evidence. Without a full investigation, he was immediately told the forensic evidence he had provided would not be tested and would be destroyed. The part of the report which tried to explain this action mentioned that the alleged victim was probably making a false report, was gay, was possibly transgender, and was being deported. The destruction of the evidence was immediate, while the inmate was still at the facility, according to documentation provided.

Corrective Action was not completed, since this standard was not on the CAP; but the agency was provided with the auditor's checklist and comments on the file, for response, well before the end of the CAP. No response was received on these topics, other than acknowledgement of receipt.

Analysis: The facility provided documentation indicating lack of compliance with the standard. Documentation reviewed includes: ADC Chapter 100: Agency Administration Department Order 125: Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Chapter 500: Administrative/Human Services Department Order: 508 Criminal Investigations; ADC Chapter 1100: Inmate Health Services Department Order: 1101: Inmate Access to Health Care; MOU with Southern Arizona Center Against Sexual Assaults; Intervention Checklist; Medical Staff Training Report and sign-in sheets; SANE Procedures; Mental Health Assessment Form; sample of Shared Medical Information; and Medical Consent Forms.

Finding: The agency/facility has not shown full compliance with the standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The investigative files did not show that all allegations are investigated fully as required by ADC policies and PREA standards.

Corrective Action: The Jointly Developed CAP stated: "Complete investigations for allegations that have been missed in the past 12 months and complete investigations fully for all allegations received during the CAP." The auditor has not received any updates regarding investigations considered to be

incomplete prior to the Interim Report. The auditor continued to receive investigations during the CAP that did not contain all basic requirements for sexual abuse or sexual harassment investigations. They cannot be considered “completed”. For example, a sub-set of investigations followed this format: The alleged victim was interviewed first and told, during that initial interview, that the investigation would probably result in a finding of “unfounded”. Then the alleged perpetrator was told who reported him, and what the report said, before being questioned. The perpetrator denied the allegations, and the case was closed as “unfounded”. Closing a case as “unfounded” means there likely will be no follow-up services, no retaliation monitoring, no reassessment for risk, and no incident review.

Analysis: The agency continues to provide investigations for review that are not complete, as per the requirements of the PREA Standards; so, compliance has not been achieved.

Finding: The agency/facility has not shown compliance with the standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and have been informed of how to report such incidents, according to documentation provided to the audit team, as well as interviews.

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

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

Standard 115.33: Inmate education

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

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Inmates do not receive information at time of intake about the zero-tolerance policy, nor about how to report incidents or suspicions of sexual abuse or harassment, according to interviews with staff and inmates. Also, the inmate handbooks are inconsistent from housing unit to housing unit. For example, most of the handbooks take a very rigid stance regarding using the phone, not mentioning PREA reporting and advocacy types of exceptions. Even if an inmate received advocacy contact information from another source, the wording of the handbooks makes it sound like it will be nearly impossible to make a confidential/private call. Emergency call exceptions are for verified family emergencies only, according to wording in the handbooks that is sometimes in bold print with exclamation points.

Corrective Action: The Jointly Developed CAP states: "All inmates at ASPC-Tucson must have PREA education provided to them at ASPC-Tucson. Provide documentation/verification that every inmate admitted during the past year has received the required PREA education at ASPC-Tucson as of September 1. Provide verification that all inmates admitted during the week of August 27th through August 31st received the education timely, and that this process to provide the education timely is now institutionalized and will continue." The audit team did not receive any notification of PREA education being provided.

Analysis: Without verification that inmates receive the required PREA education at ASPC-Tucson, the auditor is not able to determine that the facility has shown compliance with this standard.

Finding: The agency/facility has not shown compliance with the standard.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

The agency performs its own administrative and criminal investigations. Although all investigators are documented as having some investigative training, the investigations are not all trained to conduct administrative investigations. They address non-criminal allegations through a criminal investigative process that does not include all the requirements of the PREA Standards, ADC policy, or the training curriculum. The agency acknowledges a need for additional administrative investigative training.

Corrective Action: The PREA Audit Interim Report erroneously stated that some investigators did administrative investigations without the required training, but the PREA Coordinator maintains that no administrative investigations have been done. All investigators are listed as having some level of investigative training to do criminal investigations. However, investigative documentation indicates some investigators are not following the training they have received, even for criminal sexual abuse investigations. Administrative investigations must be completed in some cases, and must be done by properly trained investigators.

Analysis: The auditor reviewed criminal investigations that were done regarding administrative issues. The PREA Coordinator states there have been no administrative investigations completed. The auditor reviewed allegations that were received that should have had administrative investigations conducted. Several of the “criminal” investigations did not collect evidence or interview witnesses, so those investigations cannot be counted as complete through the lens of the PREA standards. The auditor considered the following: interviews with administrators and investigators; training curriculum, documentation of investigative training received, investigations completed, and training policy.

Finding: The agency/facility has not shown substantial compliance with the standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facility. All medical and mental health care practitioners who work regularly at this facility received the training required by agency policy, and it is documented; but they do not conduct forensic medical exams.

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

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Agency policy requires screenings (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates, but the facility has not shown verification of these being completed as required. The policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The facility is also required to reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. A problem is that a number of inmates do not remember being asked the screening questions at ASPC-Tucson, and some administrative staff acknowledge that the reassessments are not always being effectively completed. It is clear that high-risk inmates are not being successfully identified. The facility reports having two high-risk inmates, of nearly 5000 inmates. By contrast, the auditor observed and interviewed inmates meeting most of the risk factors to be considered; yet, they are not being scored as being high-risk. It may be that someone is not entering the data into the computer in a way that causes the level of risk to be flagged, or it may be that a high-level ADC official is overriding the screening results. Department Order 811 Individual Inmate Assessments and Reviews states, in subsection 1.10.5.3.1, "The Offender Services Bureau Administrator or designee shall be the final authority for those cases the Deputy Warden approves as High Risk and shall complete such reviews within one workday following the Deputy Warden's review." Although administrative review is appropriate, it should not be about whether some DW or Offender Services Bureau Administrator approves an inmate as being high-risk, but whether the inmate is indeed high-risk.

Corrective Action: The Jointly Developed ASPC-Tucson CAP required the agency to "Design and implement a new or significantly improved screening process for risk of victimization or abusiveness. Provide a description of the new process or improvements. Provide verification and detailed description of all screenings and reassessments completed during the first week of September (assuming there are admissions and reassessments during that week). Provide logs of all ASPC-Tucson inmates identified as being high risk of being sexually abusive and high risk of being victimized." The agency did not provide any of this verification.

Analysis: The PREA Auditor Handbook states: "Standard 115.401(e), which states, 'The agency shall bear the burden of demonstrating compliance with the standards.' Therefore, an agency must be compliant not only in policy but must also demonstrate institutionalization of the Standards in its day-to-day practices." When reviewing screenings, documentation of the number of 'High Risk' assessments, the interviews, investigations and observations from the on-site review, it is clear that the facility has not shown that the screening system works at ASPC-Tucson to identify inmates at high risk of victimization or abusiveness. It strains credibility to see numbers such as one per thousands of inmates screened as high risk. The Standard also requires reassessments when the facility receives new information which may affect risk factors. Interviews indicated those are charged with such reassessment did not recall doing them. No examples were provided, only information of how the system should work. In addition, the agency collaborated on the Corrective Action Plan and failed to the agreed upon requirements of the CAP.

Finding: The facility has not shown compliance with this standard.

Standard 115.42: Use of screening information

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

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

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

115.42 (c)

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

health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
 Yes No

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Since the facility does not compete screenings and reassessments effectively to identify high-risk inmates, the facility does not have the information it needs from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Corrective Action: The Jointly Developed ASPC-Tucson CAP depended on compliance with 115.41 for compliance with 115.42. Once the changes made for 115.41 were made, the auditor was, according to the CAP, to conduct phone interviews and review examples (provided by the facility) of the practice of screening and reassessment information being used to protect inmates. However, the agency did not provide verification for review.

Analysis: "It is important to remember that the primary purpose of the onsite phase of the PREA audit is to assess the day-to-day practices used by facility staff to promote sexual safety" from the PREA Auditor's Handbook. Interviews, documentation, and observations indicate this standard is not in practice. The facility did not provide verification during the CAP of compliance with this standard, and the burden is on the facility to provide verification of compliance. They participated in the creation of the Corrective Action Plan yet failed to follow the remedy for this standard, which was in the plan. Absent all these things, the facility does not have the information it needs from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Finding: The facility has not shown compliance with this standard.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

ADC has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing, unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months. Policy and procedure assure that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. However, there have been no instances of programs being limited in this circumstance. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population, and will document this review. Information received during interviews conducted by the auditor team verify that these policies are known, in place, and being followed at the facility.

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

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

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy mandating that staff promptly accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and to give these reports promptly to their supervisor, who will notify statewide PREA Investigators, and to appropriate official(s) for investigation. Staff and inmates are informed of these procedures in writing, in training, verbally, and through signs posted in the facility. Inmates interviewed indicated they remember their options for reporting, and that they can get help reporting. Staff indicate an understanding of their obligation to take reports. A recorded message with such information comes on the phone when they make calls. Postings and brochures provide options for making reports, including talking to staff, dialing 7732 from inmate phones, and calling the Southern Arizona Center Against Sexual Abuse (SACASA) at 520-327-7273.

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

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Agency policy and procedure allow an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Agency policy and procedure require that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Department Order 802.09 states: "Staff receiving an Informal Complaint or Formal Grievance at any level that describes activity which may be in violation of the Prison Rape Elimination Act (PREA) . . . shall immediately initiate Department Order #125, Sexual Offense Reporting and notify the shift commander who shall notify the unit Deputy Warden or institution Warden." Review of policy indicates ADC policy reflects all parts of this PREA standard, and interviews indicate administrators understand these policies. According to documentation reviewed and interviews conducted, no inmate grievances at ASPC - Tucson alleged sexual abuse during the past 12 months.

Analysis: Interviews conducted with both inmates and staff, as well as a review of agency policies, indicate the agency is compliant with this standard. Since allegations of sexual abuse are handled outside the grievance system, the auditor did not review grievances. However, postings observed during the site review also assist to verify the grievance system in place.

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

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers,

including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ASPC - Tucson provides inmates with access to outside and facility staff victim advocates for emotional support services related to sexual abuse, by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility informs inmates, prior to giving them access to outside support

services, of the extent to which such communications will be monitored, and about the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. To verify compliance with this standard, the auditor reviewed and verified the Memoranda of Understanding (MOU) with the Southern Arizona Center Against Sexual Assaults (SACASA) and reviewed documented attempts to acquire additional MOU's. Even though this information is given on notices that are posted throughout the facility, it is still important for each inmate to receive PREA education as required in 115.33, and that inmate handbooks provide information that is consistent.

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

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

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Information about reporting is publicly distributed in the lobbies and visitation areas, and on the agency website. The auditor has verified that information is publicly available regarding how to report sexual abuse and sexual harassment on behalf of an inmate.

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

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency requires all staff to report immediately and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against inmates or staff who reported such an incident; and, Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone, other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and of the limitations of confidentiality, when they initiate services. The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Interviews indicate an understanding of this standard and related policies and procedures among staff. However, a significant number of inmates believe staff will not protect confidentiality. This includes inmates who made no other complaints about staff and who did not report other PREA

violations. There is a belief among a number of inmates (about 1/2 of those who were interviewed or otherwise provided information to the auditor) that staff will share information inappropriately, rather than following up appropriately, and discretely, to protect inmates. Due to this discrepancy, the auditor cannot yet say that the agency has shown that all staff are complying with this standard. During the exit conference at the conclusion of the onsite audit, the audit team mentioned the general concerns expressed by inmates that confidentiality may not always be protected. After that time, the auditor received additional information alleging violation of confidentiality during an investigation. The auditor passed this information on to the PREA Coordinator in the form of an anonymous allegation.

Corrective Action: For two weeks, the facility Daily Briefing Sheets that went out for review by every staff, including investigators, included the following reminder, “Per DO125.09, the identity and dignity of a PREA victim will be protected to the fullest extent possible. Except as required for investigations and criminal prosecution, all information and reports shall be treated as confidential. Staff shall follow existing instructions in preserving confidentiality except as provided for in instructions relating to investigations.” However, when the auditor reviewed investigative documentation, numerous instances were documented when confidentiality appeared to have been violated without legitimate investigative purpose.

Analysis: With contradictory information and investigative documentation indicating the standard is not fully followed in practice, a triangulation of verification of compliance was not shown. Policy and other documentation reviewed includes: ADC Chapter 100” Agency Administration Department Order: 125 Sexual Offense Reporting Policy (with Attachments A & B); ADC Chapter 500: Administrative/Human Services Department Order 501: Employee Professionalism, Ethics and Conduct, and Order 509: Employee Training and Education; ADC Chapter 1100: Inmate Health Services Department Order 1101: Inmate Access to Health Care; ADC Staff Development Bureau Curriculum and Training Plans; PREA Reporting and Advocacy Posters in English and Spanish; PREA Compliance Training FY2017; Annual Training Plan; Excel Spreadsheets tracking training with employee acknowledgment and verification; Medical Staff Training Report and sign-in sheets; PREA Hotline Agreement; and Employee Handbook.

Finding: The agency/facility has not shown full compliance with the standard.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. In the 12 months prior to the onsite audit, the facility has not determined that any of the inmates has been subject to substantial risk of imminent sexual abuse. Interviews with staff indicate a commitment to take immediate action when there are indications of risk of imminent abuse. Inmates interviewed gave mixed responses regarding whether they feel staff protect them, so the auditor asked follow-up questions for clarification. Although responses still varied, the general explanation was that when the facility believes someone is in imminent danger, they act to protect. However, inmates indicate the facility is not effective at follow-up care, not checking for retaliation, and not monitoring for unintended consequences or side effects of management decisions. For example, inmates report being pressured into "voluntary" isolation or protective custody. Written policies require actions be taken to protect inmates.

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

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the external facility, or the appropriate office of the agency or facility where sexual abuse is alleged to have occurred. No allegations such as this were received during the 12 months prior to the Pre-Audit Questionnaire being completed. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility must document that it has provided such notification within 72 hours of receiving the allegation. The agency or facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. One allegation was received in the past 12 months from another facility. Verification of compliance with this standard was supported by a review of policy, investigations, and other documentation.

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

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

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Interim Report indicated that when First Responders were interviewed, there were some who seemed to not understand the duties well. In addition, the audit team received some indication that the training at academy may not be accurate regarding the point that there is some difference between the response provided to the alleged victim and the alleged abuser. First responders are to "request" the victim to not destroy evidence, and to "ensure" that the perpetrator does not destroy evidence. This confusion, along with the overwhelming indication from alleged victims that the facility does not provide

appropriate responses, made it clear the facility could do more to show compliance with this standard, so it was included in the Jointly Developed CAP.

Corrective Action: The facility utilized daily briefing sheets to cover First Responder Duties with staff. These sheets were sent to the auditor, unit-by-unit, covering 10/3/18-10/15/18. When it was pointed out to the PREA Coordinator that the wording of the First Responder Duties on the briefing sheets did not address how forensic evidence from the alleged abuser would be protected, she indicated it was part of the duties of the Shift Commander and the CIU Investigator. However, when investigations completed during the CAP were provided to the auditor, they often did not document that First Responder Duties were followed. Some investigative documentation made it evident that duties were not followed, and moreover, that evidence was not protected, or even that evidence was destroyed.

Analysis: Without documentation that First Responder duties are followed in practice, compliance has not been shown by a triangulation of evidence. The audit team did conduct interviews with First Responders and administrators, and reviewed other documentation evidence as follows: ADC Chapter 100: Agency Administration Department Order 125: Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Staff Development Bureau Curriculum and Training Plans; Training and Acknowledgment documentation of staff training; ADC Chapter 900: Inmate Programs and Services Department Order: 916 Staff-Inmate Communications; Excel Spreadsheets tracking training with employee acknowledgment and verification; Medical Staff Training Report and sign-in sheets; SANE Procedures; and Coordinated Response Plan.

Finding: The agency/facility has not shown substantial compliance with the standard.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

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

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has not entered into or renewed any collective bargaining agreement. This agency maintains the ability to protect inmates from contact with abusers.

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

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The pre-audit and on-site audit process verified that the agency has a written policy to protect all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, from retaliation by other inmates or staff; but the auditor still needed to see verification regarding practice. Inmate interviews of alleged victims, witnesses, and those who cooperated with investigations indicated little monitoring for retaliation, even when requested. The agency policy requires they monitor housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, for at least 90 days. In the case of inmates, such monitoring is to also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency is to take appropriate measures to protect that individual against retaliation. The agency is to act promptly to remedy retaliation and is to continue to monitor longer than 90 days, if needed. There are no examples of monitoring past 90 days, nor of monitoring someone who feared retaliation. Interviews indicate there are many who fear retaliation. There are upper-level staff officially tasked with monitoring for retaliation in the complex, and documentation has been provided, which shows that some monitoring for retaliation has been completed. However, based on a review of investigative work, other documentation, and interviews conducted during the audit, the facility has not shown retaliation monitoring for all circumstances required by this standard.

Corrective Action: The investigative documentation reviewed during the CAP did not verify that retaliation monitoring is provided as required by agency policy. In one case, the alleged victim told the investigator that the alleged perpetrator was determined to retaliate, and that he had “a shank right now”, had already attacked someone else with a broom handle, and had access to his room; nonetheless, the concerns were not addressed in interviews, nor in documentation provided for the auditor to review. In another case, the alleged victim stated the alleged perpetrator told him that he “felt homicidal” toward him. Yet it does not appear any monitoring was conducted.

Analysis: Due to evidence of this standard and the associated policy being violated, the facility has not established itself as being compliant. Documentation reviewed includes: ADC Chapter 100: Agency Administration Department Order 125: Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Chapter 600: Inspector General Department Order 601: Administrative Investigations and Employee Discipline, and Order 608: Criminal Investigations; ADC Chapter 500: Administrative/Human Services Department Order 501: Employee Professionalism, Ethics and Conduct, and Order 508: Criminal Investigations; Statewide Screening and Retaliation Training; Retaliation Monitoring policy and example; and PREA Risk Screening and Retaliation Review (Training PowerPoint).

Finding: The agency/facility has not shown compliance with the standard.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing, unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population, and documents these reviews. Documentation reviewed, and interviews conducted, indicate victims have not been placed in involuntary segregated housing for their protection in the 12 months prior to the PAQ.

Analysis: The facility has provided policy and documentation consistent with this standard. Practices are verified in interviews with inmates and staff. Policy verification can be found in ADC Chapter 100: Agency Administration/Management (DO 125: Sexual Offense Reporting) and ADC Policy: Chapter 800: Inmate Management (DO 804 Inmate Behavior Control and DO 805 Protective Custody, with Attachments A & B). In addition, ADC Policy Chapter: 500 Personnel/Human Resources (DO 501: Employee Professionalism, Ethics and Conduct) spells out clear duties and obligations applicable to this standard.

Finding: The facility shows compliance in all material ways with the standard for the relevant review period.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ADC has a policy related to criminal and administrative agency investigations that appears to be consistent with PREA standards. However, at the time of the Interim Report, the facility had not shown full compliance with the policy and standard. The audit team reviewed investigations that did not appear to have been conducted promptly, thoroughly, and objectively for all allegations. Investigation files indicated investigators might not always document circumstantial evidence as required or collect available electronic monitoring data. They did not appear to always interview all witnesses or review prior complaints and reports of sexual abuse involving the suspected perpetrator. Staff or other inmates with information were not always be interviewed. Documentation did not show that the credibility of an alleged victim, suspect, or witness was always assessed on an individual basis, rather than being influenced by whether they were staff or inmate. Investigations did not appear to always include efforts to determine whether staff actions or failures to act contributed to the abuse; and to document in a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Corrective Action: There were a total of 26 investigations during the time frame of 4/1/18-9/30/18, the time period agreed to for purposes of the CAP review of investigations. 7 of these appeared to meet the applicable PREA Standards. All investigations were initiated quickly and involved interviewing the alleged victim and alleged perpetrator, but the rest of the requirements of the standards were often not found in the documentation provided.

Analysis: The investigations conducted during the CAP do not indicate full compliance with this standard. For example, statements made by alleged victims are often not considered evidence. Inmates and staff who are familiar with the alleged victim and/or alleged perpetrator are hardly ever interviewed, and they are not considered witnesses if they are not eyewitnesses. Information was rarely sought regarding context, relationship, patterns, state of mind, or anything circumstantial or toward credibility, as required in the standard. Documentation reviewed includes: ADC Chapter 100: Agency Administration Department Order 125: Sexual Offense Reporting Policy (with Attachments A & B); Sexual Assault Procedures List; ADC Chapter 600: Inspector General Department Order 601: Administrative Investigations and Employee Discipline, Order 603: Polygraph Services, Order 606: Internal Inspections Program, and Order 608: Criminal Investigations; ADC Chapter 500: Administrative/Human Services Department Order: 501 Employee Professionalism, Ethics and Conduct, and Order 504: Recruitment and Hiring, and Order 508: Criminal Investigations; Arizona State Law 13-1419 regarding unlawful sexual conduct, correctional facilities, classification, and definitions; Intervention Checklist; Investigator Training with Certificates of Completion; Medical Staff Training Report and sign-in sheets; SANE Procedures; Coordinated Response Plan; General Records Retention Schedule for all Public Bodies Law Enforcement Records; and DOJ Survey of Sexual Violence.

Finding: The agency/facility has not shown full compliance with the standard.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

The Interim Report stated that reviews of investigations indicated that a higher standard of evidence than preponderance of evidence is often imposed.

Corrective Action: 26 additional investigations were reviewed during the CAP. The agency usually calls these criminal investigations, even though they are used for administrative purposes, and even though most do not involve allegations typically considered criminal in nature. Even when the investigation documents that additional administrative investigative actions and decisions are indicated, such actions, if completed, were not typically provided to the audit team.

Analysis: This standard is clearly stated in established written policy and verified by the auditor during interviews with investigators, the PREA Coordinator, and the Warden. It is also taught in investigator training. However, most investigations reviewed, that that are used for administrative purposes, employ a higher standard of evidence, indicating that nothing can be done to protect the alleged victim, or hold the alleged perpetrator accountable, unless a criminal act can be proven in a court of law.

Finding: The agency/facility has not shown full compliance with the standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Inmates who reported sexual abuse or harassment indicated they were not informed of the investigative findings regarding all allegations, as would have been required to be compliant with this standard. A review of investigations indicated that not all investigations have clear findings for all allegations.

Corrective Action: Most investigations reviewed during the CAP, but not all, documented that the alleged victim was informed of the finding of the investigation. However, many of these notifications were provided during the first interview conducted during the investigation, before the investigation was completed. For example, in one case, the alleged victim was told that if the alleged perpetrator denied the allegations, the allegation would be declared to have been “unsubstantiated”, and there is no indication that the alleged victim was informed after the finding was made, as required by the standard. Objective, unbiased investigators do not determine their finding until after the investigation is completed and all the evidence has been reviewed.

Analysis: Investigative documentation reviewed does not show that the alleged victim is properly informed regarding the investigative outcome, nor regarding the other requirements of the sub-sections of this standard. Documentation reviewed includes: ADC Chapter 100: Agency Administration Department Order 125: Sexual Offense Reporting Policy (with Attachments A & B); ADC Chapter 600: Inspector General Department Order: 601 Administrative Investigations and Employee Discipline, and Order 608: Criminal Investigations; and ADC Chapter 500: Administrative/Human Services Department Order 508: Criminal Investigations.

Finding: The agency/facility has not shown compliance with the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

As verified by policy review and interviews with the Warden, PREA Coordinator, and HR, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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

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

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

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

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

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

Analysis: Compliance with this standard was verified by a review of policy and in interviews with investigators, the Warden, and the PREA Coordinator. The review of investigations of inmate-on-inmate sexual abuse during the past 12 months indicated no inmates appeared to be subjected to discipline for such activity. Discipline was associated with other activity.

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

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

Compliance with this standard is tied to § 115.41, and it has not been shown that screenings pursuant to § 115.41 are being completed at ASPC – Tucson. Written policies appear to be consistent with this PREA standard, but, at the time of the Interim Report, compliance still needed to be verified regarding whether this standard and related policies are in practice, including the protection of confidentiality.

Corrective Action: The CAP stated, “Compliance needs to be verified regarding whether this standard and related policies are in actual practice uniformly. Provide documentation regarding how the mental health and medical screening process assures pertinent information gleaned from this process is considered in the screening and reassessment for risk of victimization and abusiveness tools. Provide detailed examples and logs, including information about what the screening recommendations were, and whether recommendations have been followed. Use the month of September 2018 for the time frame for this reporting.” The auditor received no verification regarding this standard during the CAP.

Analysis: The facility has not provided the verification agreed to in the CAP and has not shown compliance with § 115.41 which provides the information required to be compliant with this standard. The auditor was provided numerous computer screens showing records of inmate receiving medical and mental health care during the Pre-Audit process. The auditor reviewed Chapter 1100 Inmate Health Services, Department Order 1104: Inmate Medical Records, as well as DO 125.05 Mental Health Services.

Finding: The facility has not shown compliance with this standard.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

According to reports reviewed by the audit team, ASPC-Tucson inmate victims of sexual abuse appear to receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Treatment services are provided to every victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. ASPC-Tucson inmates have access to a number of medical services onsite and also have access to services in the regional area.

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

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

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

From a review of investigations and related documentation, agency policy, and interviews with administrators, it appears that the agency documents efforts to provide medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility as required by this PREA Standard. The auditor has received some seemingly contradictory information from inmates who feel they have been victims and have not had proper care. The documentation reviewed for this audit indicate it has been the screening and investigative processes that have not been meeting the minimum PREA standards. If inmates are properly screened and reassessed as required, and if allegations are properly and fully investigated, it is anticipated that more inmates that need care will be identified and offered the care they need. The auditor interviewed a number of inmates who say they believe the facility offers adequate medical and mental health care. The system in place provides for the evaluation and treatment of such victims and includes, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. This is an all-male facility, so the portions of this standard relating to female inmates do not apply. Treatment services are provided to the victim without financial cost, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility documents attempts to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and the facility appears to offer treatment, when deemed appropriate by mental health practitioners.

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

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☒ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

According to policy, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse incident review team is to include upper-level management officials, and it allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team will: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred, to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; and (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement, and submits such a report to the facility head and to the PREA Compliance Manager. The auditor reviewed completed incident reviews regarding investigations completed at the facility. Some of these reviews made recommendations for changes, such as the need to address blind spots. However, the auditor did not find documentation regarding whether these recommendations were implemented, nor justification as to why the improvements could not be implemented. In addition, the auditor did not find incident reviews for several investigations that appeared to require them, as per the requirements of this standard and relevant agency policy.

Corrective Action: During the corrective action period the agency continued to provide investigations that were incomplete according to the requirements of the PREA Standards, and some investigations gave findings that were unclear. Incomplete investigations involving non-criminal activity were ruled as "unfounded" with the explanation that the allegations cannot be proven beyond a reasonable doubt in a criminal courtroom, but this is not the proper standard of evidence for non-criminal investigations. Also, when investigations are not complete, there is not enough evidence to make a finding, or to know whether something is unfounded. Since Incident Reviews are based on investigative information, the facility is unable to show compliance with the requirement to do proper Incident Reviews unless proper investigations are completed. Out of 27 investigations reviewed during the CAP, one Incident Review was completed, and appeared to be completed in a way consistent with this standard. It identified a need for cameras and also documented some camera management decisions based, in a general way, on concerns regarding sexual safety.

Analysis: When investigations are not complete, there is not enough evidence to make a finding or to do a proper Incident Review. Since Incident Reviews are based on investigative information, the facility is unable to show compliance with the requirement to do proper Incident Reviews unless proper investigations are completed. Evidence reviewed includes: PREA policy; investigative documentation,

Incident Reviews, and interviews with the PREA Coordinator, the Warden, the Agency Director's Designee, and members of the Incident Review Team.

Finding: The agency/facility has not shown compliance with the standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

ADC collects accurate, uniform data for every allegation of sexual abuse, using a standardized instrument and set of definitions. The standardized instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually. The agency maintains, reviews, and collects data in reports. The agency reports to the Department of Justice as requested. Interviews with investigators, the PREA Coordinator, the PREA Compliance Manager, the Warden, and the Director's designee indicate all information is available for compilation and review.

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

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

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

ADC reviews data collected and aggregated pursuant to §115.87, in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for the facility. The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The agency makes its annual report readily available to the public at least annually through the ADC website. The reports are approved by the agency head. When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of the material redacted.

Analysis: Compliance with this standard was verified through a review of annual reports and documentation provided during the audit process. Interviews with the state’s PREA Coordinator also indicated ongoing efforts to collect accurate data and to use the data for improvements.

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

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

115.89 (c)

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

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Arizona Department of Corrections policy and procedure ensure that incident-based and aggregate data are securely retained, requiring that aggregated sexual abuse data be made readily available to the public, at least annually; and this is done through their website, which the audit team found to be user-friendly. They have published their policies, as well as a variety of reports and statistics, readily available at azcorrections.gov. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Compliance with this standard was established through a review of the website, materials provided with the Pre-Audit Questionnaire, and interviews with administrators conducted during the audit.

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

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

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

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

D. Will Weir _____

01-16-2019 _____

Auditor Signature

Date

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

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