

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: 07-18-2017

Auditor Information			
Auditor name: David "Will" Weir			
Address:			
Email:			
Telephone number:			
Date of facility visit: June 15 and 16, 2017			
Facility Information			
Facility name: Arizona State Prison Complex - Douglas			
Facility physical address: 6911 N. BDI Blvd.; Douglas, Arizona 85608			
Facility mailing address: <i>(if different from above)</i> P. O. Box 3867; Douglas, Arizona 8560			
Facility telephone number: 623-853-0304			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Warden Meegan Muse			
Number of staff assigned to the facility in the last 12 months: 590			
Designed facility capacity: 2488			
Current population of facility: 1896			
Facility security levels/inmate custody levels: Minimum, Medium, Detention			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Douglas Santiago		Title: Correctional Officer IV/ PREA Comp. Mgr.	
Email address: DSANTIAG@azcorrections.gov		Telephone number: 520-364-7521	
Agency Information			
Name of agency: Arizona Department of Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1601 W. Jefferson; Phoenix, Arizona 85007			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 602-542-5497			
Agency Chief Executive Officer			
Name: Charles L. Ryan		Title: Director	
Email address: CRYAN@azcorrections.gov		Telephone number: 602-542-5225	
Agency-Wide PREA Coordinator			
Name: Michael McCarville		Title: Auditor 3; PREA Coordinator	
Email address: MMCCARVI@azcorrections.gov		Telephone number: 602-771-5798	

AUDIT FINDINGS

NARRATIVE

PREA America LLC was retained February 21, 2017 to conduct the PREA Audit for Arizona State Prison Complex – Douglas. The process was started and dates were agreed upon. Notices went up at the facility by May 4. The Pre-Audit Questionnaire, completed digitally, and accompanied with documents on a flash drive, completed and collected by PREA Coordinator Michael McCarville and PREA Compliance Manager Douglas Santiago were received by the auditor by June 7, 2017. In the weeks leading up to the onsite audit, Auditor Weir and Mr. McCarville exchanged emails and phone calls to clarify and better understand the materials provided. Materials included policies, logs, memos, reports, reviews, directives, postings, curriculum, and other guidance, evidence, and verification, as needed, addressing each specific standard. The auditor also reviewed information available through on-line sources, and contacted community providers directly.

On 06-15-2017, 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 and participated in an introductory meeting. The meeting was attended by Warden Meegan Muse, agency PREA Coordinator Michael McCarville, facility PREA Compliance Manager Douglas Santiago, Major Deputy Warden , Deputy Warden , Deputy Warden , Deputy Warden , and Deputy Warden .

The audit team had been provided with staff and inmate rosters. 13 specialized staff and administrators were privately interviewed and an additional 14 random staff, representing all shifts and units. This does not include the interview with the Warden and PREA Coordinator. Also, additional staff and administrators were visited informally as they assisted with facility tours and located inmates and staff for interviews. A number of interviews were completed prior to the onsite audit. These included , Deputy Inspector General, HR Administrator , BIU Supervisor , Agency Contractor Administrator , Deputy Bureau Administrator (and Interim Deputy Director and Director's Designee) (. Staff and administrators show a strong working grasp of the general basics of PREA. This appears to be included in their strong commitment to safety at all levels. They say this dedication to PREA and other safety protocols are firmly entrenched in the facility culture. They were cooperative with the audit process and seemed to sincerely desire to do their jobs right and in the best interest of the public, staff and inmates.

Random selections of inmates were made so as to include inmates from all identified racial/ethnic groups and from each housing unit. Efforts were also made to interview inmates who had been considered victims of sexual abuse in the past and those who have indicated other risk factors for possibly being sexually abused. The audit team met with 37 inmates. 4 of these inmates asked to be excused from answering any questions, so they were not interviewed. The rest were interviewed privately, including 4 who chose only to answer a few questions, saying that although they are safe, and know of no sexual abuse going on, they just do not really want to be interviewed. All 8 of these hesitant inmates were from the Mohave Unit and used similar terminology when dealing with the auditor. The inmates who participated in full interviews also generally indicated, through their answers, that the prison is serious about following PREA and successful in making sure they know about PREA, including how to report. The inmates did not indicate violations of PREA related policies: For example, their answers verify that the staff follow standard procedures regarding personal searches and cross gender supervision. A number of inmates from the Gila and Mohave Units, for reasons not clear to the auditor, volunteered to explain that the inmate code does not tolerate sexual activity among inmates, consensual or not. They said the guards do not have to be as strict as they are, because the inmates do not allow each other to engage in sexual relationships. The inmate groups, they explain, which are usually based on race and have different ways of assuring group conformity, all agree with the prison's rules against inmates being sexually involved with one other. Many inmates were very adamant in their claims that sexual abuse and harassment is extremely rare in Arizona prisons, and would have to be done in secrecy, out of the sight of the other inmates as well as of the correctional officers. The inmates in the Papago Unit also insisted they are safe and that PREA is being followed, but these inmates are in a less secure setting and were less uniform in their terms. They indicated that everyone tries to respect everyone else and would report sexual abuse if it happened. They indicate ADC responds appropriately to keep inmates safe. Several inmates from all units spoke favorably about the facility in general terms and mentioned the town halls where they can express themselves and programming that helps them prepare for life back in the community.

The audit team was given a general, big picture, tour of the facility, then a more detailed tour as they went to each unit to interview inmates and staff. An exit conference was held at the conclusion of the on-site audit and was attended by the audit team and ADC PREA Coordinator Michael McCarville, Douglas PREA Compliance Manager Douglas Santiago, Major Warden Meegan Muse, Deputy Warden , Deputy Warden , Assistant Deputy Warden , Assistant Deputy Warden , Deputy Warden , and CIU Investigator . The audit team expressed gratitude for the excellent organizational skills of Mr. McCarville and Mr. Santiago who provided the required information in an easy reference format allowing for a very smooth and orderly pre-audit process well in advance of the on-site audit. Also, the activities of the onsite audit were managed well and flowed smoothly. Facility strengths include well worded PREA policies and the provision of consistent and quality PREA training for both staff and inmates. Excellent work is being done monitoring for retaliation after allegations are made, and keeping sensitive information confidential. Interviews also indicated significant effort is being made to avoid inmates being placed in segregation. Although the facility showed compliance with all the PREA standards, it can be noted that they do not want to just meet minimum levels of compliance, so they are increasing efforts to make sure first responder duties are better and more fully understood by staff, along with the availability of advocacy services. They have redoubled efforts to have all employee 5 year background checks completed more systematically and are increasing the level of detail provided in investigative documentation.

Documentation reviewed includes: 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; Douglas Post Charts; Douglas Priority Posting Charts; Douglas Staff Posting Projections; Douglas 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: Security/Facility Inspections Policy; Inspections/Tour Report Form; Douglas Sample of Unannounced Rounds by Higher Level Staff; Youthful Inmate Report (showing zero youthful inmates at Douglas); Searches and Contraband Training Lesson Plan; 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; 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 training; Inmate Handbooks; 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; Douglas PREA Reporting and Advocacy Posters in English and Spanish; 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; Order 601 Attachment C; Arizona Administrative Code Title 2, Chapter 5; documentation of cameras installed since last audit; Sample of Background Information Requests; documented efforts to establish MOU's with sexual victim's advocacy organization; established MOU with Southern Arizona Center Against Sexual Assaults; Investigations; Intervention Checklist; PREA Compliance Training FY2016 and 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; SANE Procedures for Douglas Complex; Douglas 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 Hotline Agreement; Significant Incident and Criminal Investigation Reports; Employee Handbook; ADC website; Sexual and Domestic Violence Services lists; Douglas Coordinated Response Plan; Retaliation Monitoring policy and examples; Staff Designated with Monitoring for Possible Retaliation; retaliation reviews, tracking and documentation; 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; List of Inmates Identified as Potential High Risk Sex Abuse Victims and Abusers; Sample Transgender Actions Detail Screen; Inmate Education and Resource Center Services; Verbal Reports Documentation; Discipline Chart Introduction Covered Employees with Chart of Disciplinary Sanctions; Mental Health Assessment Form; sample of Shared Medical Information; Consent Forms; Sample of Secondary Mental Health Forms; Incident documentation; Investigative Reports; Sexual Incident Reviews; DOJ Survey of Sexual Violence; Annual Reports; Mission Statement; and Aerial Photograph of facility complex.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Arizona State Prison Complex-Douglas is a multi-site facility operated by the Arizona Department of Corrections (ADC). Three active units and one inactive unit are part of this complex (see below). These units house male inmates on its minimum, medium and maximum custody units. ASPC-Douglas is situated along U.S. Highway 191 approximately 10 miles north of the City of Douglas, Arizona. The ASPC is located on a 2700 acre site which includes the adjacent Bisbee/Douglas International Airport. Groundbreaking for the facility occurred in 1983 with construction completed in 1986. In 1983 the Papago Unit became the first unit to be activated at the Arizona State Prison Complex in Douglas. The Papago Unit is located on Arizona State Highway 80 approximately 10 miles south of the main facility and lies within the city limits of Douglas, Arizona. In 1984, the Mohave Unit (North & South) & Gila Unit were activated. In 2004, the Eggers Unit was constructed as an expansion unit on the main complex and was activated in 2005 as a minimum custody facility (this unit was closed at the time of the audit). In 2005, the ASPC-Douglas became a 2561 male inmate facility.

Papago Unit: The unit houses minimum custody male inmates with a capacity of 340. There are 85 rooms housing 4 inmates in each room. The inmates are assigned to various jobs assignment that include porters, sanitation, inmate barbers, education aides, tutors, kitchen detail, yard sanitation, landscaping, maintenance and clerical. There are also a select number of inmates who work out in the community on Inter Government Agreement work details. Programming for the unit consists of Academic Education, Self-Improvement Programs, i.e., Thinking for a Change (a cognitive behavior program), and Merging Two Worlds (aimed at preparing inmates for re-entry into society after an incarceration period). Inmate Orientation is offered to all newly arrived inmates which provides an explanation of services available and what expectations are placed on them while housed at this facility. The Papago inmates have the opportunity to participate in AA and various religious activities sponsored and supervised by religious volunteers.

Complex Detention Unit (CDU): The CDU is the main detention unit in the complex with a capacity of 89 inmates in a cell environment. The inmates housed in the detention facility are there for a temporary period of time.

Gila Unit: The unit consists of 8 manufactured housing buildings (formerly barracks) with 79 individual rooms each. Building 12 has a capacity of 87 beds, building 26, 86 beds and building 15, 30 beds. The inmates participate in work details including porters, landscapers, kitchen workers, sanitation workers, fleet services technicians, firefighters, construction, and facility maintenance technicians. Available programming for inmates at this unit includes Thinking for a Change and Merging Two Worlds. Career Technical Education courses offered by the nearby Cochise Community College. Inmate Unit Orientation is offered to all inmates and they also have the opportunity to participate in AA and various religious activities.

Mohave Unit: The unit has a capacity of 927 medium custody inmates. Eight individual housing units house an average of 115 inmates each. The inmates are assigned to various job assignments that include porters, landscapers, kitchen workers, sanitation workers, firefighters, construction, and facility maintenance technicians. Available programming for inmates at this unit includes Thinking for a Change and Merging Two Worlds. Inmate Unit Orientation is offered to all inmates and they are also provided the opportunity to participate in AA and various religious activities.

Each dorm unit provides basic furnishings, shower facilities, and TV. All showers and commodes have panels, shower curtains and screens to enhance privacy. The cell units have lavatory/commodes in the cell, the showers have privacy screens or doors and the detention cells have attached recreation spaces. The Correctional Officers provide security supervision. The security perimeter consists of woven wire fences with multiple rolls of razor ribbon wire and an electronic intrusion system. Each individual unit also has its own security perimeter of a similar nature. Armed vehicle patrols the perimeter 24/7. A Control Center monitors all traffic entering and exiting the facility. Numerous cameras control the perimeter and are placed throughout the facility to monitor the security. The facilities have two entry points, the front staff and visitor entrance and a wire gate for vehicles. The ancillary support structures provide spaces for administration, central control, visiting, food service, education, medical, commissary, maintenance, laundry, recreation, and religion.

SUMMARY OF AUDIT FINDINGS

On June 15 and 16, 2017, an on-site PREA audit was completed at the Arizona State Prison Complex in Douglas. The audit was completed by DOJ Certified PREA Auditor David “Will” Weir of PREA America, LLC. The facility was found to be in compliance with all the PREA Standards and did not require a Corrective Action Plan. One standard did not apply and the facility exceeded one standard.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

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.

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 Michael McCarville answers directly to Deputy Inspector General Douglas Santiago, Correctional Officer IV, is the on-site PREA compliance Manager. He answers to Correctional Administrator II. All inmates and staff interviewed indicate a clear understanding of the zero-tolerance policy.

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.

N/A. The agency (not the facility) contracts with other entities for the confinement of inmates and all these contractors are required to be PREA compliant.

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.

During the audit, it was found that the facility and agency have worked together to develop, document, and comply with a staffing plan that provides 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 documentation as well as staff and administrative interviews, there have been no deviations from staffing plan. 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 conduct of such rounds. In calculating adequate staffing levels and determining 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. The average daily number of inmates is 2321. The the staffing plan was predicated on an average daily number of 2321. Verification of compliance with this standard was based on a review of a great deal of documentation covering staffing planning and reviews, as well as logs showing that unannounced rounds are standard practice during all shifts.

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.

N/A. Youthful inmates are not placed at Douglas. The agency policy prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared day room or other common space, shower area, or sleeping quarters. Policy also states that the agency will make best efforts to avoid placing juvenile inmates in isolation. Absent exigent circumstances, they will not deny juvenile inmates daily large-muscle exercise and any legally required special education services. Juvenile inmates shall also have access to other programs and work opportunities to the extent possible. Interviews, and documentation provided indicate that inmates under the age of 18 are not sent to Douglas but are sent to other facilities that can provide for their needs and follow the PREA standards regarding their care and supervision.

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.

During the onsite audit, it was verified that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of

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inmates and 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. 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. All interviews conducted during the audit, including inmate interviews, verify that no cross-gender searches are being performed. Staff agree that if a cross gender search had to occur due to exigent circumstances, they would document. Interviews and observations during the tour also verify that inmates can perform bodily functions without genitals being viewed by staff of the opposite gender.

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 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 in place so 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 indicated that staff help them understand what they need to understand.

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.

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. Mr. McCarville walked the audit team through this process and gave examples of responses to and from other agencies.

Standard 115.18 Upgrades to facilities and technologies

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

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

The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities, but has installed or 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.

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.

The agency/facility is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct) and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. When possible, SANEs and SAFEs conduct the exams, but when they are not available a qualified medical practitioner performs the forensic medical examinations. The facility documents efforts to provide SANEs and SAFEs. The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and documents these efforts. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Terry Granados of the Southern Arizona Center Against Sexual Assault (SACASA) was interviewed. Crisis service providers contracted, MOU's reviewed, and investigators interviewed, indicate evidence protocols are understood and followed.

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.

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to the agency investigators and that these referrals be documented. This policy is published on the agency website. To verify compliance with this standard, the auditor reviewed investigations and interviewed staff and inmates. The auditor also studied the notification, routing and referral processes taken when an allegation is made.

Standard 115.31 Employee training

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

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

The agency 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. All staff employed by the facility, who may have contact with inmates, have been trained in PREA requirements. 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 generally remembered receiving each portion of the training and indicated an understanding of the material, as well as a commitment to the well-being and safety of inmates.

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 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 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 informed how to report such incidents. The agency maintains documentation confirming that 134 volunteers/contractors understand the training they have received, which was reviewed by the auditor.

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.

Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. All inmates have received this information at intakes and received comprehensive information within 30 days. Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. Inmate PREA education is available in accessible formats for all inmates including those who are: limited English proficient, deaf, visually impaired, otherwise disabled, and limited in their reading skills. The agency maintains documentation of inmate participation in PREA education sessions. The agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. These were all reviewed during the on-site audit tour. Interviews with staff and inmates clearly indicate inmates have been trained and state they understand.

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.

The agency performs its own administrative and criminal investigations and investigators have received training in conducting such investigations in confinement settings. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency has documented the training and it was reviewed by the audit team.

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.

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. Medically trained staff interviewed remember their training regarding how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and how to report allegations or suspicions.

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.

The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Risk assessment is to be conducted using an objective screening instrument, which considers: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. 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 will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the screening questions related to this section. The agency has 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. Screenings and reassessments are recorded through computer entry by screeners. Random selections of these screenings were provided for the auditor's review. Screeners and inmates interviewed provided additional verification that these screenings are completed appropriately.

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 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. The agency/facility makes individualized determinations about how to ensure the safety of each inmate. The agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Lesbian, gay, bisexual, transgender, or intersex inmates will not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status. Interviews indicate screening information has been used appropriately, and protections are in place with limited access to sensitive information.

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.

The agency 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 assures 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.

Standard 115.51 Inmate reporting

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

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

The 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. A recorded message comes on the phone when they make calls and the inmate handbook also provides 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.

Standard 115.52 Exhaustion of administrative remedies

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

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

The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Agency policy or procedure allows 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 allows 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 requires 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. Staff and inmates understand inmate rights to file grievances, and how they may be given assistance in this process. According to documentation reviewed and interviews conducted, no inmate grievances at ASPC - Douglas alleged sexual abuse during the past 12 months.

Standard 115.53 Inmate access to outside confidential support services

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

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

The facility 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 inmate handbook tells inmates they “may contact the Southern Arizona Center Against Sexual Abuse (SACASA) at (520)327-7273 or write to: 1600 N. Country Club Rd., Tucson, AZ 85716, to report sexual abuse or sexual harassment. SACASA staff will report allegations back to ADC investigation officials. You may contact SACASA staff for sexual abuse victim advocate services.” No inmates are detained solely for immigration purposes, so the portion of this standard dealing with these inmates does not apply. Interviews at the facility indicate the facility is invested in enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The facility informs inmates, prior to giving them access to outside support services, 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 Memorandum’s of Understanding (MOU) with Southern Arizona Center Against Sexual Assault which serves Douglas. Also provided are numbers to Domestic Violence Program and House of Hope, agencies also serving the Douglas area.

Standard 115.54 Third-party reporting

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

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

The 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.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

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

The 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 the limitations of confidentiality when they initiate services. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency will report the allegation to the designated State or local services agency under applicable mandatory reporting laws. 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.

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 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 an inmate was 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. Most inmates interviewed indicated they feel staff would take steps to protect.

Standard 115.63 Reporting to other confinement facilities

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

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

The 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 facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. This has not happened in the past 12 months prior to the onsite PREA audit. 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 documents 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. 2 of these allegations have been received in the past 12

months and investigated. Verification of compliance with this standard was supported by a review of policy, investigations, and other Pre-Audit documentation. Also, interviews indicated regular communication between wardens and agency officials to assure compliance with this standard.

Standard 115.64 Staff first responder duties

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

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

The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to: request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Staff interviews indicated that staff have a basic understanding of the first responder protocol. Also, investigative forms used indicate these protocols are followed and documented.

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.

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.

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.

The agency has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012. This agency maintains the ability to protect inmates from contact with abusers.

Standard 115.67 Agency protection against retaliation

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

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

The agency has 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. The agency monitors 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 also includes periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. The agency acts promptly to remedy retaliation and continues to monitor longer 90 days if needed. There have been no instances of retaliation reported in the 12 months prior to the onsite audit. There are 35 upper level staff officially tasked with monitoring for retaliation in the complex. This work is then reviewed by the Deputy Warden. Warden Muse and PREA Coordinator Santiago describe a very comprehensive effort to cover all ways someone might be retaliated against. Exceeding standards, not only do the monitors check for retaliation, but they inquire as to the general wellbeing of inmates, staff and witnesses covered in this standard.

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 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 past 12 months.

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.

ADC has a policy related to criminal and administrative agency investigations and these investigations are typically done by agency investigators. Substantiated allegations that appear to be criminal are referred for prosecution. Where sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations. These investigations are conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Where the evidence seems to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and documents in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility or agency is not a basis for terminating an investigation. These policies and procedures were verified through documentation review, review of investigative files and interviews with investigators. There were 4 reports alleging/suspecting sexual abuse or harassment received and investigated during the 12 months, or so, that were reviewed for this audit. These reports resulted in 4 criminal and 2 administrative findings.

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.

As stated in policy and interviews with administration, as well as the agency investigators, the agency imposes a standard of a

"preponderance of the evidence" when determining whether allegations of sexual abuse or sexual harassment are substantiated during administrative investigations.

Standard 115.73 Reporting to inmates

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

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

The agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. If an outside entity conducts such investigation, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. In the 12 months prior to the onsite audit, there has been 2 such notifications documented. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or, The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency has a policy that all notifications to inmates described under this standard are documented. This documentation was reviewed by the auditor.

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.

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. There has been one referral to appropriate authorities during the past 12 months regarding an employee (of a contractor) who resigned while being investigated. Investigative activities continued and the staff member was found to have violated agency policies. A criminal investigation was completed, but criminal prosecution was not indicated. Proper documentation was completed and was entered into the computer database so this person will not be hired by the agency again, and will be flagged if he or she applies at another agency which requests this kind of background information. 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.

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.

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. In the 12 months prior to the onsite audit, one employee of a contractors was reported to law enforcement. This former employee is not allowed contact with inmates. The Warden and 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.

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.

Inmates at ASPC - Douglas are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or criminal finding, the inmate engaged in inmate-on-inmate sexual abuse. During the 12 months prior to the onsite audit there have been no substantiated findings of inmate-on-inmate sexual abuse at the facility. When there are substantiated allegations, sanctions are to be 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 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. Compliance with this standard was verified by a review of policy and in interviews with investigators, PREA Compliance Manager, PREA Coordinator and the Warden.

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.

All inmates at ASPC - Douglas who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening, but this is usually sooner, provided during the booking/intake process. Medical and mental health staff maintain secondary materials documenting compliance with the above required services. Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly protected by policy and practice. 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. Compliance with this standard was verified through a random review of screening documentation and interviews with specialized staff.

Standard 115.82 Access to emergency medical and mental health services

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

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

ASPC - Douglas inmate victims of sexual abuse 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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to § 115.62 and immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse while incarcerated are 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. 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- Douglas residents have access to a number of medical services onsite and also have access to services in the regional area. Documentation and interviews indicate a victim of sexual abuse will be treated at Acute Care Hospital by SANE from Honor Health. Since there were no incidents of sexual abuse reported in the past 12 months indicating a need for treatment, the auditor did not review documentation specific to the practice of this standard. However, interviews with first responders and administrators indicated a readiness and ability to follow this policy as they have in past years, and as ADC has at other facilities. Also, a review of policy indicated compliance with this standard. Inmates generally report that they feel the facility will try to respond quickly and appropriately to these kinds of incidents.

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.

From a review of investigations and related documentation, agency policy, and interviews with administrators, the auditor has verified that the facility offers 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 evaluation and treatment of such victims 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. The facility provides such victims with medical and mental health services consistent with the community level of care. 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 offers treatment when deemed appropriate by mental health practitioners.

Standard 115.86 Sexual abuse incident reviews

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

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

The Warden, PREA Coordinator and PREA Compliance Manager verify that the facility, according to policy, conducts a sexual abuse incident review, at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 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 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; (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 report to the facility head and PREA Compliance Manager. One review was required during the period of time reviewed for the audit. It was read by the auditor and included the elements required by these standards.

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.

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. Record keeping and statistical evaluation appears to be taken seriously by the agency and the various divisions within the agency who collect and provide the information to the PREA Coordinator.

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.

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 material redacted. 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 to improve the system through effective processes to protect inmates.

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.

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 the 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.

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.

D. Will Weir

07-18-2017

Auditor Signature

Date