

Agency-Wide PREA Coordinator	
Name: Phebia L. Moreland	Title: Director, Contract Compliance, PREA Coordinator
Email address: pmoreland@geogroup.com	Telephone number: 561-999-5827

AUDIT FINDINGS

NARRATIVE

Barbara Jo Denison, Certified PREA Auditor, conducted the PREA audit of the Central Arizona Correctional Facility (CACF) August 5-7, 2015. Prior to the on-site visit the facility provided me with policies, procedures and supporting documentation for each standard for review. GEO CACF is required to follow Arizona DOC PREA policies and protocols. I had ongoing communication with the PREA Compliance Manager throughout the document review period. Just prior to the on-site visit, the facility provided me with a list of inmates sorted by housing unit, the name of an inmate who disclosed being bi-sexual, a list of Spanish speaking inmates, a list of inmates who had alleged sexual abuse, names of inmates with visual impairments and a list of facility staff names. At the time of the audit, there were no inmates with cognitive or hearing impairments and no transgender or intersex inmates.

On the first day of the audit an entrance meeting was held at 11:35 a.m., followed by a tour of the facility from 12:15 p.m. – 3:15 p.m. with the following people in attendance: Bennie Rollins, Warden; [REDACTED], Deputy Warden; Tiffany Appel, Substance Abuse Counselor/PREA Compliance Manager; [REDACTED], Captain; Phebia Moreland, Director, Contract Compliance, PREA Coordinator; Michael McCarville, Arizona DOC PREA Coordinator and [REDACTED], PREA Compliance Manager of the Arizona State Prison - Florence West facility. All housing units and all areas that inmates are allowed access were toured. During the tour, 21 inmates and 9 staff were informally interviewed. All staff and inmates informally interviewed during the tour acknowledged receiving PREA training and knew of the procedures for reporting allegations of sexual abuse and sexual harassment.

During the tour, it was noted that female staff were not announcing themselves when they entered the housing units. This was further confirmed through random and formal inmate interviews. From documentation received prior to the on-site visit and through observation during the on-site visit, a notice is posted on the bulletin boards in all housing units stating: “This shall serve as opposite gender staff announcement: Male and female staff routinely work and visit inmate housing areas”. Discussion was held with facility staff and the Arizona DOC PREA Coordinator concerning this practice not meeting the intent of subsection (d) of standard 115.15. (See the narrative of this standard for more information on pages 7 & 8).

There were 1279 inmates assigned to the facility on the first day of the audit. A total of 35 inmates were formally interviewed. The sample of random inmates interviewed included inmates from each pod of the living units. Of the number of inmates interviewed, five were Spanish speaking only, one self-disclosed being bi-sexual, three had reported sexual abuse and two were visually impaired. All of the inmates interviewed acknowledged receiving PREA training that outlines the agency’s policy on zero tolerance towards sexual abuse and sexual harassment, as well as the procedures for reporting sexual abuse and sexual harassment. The Spanish-speaking inmates and the visually impaired inmates confirmed they had received the PREA training written materials in ways they could understand. The two inmates who had alleged sexual abuse felt the facility responded appropriately to their complaint.

A total of 32 staff was formally interviewed during the course of this audit. Of that number, 15 were security staff, which included one supervisor, and four line staff from each of the three security shifts, 13 were specialized staff, two contract staff and one volunteer (interviewed by telephone). The Agency Head was not in attendance at the audit, but was interviewed in the first year of the audit cycle and the PREA Coordinator was interviewed at an earlier date as well. The facility does not have SANE staff. Inmates in need of SANE exams are referred to Honor Health Osborne, Phoenix, AZ. Staff interviewed was well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence and retaliation for reporting. When questioned about evidence preservation, all staff responses reflected knowledge of agency policies.

In the past 12 months, the Central Arizona Correctional Facility has received a total of five PREA allegations. They were as follows:

Number Received	Type of Allegation	Outcome
1	Inmate-on-Inmate Sexual Harassment	Unfounded
4	Inmate-on-Inmate Sexual Abuse	Unfounded Unfounded Pending Disposition (alleged to have occurred in Wyoming Prison in 1991) Pending Disposition (alleged to have occurred in Maricopa County Jail)

Pending Investigation (alleged to have occurred at
Alhambra Reception Center
8 years ago)

All investigative files were reviewed and found to be well documented and investigated per agency policy. All allegations are investigated promptly and documented thoroughly.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings with the following people in attendance. Bennie Rollins, Warden; Phebia Moreland, Director, Contract Compliance, PREA Coordinator; Tiffany Appel, PREA Compliance Manager; ██████████, Correctional Program Supervisor; ██████████, Captain; ██████████, Health Services Administrator; ██████████, PREA Compliance Manager of the Arizona State Prison - Florence West facility; Michael McCarville, Arizona DOC PREA Coordinator. During the exit meeting, I explained the process that would follow the on-site visit to include corrective action measures required for standard 115.15 subsection (d). I acknowledged the willingness of staff involved to accomplish PREA compliance as a team.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Central Arizona Correctional Facility (CACF) is privately owned and operated by the GEO Group, Inc. under contract with the Arizona Department of Corrections (ADC) to provide custody, programming and treatment to 1280 medium-custody adult male sex offenders. The facility employs 214 full-time employees.

The institution opened December 11, 2006. The average length of stay of inmates is 17.2 years. The housing in the institution is dormitory in style with the exception of the disciplinary detention unit. There are five housing units that are contiguous to each other in one long building on the north side of the facility property. Each of the five housing units has four individual housing pods that house up to 64 inmates, making a total capacity of 256 for each housing unit.

There is a double perimeter fence surrounding the majority of the institution. The outer fence is 14' chain link with "no-climb" fabric as well. On a portion of the perimeter the rear wall of the housing dormitories and program services building provides the inner perimeter security barrier. The outer fence is lined with razor and there is a portion at the top curved inward with razor wire.

There are 160 CCTV cameras throughout the facility monitoring the grounds and perimeter and recorded by DVR. There is a mobile perimeter patrol 24/7.

The facility provides for the care, custody and programming for adult male level 3 sex offenders. This program provides treatment to medium-risk sex offenders identified by the ADC. The key components of the sex offender treatment program focuses on assessment, psycho-education and relapse prevention. Programs include employability skills, parenting, substance abuse education and counseling, nutrition/diet education, GED classes, ABE classes, case management, individual/group counseling, stress management, facility work programs, job placement and prison work/labor.

The mission of the Central Arizona Correctional Facility is to provide a meaningful public service by providing the highest quality security, basic education programs, sex offender treatment programs, self-improvement classes, mental health counseling and job seeking skills to prepare offenders for release and reintegration into our communities.

GEO's mission is to develop innovative public-private partnership with government agencies around the globe that deliver high quality, cost efficient correctional, detention, community reentry and electronic monitoring service while providing industry leading rehabilitation and community reintegration programs to men and women entrusted to GEO's care.

SUMMARY OF AUDIT FINDINGS

The following is a summary of the audit findings:

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 3

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

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

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

GEO policy 5.1.2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors (pages 3-5, section B). The Arizona Department of Corrections (ADC) Department Order (DO), #125 is the zero-tolerance policy of the ADC and the facility. Pages 19 & 20 of DO #125 outlines the definitions of prohibited behaviors for inmates and staff.

GEO policy 5.1.2-A, pages 6 & 7, section B, 1-3, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. In interview with the agency's PREA Coordinator, at an earlier audit date, and the Substance Abuse Counselor/PREA Compliance Manager, they both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

GEO is a private provider and does not contract with other agencies for the confinement of inmates; therefore, this standard is not applicable.

Standard 115.13 Supervision and monitoring

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

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

Based on GEO policy 5.1.2-A, page 7, section C-1, a-e, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. A "PREA Annual Facility Assessment" is completed by the PREA Compliance Manager and the Compliance Administrator and forwarded to the PREA Coordinator and the Corporate Divisional Vice President for review and signature. The last PREA Facility Assessment completed on 10/15/14, noted no deviations from the staffing plan and no recommendations were made for any changes to the current staffing levels. CACF has a contract mandated staffing plan and currently exceeds the amount of staff required by the ADC in multiple departments. The facility covers any vacancies of security posts by utilizing overtime. Staffing reports are submitted to and monitored by ADC to ensure contract requirements are being met. The Chief of Security reviews the staffing roster on a daily basis as well as ADC. In interview with the Warden, he stated that in the past 12 months there have been no deviations of the established staffing plan.

GEO policy 5.1.2-A, page 7, section C-1, f & g and DO #703, section 703.02, 1.1, state that facility management staff and mid-level supervisors will conduct and document unannounced PREA rounds within their respective areas to deter employee sexual abuse and sexual harassment. This practice was confirmed by interview with inmates and staff who reported numerous rounds being conducted on a daily basis.

Standard 115.14 Youthful inmates

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

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

Central Arizona Correctional Facility does not house youthful inmates; therefore, this standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

GEO policy 5.1.2-A, pages 15 & 16, section I, 1-10 addresses inmate pat searches, strip searches, body cavity searches and the limits to cross gender viewing and searches. All staff receive training in pre-service and in annual in-service on how to conduct searches, including searches of transgender and intersex inmates. DO #708, page 8, section 1.7.1 states that staff members of the same gender may perform strip searches and page 10, sections 1.2.1 & 1.2.1.1 addresses the facility policy on pat searches, with page 19, section 1.1.21 specifying searches of transgender and intersex inmates. The facility does not conduct cross gender pat down searches, strip searches or body cavity searches. A staff member of the same gender conduct pat searches and these searches are documented on a "Unit Strip Search Log".

GEO policy 5.1.2-A, page 16, section 1-9 addresses procedures for staff of the opposite gender to announce their presence when they enter a housing unit or any areas where inmates are likely to be showering, performing bodily functions or changing clothes. Through observation during the on-site visit and from documentation provided for review prior to the on-site visit, this is not a practice at CACF. This was further confirmed through random and formal inmate interviews. GEO CACF is required to follow Arizona DOC PREA policies and protocols. ADC policy requires a notice posted on the bulletin boards in all housing units, which reads: "This shall serve as opposite gender staff announcement: Male and female staff routinely work and visit inmate housing areas". Discussion was held with the facility staff and the ADC PREA Coordinator concerning this practice not meeting subsection (d) and not adhering to all subsections of the standard. It was further explained that the Department of Justice had previously ruled on this matter and issued a FAQ on the PREA Resource Center's website outlining the intent of this standard. The ruling clearly states that just posting a notice does not constitute an announcement as required by this standard; therefore, it was found that the facility did not meet the requirements of subsection (d) of the standard.

Recommended Corrective Action Plan:

The recommended corrective action required to bring this portion of the standard into compliance is for ADC to allow staff to announce their presence when entering an inmate-housing unit. By doing so, the facility would be meeting all subsections of this standard and the directives of the Department of Justice as well as the requirements of this standard. In an effort to bring this standard into compliance, it was recommended that the facility issue a revised directive to require female staff to announce their presence when they enter the housing units, retrain all staff of the new practice and implement the new procedure. Documentation of staff training, training curriculum and revised written directive must be provided to me upon completion.

During the corrective action period, the Arizona Department of Corrections administration reversed their position regarding 115.15 (d) which was deemed not to meet the requirements of this portion of the standard and allowed GEO to implement the announcements. The GEO PREA Coordinator worked with the facility to implement the recommended corrective actions to achieve compliance. The facility issued a memorandum to all CACF staff on 9/17/15, which stated that effective immediately, all female staff were to announce their presence when entering inmate-housing units. In addition, ADOC "Unit Specific Post Order #35" (Housing Unit Security Officer) and "Unit Specific Post Order #12" (Detention Unit Security Officer) were revised effective 9/17/15 to include this new procedure. The GEO PREA PowerPoint training curriculum was revised (page 8) to include the change of practice. All CACF staff were trained on the new procedure between the dates of 9/18/15 and 10/9/15. The facility provided documentation of staff training requiring female staff to announce their presence when entering inmate-housing units. The facility now meets all elements of this standard.

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

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

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

The agency takes appropriate steps to ensure that inmates with disabilities and residents that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and harassment. GEO policy 5.1.2-A, page 10 section E and ADC, DO #125, page 4, section 1.2 and DO #704, section 704.15, were used to verify compliance to this standard. Spanish speaking staff interpreters are provided to interpret for inmates that are Spanish speaking only. A contract with Language Line Services, Inc. provides translation services of any other languages. Inmates with literacy problems or visual impairments will be provided oral translations of PREA training material. The agency does not use inmates as interpreters, readers of other types of inmate assistants. Five Spanish-speaking inmates were interviewed and they all reported that they received all PREA training material in Spanish. Two inmates with visual impairments that were interviewed reported that all PREA information was read to them.

Standard 115.17 Hiring and promotion decisions

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

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

GEO and CACF do not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer who may have contact with inmates, who has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community as stated in GEO policy 5.1.2-A, pages 7 & 8, section C-2 and DO #602. Criminal background checks are completed before hiring any new employee. ADC performs NCIC background checks and DPS checks on all potential employees. Applicants who answer on their application for employment that they have worked previously in a confinement setting, receive a PREA Verification by Accurate Backgrounds, Inc. For consideration for promotions or transfers, employees complete a "PREA Disclosure and Authorization Form Promotions – PREA Related

Positions” and another background check is completed. At the time of annual performance evaluations, employees complete a PREA Disclosure and Authorization Form Annual Performance Evaluation”. Background checks for medical staff who are contracted by ADC with Correct Care Solutions (CCS) conducts background checks on all CCS staff prior to being hired. Background checks are completed on all employees and contractors every five years. ADC has an excellent method of tracking required dates of five-year criminal background checks. The personnel files of 10 employees, 5 contractors and 2 volunteers were reviewed and revealed that the facility is doing an excellent job of adhering to policy requirements with excellent record keeping and therefore exceed in this standard.

Standard 115.18 Upgrades to facilities and technologies

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

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

GEO policy 5.1.2-A, page 8, section C-3 , states that the facility takes into consideration the effect that any new design, acquisitions, expansions or modifications of the physical plant or monitoring technology might have on the facility’s ability to protect inmates from sexual abuse. CACF has not acquired any new facility or had any expansions or modifications of the physical plant or monitoring technology since August 20, 2012; therefore, this standard is not applicable.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

According to GEO policy 5.1.2-E, pages 6-10 and Correctional Health Care (CHC) policy B-05, section F, e-ii, the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. It is the responsibility of the ADC Criminal Investigation Unit (CIU) to conduct investigations and to ensure that all evidence is collected and preserved according to evidence protocol established by the Department of Justice.

Forensic exams are not performed at the facility. Victims of sexual abuse are referred to Honor Health Osborne in Phoenix, AZ for SANE exams at no cost to the inmate. In the past 12 months, there have been no inmates that required SANE exams.

The facility has made multiple attempts to secure a Memorandum of Understanding (MOU) with community agencies willing to provide inmates of CACF with advocacy services. Those efforts are ongoing. Inmates are given information on how to contact state and national crisis services and are instructed to submit a request to their Correctional Program Officer to speak directly to an advocate. The facility has two trained victim advocates. They are the Substance Abuse Counselor/PREA Compliance Manager and a SOETP Therapist. Both received victim advocacy training on 2/4/15 from the Arizona Coalition to End Sexual and Domestic Violence. In the past 12 months, there were no incidents that required the use of a victim advocate.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

GEO policy 5.1.2-A, page 5, section III, A-2, outlines the agency's policy and procedure for investigating and documenting incidents of sexual abuse. According to DO #125, section 125.01, 1.1, all allegations of sexual abuse shall be investigated according to DO #608, "Criminal Investigations" and DO #601, "Administrative Investigations and Employee Discipline". The CIU when notified of an allegation of sexual abuse or sexual harassment ensures that a Significant Incident Report (SIR) is generated. A GEO "PREA Incident Tracking Log" is used to track all incidents that occur at the facility.

The agency's policy regarding referral of allegations for sexual abuse and sexual harassment is available on the GEO website (www.geogroup.com) and the ADC policy can be found on their website (www.azcorrections.gov) under the Constituent Services section.

Standard 115.31 Employee training

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

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

GEO employees receive training on the agency's zero-tolerance policy for sexual abuse and sexual harassment at pre-service for all correctional staff, New Employee Orientation for non-correctional staff and annually as part of in-service training. GEO policy 5.1.2-A, pages 11 & 12, section F-1, addresses the agency's training requirements. All CACF employees, contractors and volunteers receive ADC PREA training. DO #125, section 125.10 outlines the requirements of this training. Employees sign an ADC "PREA Training Acknowledgement" form (form 125-3) acknowledging receiving and understanding the training they received. The training curriculum was reviewed and found to contain all the requirements of the agency/facility and all of the requirements of this standard. In the past 12 months, 214 employees have received PREA training. Training records are maintained electronically for each employee. In review of the training records of 10 employees, it was confirmed that staff are receiving the mandated training and acknowledging receiving and understanding this training by their signature on the ADC "PREA Training Acknowledgement" form as well as being documented in the employee's electronic training record. All staff interviewed acknowledged receiving the training annually at in-service training and were knowledgeable of the zero tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment. The facility is doing an excellent job in ensuring that all staff receive PREA training and that documentation of this training is maintained by the facility.

Standard 115.32 Volunteer and contractor training

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

- Does Not Meet Standard (requires corrective action)

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

All volunteers and contractors who have contact with inmates are trained on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 13, section G-1 and page 14, section H. Through the ADC PREA training curriculum volunteers and contractors are made aware of the agency and ADC zero-tolerance policies and their responsibilities in detecting, preventing and responding to allegations of sexual abuse and sexual harassment. In the past 12 months, a total of 71 volunteers and contractors have received this training. Volunteer training is completed on-line for all volunteers. Review of volunteer training records revealed all volunteers completed this training between the months of February and March 2015. Medical staff, who are contracted providers from Correct Care Solutions (CCS), receive annual PREA training provided by CCS. The Training Manager is responsible for training any other contracted staff. Volunteers and contractors sign a "PREA Training Acknowledgement" form and training is documented electronically. One volunteers and three contractors interviewed confirmed receiving the training, were knowledgeable of the agency/facility's zero-tolerance policy, and were knowledgeable of their responsibilities as outlined in the policies.

Standard 115.33 Inmate education

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

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

GEO policy 5.1.2-A, page 11, section E-2 outlines the agency's requirements on inmate education. Incoming inmates receive information explaining GEO's and ADC zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. On the day of arrival, all inmates sign a form acknowledging receipt of the Inmate Handbook which contains PREA information. According to DO #125, page 4, section 1.2 – 1.4, all inmates receive the ADC "Sexual Assault Awareness" pamphlet and receive comprehensive PREA education as part of the institutional orientation process that is held once a week for all incoming inmates. Inmates sign a "Turnout List for New Inmate Orientation/PREA/EIP" roster and training information is documented electronically. Information provided is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Posters in both English and Spanish were prominently displayed in various locations throughout the facility. In interview with inmates, they acknowledged receiving PREA training and were knowledgeable of the information presented to them. In review of 20 inmate training files, documentation and electronic verification of inmate PREA training is being maintained by the facility. Thirty-five inmates were formally interviewed and 21 informally interviewed throughout the course of the on-site visit. All inmates interviewed acknowledged receiving the training and were knowledgeable of the methods of reporting allegations of sexual abuse and sexual harassment available to them.

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 13, section F-3, investigators receive specialized training in addition to the general education provided to all employees. The ADC Criminal Investigation Unit investigates all PREA allegations. CIU investigators from across the state receive National Institute of Corrections (NIC) training. Completion of this training is maintained electronically on the investigators' Employee Training History. The CIU Investigator Supervisor was interviewed. He acknowledged receiving specialized investigations training and was knowledgeable of his duties in conducting investigations, sexual abuse evidence collection and the evidence required to substantiate a case for administrative action or prosecution referral.

Standard 115.35 Specialized training: Medical and mental health care

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

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

GEO policy 5.1.2-A, pages 12, and 13, section 2, states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment. Medical and mental health staff receive specialized training in addition to training provided to all staff. GEO training was provided to 36 medical staff and verification of training is being maintained electronically. Medical staff do not perform SANE exams. SANE exams are performed at Honor Health Osborne in Phoenix, AZ. Medical and mental health staff interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve evidence.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and DO #811, pages 3 & 4, sections 1.10 – 1.10-4, all inmates are assessed during intake at the Alhambra Reception Center within 72 hours for risk of being sexually abused by other inmates or sexually abusive toward other inmates. This information is maintained in the ADC Adult Inmate Management System (AIMS). AIMS is an automated computerized system containing information regarding all inmates confined in the Arizona Department of Corrections. This information follows the inmate as long as they are in the custody of ADC. Within 30 days of arrival, through AIMS a reassessment is completed and a reassessment is completed anytime there is a referral, request, incident of sexual abuse or receipt of additional information. The intake screening at the Alhambra Reception Center is a face-to-face screening and in review of the information contained on the screening form, contains all of the elements of subsection (d) of this standard. I initially assessed this process to not comply with the standard as I felt it did not meet the intent of the standard as it applied to subsections (a) and (b). I discussed at the exit meeting my concerns and informed the staff present at the meeting that I had contacted the PREA Resource Center prior to my on-site visit to seek guidance as to whether the computerized method of screening met compliance to this standard as it was not conducted at the facility upon transfer as stated in

subsections (a) and (b) of the standard. The corporate PREA Coordinator suggested at the exit meeting, that the facility provide me with additional information about the AIMS to clarify the initial and reassessment screening processes. Upon receipt of this information and I again contacted the PREA Resource Center for additional guidance and shared with DOJ and the PREA Resource Center the information provided to me. I was told by the PREA Resource Center that the PREA Resource Center Working Group was assessing this protocol and further evaluating this method of screening. Due to my additional correspondence and conversations with the PREA Resource Center, I have ruled at this time that this standard meets compliance.

Standard 115.42 Use of screening information

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

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

The agency/facility uses information from the risk screening to make housing, bed, work, education and program assignments to keep inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The AIMS automatically generates points based on the answers provided from the screening questions. A score of 10 points triggers an action alert and the inmate will be referred for an interview to be assessed for being at high risk for victimization or abusiveness. If the review of the inmate recommends high risk, a referral will be made to the Deputy Warden who will review all information regarding the inmate’s screening for the final decision of high risk or not. This process is completed at the Alhambra Reception Center and the inmate is not assigned to a facility until this process is complete. Units of assignments are made taking into consideration of separating potential victims from potential abusers as determined by the screening.

Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in GEO policy 5.1.2-A, page 10, section D-3. The agency does not place LGBTI inmates in housing units solely based on their sexual orientation. In the past 12 months, there have been no self-disclosed transgender or intersex inmates housed at the facility. If there were, they would be given the opportunity to shower separately. Through AIMS, reviews of a transgender or intersex inmate would automatically be triggered.

Standard 115.43 Protective custody

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

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

According to GEO policy 5.1.1-A, page 16, section J-1 and DO #125, page 4, section 1.4.1.1, involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours. GEO policy 5.1.2-A further states that if involuntary segregated housing is used for the safety of the inmate as a means of separation, it can be used for no more than 30 days and a review will be completed every 30 days to determine whether there is a continuing need for separation from the general population. On interview with the Warden, he confirmed that in the past 12 months there were no inmates held in involuntary segregated housing.

Standard 115.51 Inmate reporting

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

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

GEO policy 5.1.2-A, page 17-19, outlines reporting methods available to inmates to report allegations of sexual abuse and sexual harassment. The agency/facility provides multiple ways for inmates to privately report sexual abuse and sexual harassment and retaliation by other inmates or staff for reporting. Inmates are made aware through Attachment B or DO #125 that they can call the PREA hotline by dialing 7732. This number accesses the Arizona DOC PREA Coordinator at the ADC's Central Office in Phoenix, AZ who in turn notifies the CIU Investigator, the Inspector General and the Assistant Inspector General. The facility provides inmates with one way for inmates to report abuse or harassment to a public or private entity or office by giving them the address of the ADC Inspector General Bureau. DO #802, section 802.09, page 7 outlines procedures for the facility to receive and handle grievances related to sexual abuse and sexual harassment and pages 7 & 8 in section 1.3.1 of DO #802 outline procedures for third party reporting. Inmates are informed of methods of reporting available to them in the Inmate Handbook and in an ADC "Sexual Assault Awareness" pamphlet and on posters displayed throughout the facility. The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Inmates interviewed were aware of the methods available to them to report allegations of sexual abuse and sexual harassment.

Staff can privately report sexual abuse and sexual harassment of inmates in writing or by calling the Employee Hotline or telephoning, emailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website, in the Employee Handbook, and in the PREA training curriculum. Staff interviewed were knowledgeable of methods of reporting available to them.

Standard 115.52 Exhaustion of administrative remedies

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

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

In review of GEO policy 5.1.1-A, pages 17 & 18, section K-2, there is a procedure in place for inmates to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. All grievances are handled according to DO #802, section 802.9, pages 7 & 8, sections 1.1-1.4. There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The agency does not require an inmate to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. DO #802 outlines that the Warden or designee issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse if the agency determines that the inmate filed the grievance with malicious intent. In the past 12 months, there have been no grievances related to sexual abuse or sexual harassment filed.

Standard 115.53 Inmate access to outside confidential support services

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

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

As stated in GEO policy 5.1.2-A, pages 23 & 24, section 8, inmates are provided with access to outside victim advocates for emotional support. Currently inmates have access to outside advocacy services by access to addresses and telephone numbers of state and national crisis centers. This information is provided by the Arizona State Coalition to End Sexual and Domestic Violence. Inmates are made aware of this information on bulletin board posters and in the Inmate Handbook. The facility has attempted to enter into MOU’s with some of these agencies with no success. They continue those efforts to seek outside victim advocacy services. The PREA Compliance Manager and the SOETP Therapist are trained victim advocates. Inmates may request their services or any of the service providers from the information provided by the Arizona State Coalition to end Sexual and Domestic Violence by submitting a request to their Correctional Program Officer or to the PREA Compliance Manager. This information will also be made available to inmates in the inmate library. Calls to any of these agencies are toll free and will not be monitored. CACF does not house inmates solely for immigration purposes.

Standard 115.54 Third-party reporting

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

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

Based on GEO policy 5.1.2-A, page 18, section III, K-3, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing anytime they have knowledge or suspect an inmate has been sexually abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the Criminal Investigations Supervisor of the facility. This information is available on the ADC website at www.azcorrections.gov, under “Constituent Services Information Handbook”. Information for third party reporting is also available on the GEO website at www.geogroup.com. Inmates interviewed were aware of this reporting method.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, pages 18 & 19, section 4, and DO #125 and in review of the employee training curriculum, all staff, contractors and volunteers are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment or any inmate subject to risk of imminent sexual abuse. Any retaliation or suspected retaliation against inmates or staff is also to be reported immediately. Interviews with staff, contractors and volunteers revealed that they are very aware of their reporting responsibilities and know not to reveal any information about sexual abuse incidents to anyone other than to the extent necessary.

The Central Arizona Correctional Facility houses adult male offenders, none of who according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute.

Standard 115.62 Agency protection duties

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

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

When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. GEO policy 5.1.2-A, page 19, section III, I and DO #125, section 125.02, 1.4.1 & 1.4.1.1, both outline the procedures related to the agency and facility’s efforts to protect inmates who may be at risk for sexual abuse. In interview with the Warden, there were no times in the past 12 months that it was necessary to take immediate action in regards to an inmate being in substantial risk of sexual abuse. Correctional staff interviewed was aware of their responsibilities if they felt an inmate was at risk for sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

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

GEO policy 5.1.2-A, pages 22 & 23, section L-5 and DO #125, section 125.03, page 9 section 1.6, verify that there is a procedure in place if an allegation is received that an inmate was sexually abused while confined at another facility. The facility is to document the allegation and the Warden is required to notify the Warden of the facility where the abuse was alleged to have occurred as soon as possible, but no later than 72 hours. This information is to be shared with the PREA Coordinator and the PREA Compliance Manager who ensures that the allegation is investigated in accordance with the PREA standards. In the past 12 months, the facility received four allegations that an inmate was abused while confined at another facility. During interview the Warden, he explained how those reports were handled per ADC and GEO policies. He reported that CIU would be responsible for notifying the Warden of the other facility to report the allegation. In the past 12 months, there were no allegations of sexual abuse received from other facilities alleged to have occurred while an inmate was confined at the Central Arizona Correctional Facility.

Standard 115.64 Staff first responder duties

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

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

GEO policy 5.1.2-A, pages 19 & 20, section III, L-2-4 and DO #125, section 125.03, pages 4 & 5, were used to verify compliance to this standard. Upon learning that an inmate was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and the abuser, preserve the crime scene and preserve the evidence. If the first staff responder is not a security staff member, the responder is required to request the alleged victim not take any actions that could destroy the evidence and notify security staff immediately. Security and non-security staff interviewed were knowledgeable of the policy and the practice to follow. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the evidence. They further reported that they would initiate a Level 5 response from the Incident Command System for the backup of five other officers for assistance. In the past 12 months, there were no PREA incidents that required implementing first responder duties.

Standard 115.65 Coordinated response

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

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

GEO policy 5.1.2-A, pages 5 & 6, section A-4 and DO #125 in its entirety, verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The facility's Coordinated Response plan is outlined in DO #125 and clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail. Part of the response plan is to fill out an ADC "Sexual Assault Procedures Checklist" and an "ASP CACF PREA Incident Checklist" to ensure that all steps of the plan are carried out. Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse and sexual harassment.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Based on GEO policy 5.1.2-A, page 5, section A-3, GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged employee sexual abusers from contact with inmates of GEO facilities or program pending the outcome an investigation. Central Arizona Correctional Facility has a collective bargaining agreement between GEO Group, INC. and the International Union, Security, Policy and Fire Professionals of America (SPFPA), local 827. The last agreement was signed on 12/15/11 and was effective 12/1/11 – 11/30/14. The current contract is under negotiation and at the time of the audit was not finalized. Page 20 of that agreement, section 14.4 states that it is agreed to follow the guidelines for the agency's progressive discipline process which includes sanctions up to and including termination. In the past 12 months, there have not been any incidents where staff had to be separated from an inmate.

Standard 115.67 Agency protection against retaliation

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

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

GEO policy 5.1.2-A, pages 24 & 25, section M-2 and DO #811, page 5, section 125.01, 1.4 and DO #811, page 5, section 1.10.6 were used to verify compliance to this standard. Inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other inmates and staff. 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 who fear retaliation will be protection measures used as per agency and ADC policy. Monitoring for retaliation is conducted by the Correctional Programs Supervisor, the Chief of Security and the inmate's assigned Correctional Program Officer with the first monitoring meeting after

10 days and every 30 days following for a minimum of 90 days, or longer if warranted. Monitoring for retaliation is documented in the Arizona Inmate Management System (AIMS). In the past 12 months, there were no retaliation monitoring required. In interview with the Correctional Programs Supervisor, he was knowledgeable of the procedure for monitoring and documenting for retaliation.

Standard 115.68 Post-allegation protective custody

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

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

The agency and facility prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing is used, the same provisions as outlined in GEO policy 5.1.2-A, page 23, section III, L-6 and DO #125, page 4, section 125.02, 1.4.1.1 and page 6 and section 125.06, pages 11 & 12 would apply. On interview with the Warden and staff assigned to restrictive housing revealed that involuntary segregated housing has not been used for this purpose in the past 12 months and if needed, medical cells would be used for this purpose.

Standard 115.71 Criminal and administrative agency investigations

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

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

The agency has policies governing administrative and criminal investigation of sexual abuse. GEO policy 5.1.2-E, pages 4 & 5, section III, A & B address the required procedures for investigations. DO #608 outlines investigations involving inmates and DO #601 outlines investigations involving staff. The facility refers all allegations of sexual abuse and sexual harassment to the ADC Criminal Investigation Unit. Since August 20, 2012, there were no allegations that were referred for prosecution. The CIU Supervisor reported during interview that a referral to the Pinal County District Attorney would be made if an incident were found to be prosecutable. The agency retains all written reports pertaining to all investigations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

According to GEO policy 5.1.2-E, page 6, section III, B-2-d and DO #125, page 14, section 1.12.1, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. ADC Criminal Investigations Unit conducts all investigations. When the CIU Supervisor was interviewed and asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency/facility policy.

Standard 115.73 Reporting to inmates

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

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

Based on GEO policy 5.1.2-E, pages 10 & 11, section K and DO #608, pages 2 & 3, sections 1.3 - 1.3.4, the facility ensures that proper notification be given to inmates as to the outcome of the investigation of sexual abuse and sexual harassment allegations if the outcome of

the investigation proved to be substantiated, unsubstantiated or unfounded. The ADC CIU Investigator provides a “Notice of Outcome” to inmates through regular mail and notes this action on their case closure. In interview with the Warden, the CIU Supervisor and the PREA Compliance Manager and in review of investigative files, this process is in place and notifications are being made as required by policy.

Standard 115.76 Disciplinary sanctions for staff

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

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

Based on review GEO policy 5.1.2-A, page 10 & 11, section III, L and DO #125, page 14, section 1.12, staff shall be subject to disciplinary action up to and including termination for violating the agency/facility sexual abuse policies. Staff are made aware of the zero-tolerance policy in the Employee Handbook and the penalties for violating that policy. In the past 12 months, there have been no staff who have violated agency sexual abuse and sexual harassment policies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

GEO policy 5.1.2-E, page 12, section 3 and DO #205 state that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies. In interview with the Warden, there have been no incidences of sexual abuse by contractors or volunteers in the past 12 months. If a violation were to occur, appropriate remedial actions would be taken and volunteer or contractor would be prohibited from further contact with inmates.

Standard 115.78 Disciplinary sanctions for inmates

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

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

As per GEO policy 5.1.2-E, pages 11 & 12, section L-2, inmates found guilty of engaging in sexual abuse involving other inmates shall be subject to formal disciplinary sanctions. Disciplining an inmate for engaging sexual activity with an employee is prohibited unless the employee did not consent to the contact. DO #803, pages 14 & 15, section 803.08, 1.1-1.7 outline the penalties for sexual misconduct by inmates. DO #125, page 11, section 125.05, section 1.4 states that mental health services will be offered to all inmate-on-inmate abusers within 60 days and the abuser would be referred to the SOETP program.

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

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

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

Upon intake, mental health staff will see any inmate who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse. GEO policy 5.1.2-A, pages 9 & 10, section D-2 and

DO#125, page 11, section 125.05, 1.1 & 1.2 outline the requirement of referrals to mental health. During the initial Mental Health Assessment any inmates who have experienced prior sexual victimization, whether in an institution setting or in the community or an inmate who has perpetrated sexual abuse in an institution setting or the community will see a mental health practitioner within 14 days of arrival to the facility. Medical and mental health staff obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting. In interview with the Mental Health Manager and in review of Mental Health Assessments, this process is being completed per policy.

Standard 115.82 Access to emergency medical and mental health services

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

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

GEO policy 5.1.2-A, page 23, section L-7 and DO#125, section 125.04, page 9, section 1.1 and page 10, section 1.1.4.4 & 1.1.4.5, mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. SANE exams will be performed at Honor Health Osborne, Phoenix, AZ. All services are provided without cost to the victim. In interview with the Health Services

Administrator and the Mental Health Manager they confirmed this practice and that the requirements of the standard are adhered to. In the past 12 months, there has been no access to emergency medical and mental health services required.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

GEO policy 5.1.2-A, page 24, section M and DO #125, page 10, section 125.04, 1.2, were used to verify compliance to this standard. The facility offers medical and mental health evaluation and treatment to all inmates who are victimized by sexual abuse. Inmate victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. These services are offered at no cost to the victim. A Mental Health Evaluation is done on both alleged victims and alleged perpetrators at the time the incident is reported. Victims of sexual abuse or sexual harassment are offered mental health services and referrals for long-term continuity of care and treatment upon release from the facility and documented in the inmate's medical record. In interview with the HSA, an LPN and the Mental Health Manager, the facility is compliant with this standard.

Standard 115.86 Sexual abuse incident reviews

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

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

Based on GEO policy 5.1.2-A, page 25, section M-3 and DO#125, page 16, section 125.06, 1.13.1, review of "Sexual Abuse Incident Review" forms and on interview with the Deputy Warden, the PREA Compliance Manager, the Correctional Program Supervisor and one Captain, who are members of the Incident Review Team, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including whether the allegation has not been substantiated, unless the allegation was determined to be unfounded. A "Sexual Abuse Incident Review" form (125-2) is used to document incident review and upon completion is forwarded to the Warden for his review and signature and to the PREA Compliance Manager who forwards the form to the Inspection General and the PREA Coordinator. The Incident Review Team makes recommendations based on their review of the incident and the facility shall implement the recommendations for improvement, if any, or shall document its reasons for not doing so.

Standard 115.87 Data collection

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

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

The facility will collect data related to sexual abuse and this data is aggregated at least annually according to GEO policy 5.1.2-A, page 25, section III, N-1. It is the responsibility of the PREA Compliance Manager to compile data collected on sexual activity, sexual harassment
PREA Audit Report

and sexual abuse incidents and forward this information to the PREA Coordinator on a monthly basis using the “Monthly PREA Incident Tracking Log” (attachment D of policy 5.1.2-A) as well as “PREA Incident Report Survey” forms for all reported allegations. DO #125, page 16 & 17, section 125.08 states that the Inspector General semi-annually provides written reports to the Director and Deputy Director outlining incidents of sexual abuse. The facility provides such data from the previous calendar year to the Department of Justice no later than June 30, when requested.

Standard 115.88 Data review for corrective action

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

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

According to GEO policy 5.1.2-A, page 25, section N-2, GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention and intervention program. The PREA Coordinator prepares an annual report that includes findings and corrective actions taken for each GEO facility. The annual report includes a comparison of the current year’s data and corrective action with those from prior years. The most current report is available on GEO’s website (www.geogroup.com). The Arizona Department of Corrections also prepares an annual report of sexual abuse statistics for their facilities. That report is available to the public on the Arizona Department of Corrections website at www.azcorrections.gov.

Standard 115.89 Data storage, publication, and destruction

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

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

Per policy 5.1.2-A, page 26, section N-2, all data collected is securely retained for 10 years or longer as required by state statute. DO #103 provides guidance for the control and management of all ADC records. Before making aggregated sexual abuse data publicly available on the GEO and ADC website, all personal identifiers are removed.

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.

Barbara Jo Denison

October 10, 2015

Auditor Signature

Date