

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

Interim Final

Date of Report 27 January 2019

Auditor Information

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City, State, Zip: [REDACTED]

Telephone: [REDACTED]

Date of Facility Visit: 14-16 January 2019

Agency Information

Name of Agency:

Arizona Department of Corrections

Governing Authority or Parent Agency (If Applicable):

Click or tap here to enter text.

Physical Address: 1601 W. Jefferson

City, State, Zip: Phoenix, AZ 85007

Mailing Address: Click or tap here to enter text.

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

Telephone: 602-542-5497

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Website with PREA Information: <https://corrections.az.gov/reports-documents/reports>

Agency Chief Executive Officer

Name: Charles L. Ryan

Title: Director

Email: CRYAN@azcorrections.gov

Telephone: 602-542-5225

Agency-Wide PREA Coordinator

Name: Cammie Burke	Title: Auditor 3, PREA Coordinator
Email: CBURKE@azcorrections.gov	Telephone: 602-771-5925
PREA Coordinator Reports to: ██████████, Deputy Inspector General	Number of Compliance Managers who report to the PREA Coordinator 10

Facility Information

Name of Facility: Arizona State Prison Complex - Eyman			
Physical Address: 4374 E. Butte Avenue, Florence, AZ 85132			
Mailing Address (if different than above): P.O. Box 629, Florence, AZ 85132			
Telephone Number: 520-868-0201			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: To serve and protect the people of Arizona by securely incarcerating convicted felons, by providing structured programming designed to support inmate accountability and successful community reintegration, and by providing effective supervision for those offenders conditionally released from prison.			
Facility Website with PREA Information: https://corrections.az.gov/reports-documents/reports			

Warden/Superintendent

Name: Steve Morris	Title: Warden
Email: ██████████	Telephone: 520-868-0201

Facility PREA Compliance Manager

Name: William Cortez	Title: Correctional Officer IV, PREA Compliance Manager
Email: ██████████	Telephone: 520-868-0201

Facility Health Service Administrator

Name: Carrie Demery	Title: Facility Health Administrator
Email: ██████████	Telephone: 520-868-0201

Facility Characteristics

Designated Facility Capacity: 5663		Current Population of Facility: 5567	
Number of inmates admitted to facility during the past 12 months			8269
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			4591
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			7119
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			3160
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-90	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			235
Facility security level/inmate custody levels:			Medium, Close, Maximum
Number of staff currently employed by the facility who may have contact with inmates:			960
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			130
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			5
Physical Plant			
Number of Buildings: 47		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		16	
Number of Segregation Cells (Administrative and Disciplinary):		40	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Camera footage is recorded and monitored in control centers and administrative offices.			
Medical			
Type of Medical Facility:		There is one triage level medical unit at each unit within this complex with one infirmary unit for the chronically ill or other inmates who need overnight care. Advanced medical care is available 24/7 at the Florence Hospital. Each medical unit also provides mental health services from trained mental health providers.	
Forensic sexual assault medical exams are conducted at:		Scottsdale Lincoln Health Networks in Scottsdale, AZ (Approximately 60 miles from the facility)	

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	289
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	52

Audit Findings:

Audit Narrative

The Prison Rape Elimination Act (PREA) onsite audit of the Arizona State Prison - Eyman in Florence, Arizona was conducted on January 17-22, 2019, by Marc L. Coudriet, Auditor # P4770, PREA Auditors of America, LLC. The facility is under the jurisdiction of the Arizona Department of Corrections. The purpose of the onsite audit is to assess and verify the implementation of all PREA policies and procedures. The onsite audit reflected the proper policies and procedures has been implemented. During the onsite audit, Mr. Coudriet walked through the entire complex reviewing the facility structure, inmate monitoring, inmate housing and operational areas, including common areas shared with multiple inmates.

The pre-audit preparation phase included a review of all documentation, materials, and data submitted by the agency in the completed Pre-Audit Questionnaire (PAQ). The documentation reviewed included agency policies and procedures; forms; organizational charts; PREA related posters, brochures; training documentation for staff, volunteers and contractors; and interagency collaborative agreements. In preparation for the onsite audit, the facility posted the required PREA Audit Notices on December 6, 2018, which met the required six-week posting prior to the first day of the onsite audit. The agency provided emailed documentation, including pictures, to demonstrate the notices were posted in accordance with PREA Audit requirements.

During the onsite audit, the Auditor noted the notices were posted in the following areas: All common areas, Medical Units, Cafeteria, Public Visitation, Staff Break Room, and each Housing Unit. The notices were printed in contrasting colors (black print on white background). The agency agreed to maintain the posted notices a minimum of six weeks after the onsite audit. The Auditor received correspondence as a result of the posted notices, the correspondence was reviewed, the inmates were privately interviewed and all information was reviewed as it relates to the correspondence and/or inmate interview.

This Auditor was scheduled to audit two complexes located in Florence, AZ, the entrance interview was conducted with key staff from the Arizona Department of Corrections Florence and Eyman complexes. The entrance interview with key staff, included [REDACTED], Deputy Warden of Operations – Florence Complex; Steve Morris, Warden – Eyman Complex; Debbie Mendoza, PREA Compliance Manager – Florence Complex; William Cortez, PREA Compliance Manager – Eyman Complex and Cammie Burke, Agency PREA Coordinator; and was held on Monday, January 14, 2019. The audit process was explained with the staff, daily out briefs were conducted with the key staff of each unit visited as well as a consolidated out brief with the Wardens of each complex upon completion of the audit review in their respective areas of responsibility. An exit interview was conducted on Tuesday, January 22, 2019, the following personnel were in attendance [REDACTED], Deputy Warden of Operations – Florence Complex; Steve Morris, Warden – Eyman Complex; Debbie Mendoza, PREA Compliance Manager – Florence Complex; William Cortez, PREA Compliance Manager – Eyman Complex and Cammie Burke, Agency PREA Coordinator.

During the onsite audit phase, the Auditor was provided a meeting space to conduct confidential interviews with staff. The Auditor was provided with private rooms to conduct confidential interviews with inmates. Formal interviews were conducted with facility staff, inmates, contractors, investigative personnel and onsite and offsite medical staff. The Auditor conducted the following inmate interviews:

Random Inmate Interviews: 25

Youthful Inmate Interviews: 0 – No Youthful Inmates are housed at this complex.

Inmates with a Physical Disability: 1

Inmates who are Blind, Deaf, or Hard of Hearing: 1

Inmates who are limited in English Proficiency: 1

Inmates with a Cognitive Disability: 2

Inmates who identify as Gay, Lesbian or Bisexual: 3

Inmates who identify as Transgender or Intersex: 4

Inmates in Restrictive Housing for High Risk of Sexual Victimization: 2

Inmates who reported Sexual Abuse: 4

Inmates who reported Sexual Abuse during Risk Screening: 3

The Auditor conducted the following staff/agency/contractor interviews:

Random Security Staff: 16

Agency Contract Administrator: 1

Intermediate or higher level facility staff: 10

Line Staff who supervise youthful inmates: 0 – No Youthful Inmates are housed at this complex.

Education and Program Staff who work with youthful inmates: 0 – No Youthful Inmates are housed at this complex.

Medical and Mental Health Staff: 2

Volunteers and Contractors who have contact with inmates: 1

Administrative/Human Resources staff: 1

SAFE/SANE Staff: 1

Investigative Staff: 1

Staff who performs screening for risk of victimization and abusiveness: 1

Staff who supervises inmates in Restrictive Housing: 1

Staff on the incident Review Team: 1

Designated Staff charged with monitoring retaliation: 1

First Responders, both security and non-security: 2

Intake Staff: 1, Intake is completed at another location, inmates are transferred from the Alhambra Intake facility in Phoenix, AZ or other facilities. Inmates are screened upon arrival from Alhambra.

Inmates were selected from all the occupied housing units in this complex and staff from each of the shifts. The Auditor utilized the PREA Resource Center Interview Protocols while formally interviewing staff and inmates. Staff interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; PREA related training received; reporting requirements, including reporting

mechanisms available to inmates and staff; their general knowledge of detection and protective measures related to sexual abuse and sexual harassment; and response/first responder protocols. Inmate interviews included, but were not limited to, the following topics: their knowledge of the PREA zero tolerance policy on sexual abuse and sexual harassment; their rights not to be sexually abused or sexually harassed, prohibited conduct and discipline; PREA related education received; their knowledge on reporting options available to them; proper protection and response to allegations of sexual abuse or sexual harassment; not fearing retaliation for reporting; access to an outside reporting agency and access to services.

The Auditor reviewed all units within this complex and observed the following: the facility's configuration; location of cameras; staff to inmate ratios; housing unit layout including the shower areas; placement of PREA related information; inmate receiving/intake, search procedures; inmate programming; and areas designated for staff support/operational activities. The Auditor noted that shower areas allow inmates to shower one at a time. At a minimum, each dormitory housing unit is equipped with at least one central shower/restroom area, each area has two or more individual shower stalls with privacy shower curtains. Inmates are only allowed to shower one at a time per available shower stall. In the housing areas with individual cells, each cell has a toilet inside the cell and at least one single stall shower on each tier with privacy curtains. Only one inmate is allowed to shower at a time, per available shower. The Auditor also conducted informal interviews of staff and inmates while conducting the complex review.

Facility Characteristics

The Arizona State Prison Complex (ASPC) - Eyman is located at 4374 E. Butte Avenue, Florence, AZ 85132. The facility is under the Arizona Department of Corrections. The Arizona State Prison Complex - Eyman provides secure, long-term housing and care for post-adjudicated male adults between 18 - 90 years of age and does not house youthful inmates or female inmates. The ASPC has five units within its area of responsibility; Cook Unit, Meadows Unit, Rynning Unit, Special Management Unit (SMU-1) and Browning Unit. The SMU-1 Unit is primarily used to house inmates with cognitive disorders and provide onsite mental health programs. The complex reported it contains 47 buildings within its complex. The 5663-bed complex has 24 housing units with a total of 0 single-cell room units, 40 restrictive housing cells, and 24 dormitory multiple occupancy housing units. Each multiple occupancy housing unit is equipped with an indoor and/or outdoor day room area and at least one central restroom/shower facility.

The complex operates one health clinic with 24-hour nurses to provide medical care for minor and chronic care, in addition, the complex has a triage level clinic at the remaining four units within this complex. Access to on-call physicians, and physician and dentist on-site at least once a week.

The layout of the ASPC-Eyman Complex is as follows:

Cook Unit

This Unit, opened in 1993, houses medium custody sex offenders with a capacity of 1,280 beds in a dormitory environment. The inmates are assigned to various jobs to support and maintain the facility including, cleaning porter, laundry porter, inmate barber, kitchen worker, sewing machine operator, maintenance, educational aide, and library worker. Programming consists of academic education, career and technical education including an HVAC/Refrigeration college course taught by Central Arizona College instructors. In addition, self-improvement programs such as *Thinking for a Change* (a cognitive behavior program) and *Merging Two Worlds* (a program designed to prepare inmates for release) are offered.

Meadows Unit

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

The inmates are assigned to various jobs to support and maintain the facility including, cleaning porter, laundry porter(including work crews for Browning Unit), inmate barber, kitchen worker (including work crews for Browning Unit), sewing machine operator, sanitation, maintenance, landscaping, educational aide and library worker. Meadows Unit also has inmates employed by Arizona Correctional Industry (ACI) in the bakery located at the Unit, which produces bakery items for all the ADC facilities and the State's Juvenile Corrections facilities.

Programming consists of academic education, career and technical education including a Food Preparation college course taught by Central Arizona College instructors as well as numerous self-improvement programs such as *Thinking for a Change* (a cognitive behavior program) and *Merging Two Worlds* (a program designed to prepare inmates for release). This Unit also includes a Sex Offender Education and Treatment Program that is run by Psych Associate employee.

Rynning Unit

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

The inmates are assigned to various jobs to support and maintain the facility including, cleaning porter, laundry porter, inmate barber, kitchen worker, sewing machine operator, sanitation, maintenance, landscaping, educational aide and library worker. Rynning Unit also has inmates employed by ACI, at the License Plate factory located at the Unit, which produces license plates for the Arizona Motor Vehicle Division. Programming consists of academic education, career and technical education as well self-improvement programs including *Thinking for a Change* (a cognitive behavior program) and *Merging Two Worlds* (a program designed to prepare inmates for release).

Special Management Unit (SMU)-1

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

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

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

Programming consists of participation in two classroom series', *Courage to Change Series* and *New Directions Series*, as well as a 28-part in cell program consisting of booklets that the inmate's study and work at their own pace to complete.

Browning Unit

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

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

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

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

The security perimeter varies at each of the facilities. Each unit has at the minimum wire fencing and razor ribbon wire. Numerous cameras are provided to enhance the security operation. Each unit has a central control that monitors and controls all traffic moving into and out of each unit. The complex has a very clean and orderly appearance. The grounds are well manicured and the complex appears to be well maintained. The correctional security program appears to be appropriate for the maximum to minimum security classification. Arizona Department of Corrections Correctional Officers provide the security supervision. The inmates interviewed indicated that they felt safe in the correctional environment provided by ASPC - Eyman.

The facility has a zero-tolerance policy regarding sexual abuse of any inmate. The PREA information is provided to all inmates upon arrival at the facility. Posters and signs are available in all housing areas reminding them of how to report incidents of sexual abuse. This information is also included in each of the inmate handbooks and an automated recording with the PREA Hotline phone number is played for the inmate when they pick up the phone receiver, this allows the inmate privacy and anonymity when reporting a sexual abuse or sexual harassment incident.

During the onsite audit, the current complex population was at 5567 inmates. The agency reported 8269 inmates had been admitted to the facility in the past 12 months, with 4591 inmates whose length of stay in the facility was for 30 or more days, and 7119 inmates admitted to the facility whose length of stay in the facility was for 72 or more hours. The agency reported 130 employed staff at the facility during the past 12 months and 5 contracted staff. The agency reported 5 contracts with vendors who might have contact with inmates and 289 volunteers and contractors currently authorized to enter the facility.

The ASPC – Eyman inmate demographics are as follows:

SMU-1:

27% White / 18% Black / 37% Mexican American / 6% Mexican not American / 7% Native American / 2% Other.

Browning Unit:

17% White / 16% Black / 49% Mexican American / 6% Mexican not American / 7% Native American / 2% Other.

Meadows Unit:

49% White / 12% Black / 20% Mexican American / 9% Mexican not American / 4% Native American / 3% Other.

Cook Unit:

48% White / 13% Black / 23% Mexican American / 7% Mexican not American / 4% Native American / 3% Other.

Rynning Unit:

33% White / 13% Black / 41% Mexican American / 4% Mexican not American / 4% Native American / 2% Other.

Summary of Audit Findings:

During the past 12 months, the Arizona State Prison Complex - Eyman reported 37 allegations of sexual abuse, all allegations resulted in a criminal investigation. There were no PREA allegations that resulted in an administrative investigation. The allegations were referred to law enforcement, 17 cases are still pending final disposition. An incident review was conducted for each of these cases as well as all serious incidents. Additionally, the agency has requested additional cameras and an enhanced video surveillance monitoring system in an effort to enhance the safety of all inmates from PREA related incidents. The agency is policy driven and has developed and implemented a policy for nearly every provision of each standard. The Auditor made an effort to accurately reflect the applicable agency policies for each provision of each standard. In reviewing each provision and the applicable policy, the Auditor reviewed applicable documentation and/or interviewed staff to confirm the policy had been implemented. Based on staff and inmate interviews, there was a strong indication the PREA standards are implemented as required and in accordance with the agency's policies. The interviews of inmates reflected they were aware of PREA and acknowledged familiarity with how they could report allegations of sexual abuse and sexual harassment.

All inmates interviewed reported feeling safe at the complex. The Auditor noted that inmates receive the PREA information verbally, in written format (Inmate Handbook, PREA Brochures) during intake, as well as internal television PREA programming and audio recording on the inmate telephone system. The inmates interviewed indicated that they were aware of and understood the agency's Zero Tolerance Policy and what it meant for their protection. All received the information at intake and during other follow on PREA training and understood the multiple ways to report sexual abuse and harassment and how to protect themselves. At each unit within ASPC - Eyman inmates were able to describe how to report, use the automated telephone hotline, and what they would do if they were abused or threatened with abuse. They indicated that they felt safe and there was an open communication line between themselves and the correctional officers.

All staff, including specialized and contract staff, volunteers, and interns/trainees, interviewed indicated they were knowledgeable of PREA and of their roles and responsibilities related to reporting requirements as well as awareness of the procedures to follow if they are the first responders to any PREA related allegation.

Documentation reviewed, reflected the agency's implementation of policies and procedures to meet the PREA standards. The staff carry first responder cards and they all knew the steps they must follow as a first responder. The Auditor interviewed the SAFE/SANE nurse in charge of that program at the Scottsdale Lincoln Health Networks in Phoenix, AZ to confirm the Arizona Department of Corrections agreement as it correlates to services rendered for ASPC – Eyman and to verify that the service would be available if needed. In addition, the Auditor interviewed a contractor to verify that she had received the zero-tolerance and other training required by PREA.

In summary, after review of all documentation, the results of the interview process and the observations during the onsite complex review, the Auditor believes the ASPC - Eyman Warden and his staff have a strong commitment to the PREA process. It was clear to the Auditor that Arizona Department of Corrections and the ASPC-Eyman policies and practices address the requirements of all PREA Standards.

Number of Standards Exceeded: 0

Number of Standards Met: 45

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator; Standard 115.12: Contracting with other entities for the confinement of inmates; Standard 115.13: Supervision and monitoring; Standard 115.14: Youthful inmates; Standard 115.15: Limits to cross-gender viewing and searches; Standard 115.16: Inmates with disabilities and inmates who are limited English proficient; Standard 115.17: Hiring and promotion decisions; Standard 115.18: Upgrades to facilities and technologies; Standard 115.21: Evidence protocol and forensic medical examinations; Standard 115.22: Policies to ensure referrals of allegations for investigations; Standard 115.31: Employee training; Standard 115.32: Volunteer and contractor training; Standard 115.33: Inmate education; Standard 115.34: Specialized training: Investigations; Standard 115.35: Specialized training: Medical and mental health care; Standard 115.41: Screening for risk of victimization and abusiveness; Standard 115.42: Use of screening information; Standard 115.43: Protective Custody; Standard 115.51: Inmate reporting; Standard 115.52: Exhaustion of administrative remedies; Standard 115.53: Inmate access to outside confidential support services; Standard 115.54: Third-party reporting; Standard 115.61: Staff and agency reporting duties; Standard 115.62: Agency protection duties; Standard 115.63: Reporting to other confinement facilities; Standard 115.64: Staff first responder duties; Standard 115.65: Coordinated response; Standard 115.66: Preservation of ability to protect inmates from contact with abusers; Standard 115.67: Agency protection against retaliation; Standard 115.68: Post-allegation protective custody; Standard 115.71: Criminal and administrative agency investigations; Standard 115.72: Evidentiary standard for administrative investigations; Standard 115.73: Reporting to inmates; Standard 115.76: Disciplinary sanctions for staff; Standard 115.77: Corrective action for contractors and

volunteers; Standard 115.78: Disciplinary sanctions for inmates; Standard 115.81: Medical and mental health screenings; history of sexual abuse; Standard 115.82: Access to emergency medical and mental health services; Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers; Standard 115.86: Sexual abuse incident reviews; Standard 115.87: Data collection; Standard 115.88: Data review for corrective action; Standard 115.89: Data storage, publication, and destruction; Standard 115.401: Frequency and scope of audits; Standard 115.403: Audit contents and Finding

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

During the onsite review the Auditor noted (2) findings of non-compliance with regards to cross gender viewing. Specifically, an inmate restroom located in two common area hallways in two of the complex's kitchen areas, by the way the restroom was designed, it allowed for cross gender viewing from the walkway through the security window located on the restroom door. This finding was discussed with the Agency PREA Coordinator and ASPC – Eyman senior staff, a corrective action plan was developed and implemented prior to the completion of the onsite review. The auditor has received photographic evidence showing the corrective action plan has been implemented by adding a visual block to the window, thus eliminating this finding and making ASPC – Eyman in full compliance with all the PREA Standards.

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

115.11(a)

POLICY AND DOCUMENT REVIEW:

ASPC Eyman Pre-Audit Questionnaire.

DOC 125.02, .03, .04, .05, and .06.

DOC Zero Tolerance statement.

ASPC organizational charts, interviews, and memos.

FINDINGS:

Agency Policies DOC 125.02, .03, .04, .05, and .06 address the requirements of this provision. The agency mandates a zero tolerance policy towards all forms of sexual abuse and sexual harassment and outlines the agency's strategies on preventing, detecting and responding to such conduct. Agency polices addressed "Preventing" sexual abuse and sexual harassment through the designation of a PREA Coordinator and PREA Compliance Manager, Criminal History Background Checks (Staff, Contractors, and Volunteers, as applicable), Training (Staff, Volunteers, and Contractors), Staffing, Intake Screening, Classification, Inmate Education, Posting of Signage (PREA Posters, etc...), and Contract Monitoring. The policies addressed "Detecting" sexual abuse and sexual harassment through Training (Staff, Volunteers, and Contractors), and Intake Screening.

The polices addressed "Responding" to allegations of sexual abuse and sexual harassment through Reporting, Investigations, Victim Services, Medical and Mental Health Services, Disciplinary Sanctions for Staff (including notification of licensing agencies), Incident Review Teams, and Data Collections and Analysis.

The Auditor noted the Inmate Handbook, PREA Posters, and PREA Brochures do address sexual abuse by another Inmate, and the Inmate Handbook does address sanctions for Inmates when involved in such conduct. Based on staff interviews and a review of practices, it was noted staff closely monitor for Inmate-on-Inmate sexual misconduct in accordance with PREA, allegations are reported and investigated, and Inmates are held accountable.

115.11(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125 Definitions. Agency's organizational chart.

INTERVIEWS:

PREA Coordinator.

ONSITE REVIEW:

No on-site observations were required for this provision, although the Auditor noted Mr. William Cortez has an office designated for him as the PREA Compliance Manager.

Ms. Cammie Burke is given an onsite work space as needed when performing her onsite visits as the Agency PREA Coordinator.

FINDINGS:

Agency Policy DO 125, Definitions, addresses the position of the PREA Coordinator, which outlines the roles and responsibilities of the position and calls for the position being allowed sufficient time and authority to develop, implement, and oversee Agency efforts to comply with the PREA standards in each facility. The agency's organizational chart reflects that the PREA Coordinator position is an upper-level position and is agency-wide. The PREA Coordinator position reports to the agency's Inspector General who reports directly to the Agency Director. The PREA Coordinator was interviewed. She reported having enough time to focus on the PREA standards from and the freedom to divert responsibilities to other staff as needed to focus on the audit. A review of the agency policy, agency's organization chart, and based on the interview, the designated agency's PREA Coordinator, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

115.11(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, Definitions. Agency's organizational chart.

INTERVIEWS:

PREA Compliance Manager.

ONSITE REVIEW:

No on-site observations were required for this provision.

FINDINGS:

Agency Policy DO 125, Definitions, addresses the position of the PREA Compliance Manager, which outlines the roles and responsibilities of the position and calls for the position being allowed sufficient time and authority to develop, implement, and oversee Department efforts to comply with the PREA standards in each facility. The agency's organizational chart reflects that the PREA Compliance Manager position reports to the Deputy Warden of Operations who reports directly to the ASPC – Eyman Warden. The PREA Compliance Manager was interviewed. She reported having enough time to focus on PREA related activities and that this is a priority. The PREA Compliance Manager reported she has 100% support from her supervisor and the PREA Coordinator. A review of the agency policy, agency's organization chart, and based on the interview, the designated facility's PREA Compliance Manager, the Auditor determined the agency demonstrates it meets the requirements of this provision of this standard.

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Policies and other evidence reviewed:

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

ASPC Eyman Pre-Audit Questionnaire

115.12(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 106 (Contract Beds) and 606 (Internal Inspections Program).

FINDINGS:

Agency Policy Agency Policy DO 106 (Contract Beds) and 606 (Internal Inspections Program), addresses this provision. The agency reported there were three (3) contracts for the confinement of inmates that the agency had entered into or renewed with private entities or other government agencies.

A review of all the contracts reflected the entity's obligation to adopt and comply with the PREA standards. ASPC - Eyman is not a contract facility. A review of the agency policy and the three (3) contracts reflected all the contracts met the required entity's obligation to adopt and comply with the PREA standards.

115.12(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 106 (Contract Beds) and 606 (Internal Inspections Program).

INTERVIEWS:

Contract Administrator

FINDINGS:

Agency Policy Agency Policy DO 106 (Contract Beds) and 606 (Internal Inspections Program), addresses this provision. The agency reported all three (3) contracts require the agency to monitor the contractor's compliance with the PREA standards. The agency's Contract Administrator was interviewed and reported he is required to maintain regular contact with every inmate placed in a contracting facility.

If there are concerns, agency protocol requires the inmate be removed from the facility and the facility allowed time to make corrective action and address the concerns. Corrective actions are addressed before the facility is reconsidered. Notification would also be made to law enforcement and the Inspector General's Office. The Contract Administrator annually collects credentialing documentation for each facility: facility license; staff licenses or certifications; daily schedule; and monitoring reports or the licensing agency's website regarding the facility's status; and tours the facility.

New facilities being considered for contracting purposes follow a vetting process, including reference checks with other counties, with all information being presented to the agency's leadership for review and approval. All placements involve the input of the inmate being considered for placement in the facility. The Contract Administrator reported PREA compliance results are completed and that the PREA Coordinator has implemented a tracking process for this. A review of the agency policy, agency contracts and interview with the contract administrator and PREA Coordinator demonstrated the agency meets the requirements of this provision and this standard.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

115.13(a)

POLICY AND DOCUMENT REVIEW:

DO 524, DO 703.01, DO 703.2, DI 286, and DOC Form 286.

INTERVIEWS:

Warden, PREA Coordinator and PREA Compliance Manager.

FINDINGS:

Agency Policy DO 524, DO 703.01, DO 703.2, DI 286, and DOC Form 286, addresses this provision. The complex submits a weekly and monthly staffing plan/report to the agency. The ASPC - Eyman has developed a staffing plan to safely meet the PREA and security needs, the complex fills the mandatory positions to meet the necessary post staffing requirements when vacancies occur. The complex uses overtime/comp time or collapsing non-custody positions to meet a safe staffing mandate required by the ADOC as written on their annual staffing plan. The facility reported no deviations from the custody staffing plan for the past 12 months. The average daily population since and to which the staffing plan is based is 4011 inmates.

Unannounced rounds are conducted for all shifts and are recorded by senior management staff. Post logbooks were reviewed by the Auditor for verification.

Staff reported the inmate to staff ratios are followed. There is a rotation on part-time employees and sometimes mandatory overtime is implemented. Staff reported and recognized there is a need for additional camera/video surveillance technology and written proposals for this technology have been previously submitted. Staff reported pending the video surveillance upgrades, blind spots have been identified and addressed - areas are off limits and/or doors are secured (maintained locked and check during walk through inspections, which are unannounced). Staff reported a staffing plan is in place. Staff reported they follow the agency policies and PREA standards, take into consideration the composition of the inmate population and their needs, scheduled programming, and staff placement.

Additionally, staff reported other relevant factors considered include the needs of the LGBTQI inmates and incidents of substantiated and unsubstantiated sexual abuse. Staff reported, to ensure compliance with the staffing plan, they monitor during shifts, review folders, check-in sheets, documentation, inmate files, thoroughly review serious incident reports, and audit sheets. During the onsite audit, a review of the agency policy, staff interviews, and the agency's staffing plan indicated all the elements are addressed. The agency has implemented a process seeking additional video monitoring technology to enhance the supervision and safety of the inmates. The complex noted in the plan that it will continue to prioritize the video surveillance system project to enhance and supplement supervision in inmate program areas to protect the inmates from sexual abuse and sexual harassment.

115.13(b)

POLICY AND DOCUMENT REVIEW:

The agency reported no deviations with the staffing plan in place, therefore there was no documentation provided to review.

INTERVIEWS:

ASPC – Eyman Warden

FINDINGS:

The auditor interviewed the ASPC - Eyman Warden, who reported an ongoing challenge is keeping all positions filled and that priority is given to the critical posts as listed in the staffing plan. Based on the staff interview, there was no indication there had been any deviation from the staffing plan.

115.13(c)

POLICY AND DOCUMENT REVIEW:

Facility staffing ratios.

INTERVIEWS:

ASPC – Eyman Warden

FINDINGS:

Currently, ASPC - Eyman complies with the mandated supervision ratios throughout the complex.

115.13(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 524, DO 703.01, DO 703.2, DI 286, and DOC Form 286. Staffing Plan.

INTERVIEWS:

PREA Coordinator.

FINDINGS:

Agency Policy DO 524, DO 703.01, DO 703.2, DI 286, and DOC Form 286, addresses this provision. The agency reported no deviations with the staffing plan in place, therefore there was no documentation to review. The report was generated by the agency in response to its commitment in instituting the intent and requirements of the Prison Rape Elimination Act and requesting video surveillance upgrades. The auditor interviewed the PREA Coordinator. She reported she is consulted regarding any assessments of, or adjustments to, the staffing plan, which occur annually. When needed, the agency authorizes overtime. During the onsite audit, a review of the agency policy, staff interview, and the agency's current staffing plan indicate all the elements are in place. The complex has implemented a process seeking additional video monitoring technology to enhance the supervision and safety of the inmates. Supplemental supporting documentation specific to the video surveillance system demonstrated the department's ongoing efforts towards monitoring upgrades.

115.13(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 524, DO 703.01, DO 703.2, DI 286, and DOC Form 286.

INTERVIEWS:

Intermediate and Higher-Level Facility Staff

ONSITE REVIEW:

A review of a log entries indicated the upper management unannounced rounds, which are separately documented, are documented and provide additional supporting documentation.

FINDINGS:

Agency Policy DO 524, DO 703.01, DO 703.2, DI 286, and DOC Form 286, addresses this provision. Logbooks are used to document unannounced rounds, which are the responsibility of the Control Center Officer to maintain. Intermediate and Higher-Level Facility Staff were interviewed by the auditor. Staff reported different strategies utilized to prevent staff from alerting other staff that an unannounced round was being conducted. A review of the agency policy and staff interviews, indicate multiple levels of management conducting unannounced rounds on all shifts. The senior management rounds are also documented in the logbook entries within the Control Centers, which the auditor determined the complex demonstrates meets the requirements of this provision.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

115.13(a)

POLICY AND DOCUMENT REVIEW:

There is no document to review for the ASPC – Eyman audit.

INTERVIEWS:

PREA Coordinator and PREA Compliance Manager.

FINDINGS:

ASPC – Eyman does not house youthful inmates, the Arizona Department of Corrections does have a policy which complies with this standard but does not apply to this complex or audit.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

115.15(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 708, DO 708.01, 1.7.14 and DO 708.02.1.2.1. Agency Memo.

INTERVIEWS:

PREA Coordinator.

FINDINGS:

Agency Policy DO 708, DO 708.01, 1.7.14 and DO 708.02.1.2.1, addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the inmate. The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates. An informal interview with the PREA Coordinator confirmed this practice.

A review of the agency policy, agency memo, and staff interviews indicate no cross-gender strip searches or cross-gender visual body cavity searches are conducted.

115.15(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 708, DO 708.01, 1.7.14 and DO 708.02.1.2.1.

INTERVIEWS:

Random Selection of Staff, and Random Selection of Inmates.

FINDINGS:

Agency Policy DO 708, DO 708.01, 1.7.14 and DO 708.02.1.2.1, addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the inmate. The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of inmates. The Auditor interviewed a random selection of staff and random selection of inmates. Staff reported they are prohibited from conducting cross-gender searches, but are trained to conduct cross-gender pat-down searches in the event of an emergency or exigent circumstance. Staff reported there is always adequate levels of staffing to ensure cross-gender searches do not occur. All staff reported they had not conducted a cross-gender search or heard of one taking place since their employment with the agency. All inmates interviewed reported they have been searched only by same-gender staff at all times. Staff interviews reflected staff are not allowed to conduct cross-gender pat-down searches and inmate interviews reflected only same gender staff have conducted pat-down searches on them. A review of the agency policy and staff interviews indicates no cross-gender pat-down searches are conducted. Inmate interviews confirmed no cross-gender searches are conducted.

The auditor noted, although agency policy prohibits cross-gender searches, staff are trained to conduct cross-gender pat-down searches in the event of an emergency or exigent circumstance.

115.15(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 708, DO 708.01, 1.7.14 and DO 708.02.1.2.1.

FINDINGS:

Agency Policy DO 708, DO 708.01, 1.7.14 and DO 708.02.1.2.1, addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the inmate. ASPC – Eyman does not house female inmates. The agency reported there have been no incidents of cross-gender strip cross-gender visual body cavity searches of inmates, therefore there was no documentation to review.

115.15(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 708, DO 708.01, 1.7.14, A.R.S. 13-1419 and DO 708.02.1.2.1.

INTERVIEWS:

Random Selection of Staff, and Random Selection of Inmates.

ONSITE REVIEW:

During the onsite review of the facility, the auditor noted every time staff of the opposite gender entered a housing unit, the staff would announce themselves accordingly. The auditor noted the facility also has painted signs at the entrance of each housing unit indicating to knock and announce. In addition there are printed signs inside the inmate housing area notifying the inmate that the security staff has correctional officers of the opposite gender working. This notification gives the inmates an awareness so they can avoid cross gender viewing situations.

FINDINGS:

Agency Policy DO 708, DO 708.01, 1.7.14, A.R.S. 13-1419 and DO 708.02.1.2.1, addresses this provision. During the onsite audit, the Auditor observed there is no opportunity for staff of the opposite gender to view inmates while performing bodily functions. Staff interviews reflected staff are aware of this standard and are required to announce themselves when entering a housing unit with inmates of the opposite gender and inmate interviews reflected staff of the opposite gender consistently announce themselves upon entering their housing units. Inmates interviewed reported staff of the opposite gender do announce themselves and that they would never be in a state of undress in front of opposite gender staff.

A review of the agency policy, staff and inmate interviews, and observations of staff announcing themselves when entering a housing unit with inmates of the opposite gender has demonstrated every precaution is made to ensure inmates are afforded privacy when using the toilet, showering, and changing clothes.

115.15(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 708, DO 708.01, 1.7.14 and DO 708.02.1.2.1.

INTERVIEWS:

Random Sample of Staff.

Transgender or Intersex Inmate interviews.

FINDINGS:

Agency Policy DO 708, DO 708.01, 1.7.14 and DO 708.02.1.2.1, address this provision. Staff interviews reflected staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Staff also reported the determination of the inmate's genital status would be made by medical staff. The transgender or intersex inmates interviewed revealed the same.

115.15(f)

POLICY AND DOCUMENT REVIEW:

Training Curricula, DO125.10, 1.1.21, DO 810.02, 1.5, DO 810.03

INTERVIEWS:

Random Sample of Staff.

FINDINGS:

Staff interviewed reported they are only permitted to conduct pat-down searches on same gender inmates. Training documentation reflected staff attended and participated in "Cross-Gender and Transgender Pat Searches" training during pre-service and refresher training is available online. A review of the agency policy, training documentation, and staff interviews indicate staff are prohibited from conducting cross-gender pat-down searches, however, they are trained on how to conduct cross-gender pat-down searches if exigent circumstances, exists, which meets the requirements of this provision.

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

115.16(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 108, 125.02, DO 704.16, DO 906.05, DO 704.15, and DO 910.10.

Posters, inmate handbooks, training certificates.

INTERVIEWS:

LEP inmate (Spanish only)

Random Staff

Inmate with a physical disability

Blind Inmate.

FINDINGS:

DO 108, 125.02, DO 704.16, DO 906.05, DO 704.15, and DO 910.10 and review of posters, inmate handbooks, training certificates, address this provision. The PREA Brochure, PREA Posters, and Inmate Handbook are also available in Spanish. The Hotline Numbers can take calls from Spanish speaking callers, intake staff provide information to the inmates in English and Spanish, medical and mental health staff conduct early assessments to detect mental health or cognitive disabilities, including physical disabilities. Once disabilities are identified, proper staff assignments are done in response to the inmates' disabilities, including medical and counseling services. At the time of the audit, one LEP inmate was interviewed. The inmate reported getting the PREA related information verbally in Spanish. Materials are available in Spanish and additional interpreter services can be secured as needed. Bilingual staff have been identified in response to the language needs of the inmates.

Additional staff interviews (formal and informal) indicated several strategies are in place to address multiple types of disabilities inmates may have and respond accordingly.

115.16(b)

POLICY AND DOCUMENT REVIEW:

DO 108, 125.02, DO 704.16, DO 906.05, DO 704.15, and DO 910.10 and review of posters, inmate handbooks, training certificates. Multiple staff have been identified as bilingual and are available as needed.

INTERVIEWS:

LEP inmate (Spanish only).

FINDINGS:

DO 108, 125.02, DO 704.16, DO 906.05, DO 704.15, and DO 910.10 and review of posters, inmate handbooks, training certificates, addresses this provision. At the time of the audit, one LEP inmate was interviewed. The inmate reported getting the PREA related information in Spanish and the posters are translated correctly.

115.16(c)

POLICY AND DOCUMENT REVIEW:

DO 108, 125.02, DO 704.16, DO 906.05, DO 704.15, and DO 910.10 and review of posters, inmate handbooks, training certificates,

INTERVIEWS:

Random Sample of Staff. At the time of the audit, there was only one LEP inmate (Spanish only) available to be interviewed.

FINDINGS:

DO 108, 125.02, DO 704.16, DO 906.05, DO 704.15, and DO 910.10 and review of posters, inmate handbooks, training certificates,, address this provision. Multiple staff have been identified and can translate in Spanish. Staff interviewed reported they would never use inmates to interpret for another inmate and that there was always sufficient staff to interpret. The LEP inmate interviewed reported being provided PREA related information verbally from staff and understanding his rights as it pertained to PREA and had an understanding on how to report an allegation.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

115.17(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.06, DO125.07, DO504, and DO602.

List of 5 year background checks on current employees.

FINDINGS:

Agency Policies DO125.06, DO125.07, DO504, and DO602.

List of 5 year background checks on current employees, address this provision. Agency policy defines staff to include interns, volunteer or contracted program services staff. The agency contracts with the Central Arizona College for education services and are also subjected to a criminal background check, including a fingerprint based background check. Interviews of 12 randomly selected staff, volunteer, contract staff and sample HR files indicated timely criminal background checks. All files reflected the three required questions in this provision are included and staff affirmed by signing the form.

ASPC-Eyman has an on-site HR position that manages the recruitment and hiring process. The AZDOC policies require job applicants to have background checks completed looking at any issue of prior sexual misconduct. The background checks are completed by the BIU Division of the AZDOC. All contractors are screened by using the same process. The facility reported 130 (100%) new employees/applicants background checks were made and 5 (100%) contractor background checks were completed in the past 12 months. Documentation and files were reviewed by the auditor to confirm the process. AZDOC policies also require a 5 year re-check of all employees and contractors. This is also completed by the BIU. The AZDOC policy does indicate that any employee/contractor misconduct or false reporting is subject to the possibility of termination of employment. The HR Manager also indicated that the BIU will respond to any request for information from an institutional employer seeking information on a former employee.

115.17(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.06, DO125.07, DO504, and DO602.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125.06, DO125.07, DO504, and DO602, address this provision. The auditor interviewed the Administrative (Human Resources) Staff. Staff reported, the agency has incorporated and implemented the "Affirmative Duty to Disclose," which all staff were required to affirm and sign. The form provides for a "material omissions" clause.

115.17(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.06, DO125.07, DO504, and DO602.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125.06, DO125.07, DO504, and DO602, address this provision. The AZDOC policies require job applicants to have background checks completed looking at any issue of prior sexual misconduct. The background checks are completed by the BIU Division of the AZDOC. All contractors are screened by using the same process. The auditor interviewed the Administrative (Human Resources) Staff. Staff reported criminal background records checks are conducted on all new hires. Additionally, reference checks are conducted by contacting prior institutional employers.

115.17(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.06, DO125.07, DO504, and DO602

INTERVIEWS:

The auditor interviewed the Administrative (Human Resources) Staff. Staff reported criminal background records checks are conducted on all new hires and contractors.

FINDINGS:

Agency Policies DO125.06, DO125.07, DO504, and DO602, addresses the elements of this provision. Agency policy defines staff to include interns, volunteer or contracted program services staff. All staff are also subjected to a criminal history background checks.

All contract staff are subjected to a criminal background check, including a fingerprint based background check. Staff reported criminal background records checks are conducted on all new hires and contractors.

115.17(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.06, DO125.07, DO504, and DO602 and supporting documentation.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125.06, DO125.07, DO504, and DO602, addresses this provision. Agency policy requires criminal history checks will be conducted at least every five (5) years for staff, contractors, interns and volunteers. All staff are provided the opportunity to self-disclose their arrest or history prior to the agency completing the background check.

The auditor interviewed the Administrative (Human Resources) Staff. Staff reported, criminal background records checks are subsequently conducted on all new hires and every five (5) years for staff, contract employees, volunteers and interns. A review of the agency policy and HR files, and staff interview indicate the agency has conducted criminal background records checks on all staff every five (5) years as required by this provision of this standard.

115.17(f)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.06, DO125.07, DO504, and DO602. HR Files.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125.06, DO125.07, DO504, and DO602, addresses this provision. The application process includes the "Affirmative Duty to Disclose" form, for new hires, volunteers and contractors, and a review of the HR files indicated this process was being implemented. All staff HR files reviewed indicated the forms had been signed in accordance with policy. A review of agency policy and HR files, and staff interview, indicate the practice is in place and meets the requirements of this provision.

115.17(g)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.06, DO125.07, DO504, and DO602.

FINDINGS:

Agency Policies DO125.06, DO125.07, DO504, and DO602, address this provision. Agency policy defines staff to include interns, volunteer or contracted program services staff.

115.17(h)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.06, DO125.07, DO504, and DO602

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125.06, DO125.07, DO504, and DO602, address this provision. The auditor interviewed the Administrative (Human Resources) Staff.

Staff reported if the new potential employer secures a release form from the former employee, then the information will be released. Staff reported without the release form, HR will not disclose the information.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

115.18(a)

POLICY AND DOCUMENT REVIEW:

Memo dated 13 December 2018.

INTERVIEWS:

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

FINDINGS:

The ASPC - Eyman is an older facility that has made several improvements to the facility. In addition, cameras were installed in all libraries, classrooms, kitchens and dining rooms. The planning for these types of projects considers the improvement of their ability to protect inmates as critical. More cameras are being requested. Interviews revealed the agency and complex Warden did consider how such technology may enhance the agency's ability to protect inmates from sexual abuse prior to implementing the video enhancements/upgrades.

115.18(b)

POLICY AND DOCUMENT REVIEW:

Memo dated 13 December 2018.

INTERVIEWS:

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

FINDINGS:

The ASPC - Eyman is an older facility that has made several improvements to the facility. In addition, cameras were installed in all libraries, classrooms, kitchens and dining rooms. The planning for these types of projects considers the improvement of their ability to protect inmates as critical. More cameras are being requested. Interviews revealed the agency and complex Warden did consider how such technology may enhance the agency's ability to protect inmates from sexual abuse prior to implementing the video enhancements/upgrades.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

115.21(a)

POLICY AND DOCUMENT REVIEW:

DO 125.05, DO125.06, DO 608.08.

Memos, employee certificate.

INTERVIEWS:

Random Sample of Staff.

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

FINDINGS:

Agency Policies DO 125.05, DO125.06, and DO 608.08, address this provision. Staff interviewed indicated a clear knowledge of their responsibilities as potential first responders and knowledge of agency policy and staff roles and responsibilities pertaining to investigations of allegations of sexual abuse. Each named of at least one (1) investigator they would report the incident to.

115.21(b)

POLICY AND DOCUMENT REVIEW:

DO 125.05, DO125.06, DO 608.08.

ASPC - Eyman Pre-audit questionnaire.

Memos, employee certificate.

FINDINGS:

Agency Policies DO 125.05, DO125.06, and DO 608.08, addresses this provision. The ASPC Eyman offers all inmates a forensic examination if sexually abused. The facility has an MOU with SAFE and SANE examiners using an outside health care provider (Scottsdale Lincoln Health Networks). The facility conducted zero SAFE/SANE examinations during the last 12 months. These exams are at no cost to the inmate and are available at any time. Victim advocates to provide outside services are under an agreement with Community Alliance Against Family Violence.

A review of the agency policy and supporting documentation indicated the agency coordinates and ensures the protocol implemented is appropriate and in compliance with this provision.

115.21(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.05, DO125.06, and DO 608.08. Memorandum of Understanding (MOU) with Community Alliance Against Family Violence. The agency reported there have been no forensic examinations conducted within the past 12 months.

INTERVIEWS:

SAFE/SANE Staff

FINDINGS:

Agency Policies DO 125.05, DO125.06, and DO 608.08, addresses this provision. The agency entered into a Memorandum of Understanding (MOU) with Community Alliance Against Family Violence to provide confidential victim advocacy services. A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the inmate through the forensic exam and investigative interviews only upon request from the inmate. The SANE/SAFE nurse interviewed, reported forensic exam nurses are available 24/7 and would triage a case and respond accordingly. A review of the agency policy, MOU agreement and an interview with SANE/SAFE staff indicate the agency has secured local confidential victim advocacy resources needed in response to this provision.

115.21(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.05, DO125.06, and DO 608.08. Memorandum of Understanding (MOU) with Community Alliance Against Family Violence.

INTERVIEWS:

PREA Compliance Manager.

Inmates who had reported a sexual abuse.

FINDINGS:

Agency Policies DO 125.05, DO125.06, and DO 608.08, addresses this provision. The agency entered into a Memorandum of Understanding (MOU) with Community Alliance Against Family Violence, to provide confidential victim advocacy services. A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the inmate through the forensic exam and investigative interviews only upon request from the inmate. The Auditor interviewed the PREA Compliance Manager who reported an MOU has been entered with Community Alliance Against Family Violence to help an inmate through the process.

The MOU includes the responsibilities the agency and provider are to follow, and the contract is monitored once a year. A review of the agency policy, MOU, and staff interview indicated an established collaborative effort to ensure victim advocacy services are available for the inmates if needed.

115.21(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.05, DO125.06, and DO 608.08. Memorandum of Understanding (MOU) with Community Alliance Against Family Violence. The agency reported there have been no forensic examinations conducted within the past 12 months.

INTERVIEWS:

PREA Compliance Manager.

Inmates who had reported a sexual abuse.

FINDINGS:

Agency Policies DO 125.05, DO125.06, and DO 608.08, addresses this provision. The agency entered into a Memorandum of Understanding (MOU) with Community Alliance Against Family Violence, to provide confidential victim advocacy services. A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the inmate through the forensic exam and investigative interviews only upon request from the inmate. The Auditor interviewed the PREA Compliance Manager who reported an MOU has been entered with Community Alliance Against Family Violence to help an inmate through the process. The MOU includes the responsibilities the agency and provider are to follow, and the contract is monitored once a year.

A review of the agency policy, MOU, and staff interview indicated an established collaborative effort to ensure victim advocacy services are available for the inmates if needed. The Auditor interviewed the PREA Compliance Manager who reported in accordance with the MOU with Community Alliance Against Family Violence, the complex staff would transport the inmate to the appropriate hospital where they would meet with the inmate. A review of the agency policy, MOU, and staff interview indicated an established collaborative effort to ensure victim advocacy services are available and would be provided to an inmate as needed.

115.21(f)

POLICY AND DOCUMENT REVIEW:

No documents to review as the agency conducts all administrative and criminal investigations.

FINDINGS:

Per ADOC policy, the ADOC Inspector General's Office will conduct all investigations (Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU)) has the legal authority.

In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The CIU investigator interviewed and the ADOC policy indicated they follow a uniform evidence protocol. This provision is not applicable.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.22(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125, DO 601, and DO 608.

Several investigation reports.

INTERVIEWS:

Interviews of the Agency Head, the CIU investigator, the PREA Coordinator, and the PREA Compliance Manager.

FINDINGS:

Agency Policies DO125, DO 601, and DO 608, address this provision. Per ADOC policy, the ADOC Inspector General's Office will conduct all investigations through the Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The CIU investigator interviewed and the ADOC policy indicated they follow a uniform evidence protocol. A review of the agency policies, investigative files, and staff interviews indicated investigations are completed for all allegations of sexual abuse and sexual harassment.

115.22(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125, DO 601, and DO 608.

Several investigation reports.

Agency's policy on the agency's website.

INTERVIEWS:

Investigative staff.

Random staff.

FINDINGS:

Agency Policy DO125, DO 601, and DO 608, addresses this provision. A review of the agency policies, investigative files, and staff interviews indicated criminal investigations are conducted by the ADOC Inspector General's Office's Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU) for administrative investigations. In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The agency's policy in response to this provision are posted on the agency's website. A data base for tracking investigations is maintained. Any allegations reported activates an alert for the PREA Coordinator and to the Inspector General's Office. There are eight (8) CIU staff available to ASPC-Eyman who have been trained to meet PREA standards. The training certificates were reviewed by the auditor.

During the 12 month period, eleven (11) allegations of sexual abuse and sexual harassment was received and all were referred for criminal investigation. Six (6) of the eleven (11) investigations were completed and five (5) cases are still in progress.

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

115.22(c)

POLICY AND DOCUMENT REVIEW:

Agency's policy posted on the agency's website.

FINDINGS:

The agency's policy is posted on the agency's website in accordance with this provision.

115.22(d)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

115.22(e)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

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

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

115.31(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.10, DO 509 and 00810.03. Agency curriculum. Ten randomly selected staff training documents.

INTERVIEWS:

Random Sample of Staff

FINDINGS:

Agency Policies DO 125.10, DO 509 and 00810.03, address this provision. A review of the agency policy, training curriculum, various training documents, and staff interviews demonstrate PREA related training is conducted and staff attend, participate and complete the training. The agency policy and curriculum address all the required topics. The auditor interviewed a total of 12 randomly selected staff. Staff interviewed acknowledged attending and participating in the PREA training and confirmed the required topics were covered during the training. The staff interviewed reported receiving training in all the required topics within the past year.

115.31(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.10, DO 509 and 00810.03

Pre-service and In-service curriculum.

ASPC-Eyman Pre-audit questionnaire.

First responder cards.

FINDINGS:

Agency Policies DO 125.10, DO 509 and 00810.03, addresses this provision. All ASPC - Eyman employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 960 (100%) staff were trained. The ADOC has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates the trainees understand the training presented. The interview process also documented that employees understood the materials presented. Refresher information is available in the employee handbook and in shift briefings. Staff reported everyone gets the exact same training regardless of working with males or females in the agency.

115.31(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.10, DO 509 and 00810.03

Pre-service and In-service curriculum.

ASPC-Eyman Pre-audit questionnaire.

FINDINGS:

Agency Policies DO 125.10, DO 509 and 00810.03, addresses this provision. Agency policy requires staff receive PREA related training during orientation and on an annual basis. The auditor reviewed ten (10) randomly selected employee/contractor/volunteer training documents. A review of the randomly selected training documents reflected all had participated and completed the required PREA training. Training documentation reviewed supported the participation of security staff, as well as participation by management and administrative support staff, in the PREA training.

115.31(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.10, DO 509 and 00810.03

Pre-service and In-service curriculum.

ASPC-Eyman Pre-audit questionnaire.

Training Acknowledgement Form.

FINDINGS:

Agency Policies DO 125.10, DO 509 and 00810.03, addresses this provision. The agency maintains the signed acknowledgement forms which affirm the trainees understand the training they have received. Through staff interviews, it was made clear to the auditor that the staff understood the PREA training.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

115.32(a)

POLICY AND DOCUMENT REVIEW:

DO125.10

Volunteer/Contractor Training Plan.

Volunteer sign-in roster and application forms.

ASPC Eyman Pre-audit questionnaire.

Volunteer, intern, and contract staff training documentation.

Randomly selected training files, sign-in sheets, signed acknowledgement forms, and Certificates of Completion.

INTERVIEWS:

Volunteers and Contractors.

FINDINGS:

Agency Policy DO125.10, addresses volunteer and intern training. All volunteers and contractors who have contact with inmates at ASPC Eyman have been trained to understand the requirements of PREA and the zero-tolerance policy. 100% of the 289 volunteers and contractors were trained about PREA and correctional requirements during the last 12 months. The training is based on the service level and inmate contact they provide. This was verified by examination of training documentation and the signatures that documented that they understood the training presented. Interviews with the SAFE/SANE provider and the contractor verified that they understood the PREA requirements associated with being a contractor or a volunteer.

115.32(b)

POLICY AND DOCUMENT REVIEW:

DO125.10

Volunteer/Contractor Training Plan.

Volunteer sign-in roster and application forms.

ASPC Eyman Pre-audit questionnaire.

Volunteer, intern, and contract staff training documentation.

Randomly selected training files, sign-in sheets, signed acknowledgement forms, and Certificates of Completion.

INTERVIEWS:

Volunteers and contractors.

FINDINGS:

Agency Policy DO125.10, addresses volunteer and intern training. The agency's PREA training addresses the zero tolerance policy. Training documentation reflected training events held specifically for contract staff and volunteers/interns.

The auditor interviewed randomly selected interns and contractors. The interns and contract staff interviewed reported being trained on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and of the reporting requirements.

115.32(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.10.

Signed Volunteer/Intern and Contractor Acknowledgement Forms.

FINDINGS:

Agency Policy DO125.10, addresses volunteer, contractor and intern training. The acknowledgment forms contained the proper affirmation statement. Through interviews, it was made clear the volunteers, interns and contract staff understood the PREA training.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

115.33(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, DO 125, DO 704, and DO 802.

Inmate assessment forms.

Orientation schedule.

Training rosters.

ASPC Eyman Pre-audit questionnaire.

Bilingual Posters.

Inmate Handbook (English and Spanish).

Brochures (English and Spanish).

INTERVIEWS:

The auditor interviewed two randomly selected staff assigned to intake duties and 25 randomly selected inmates.

FINDINGS:

Agency Policies DO 108, DO 125, DO 704, and DO 802, address this provision. A review of case files reflected all inmates were provided the initial education required on the same day during intake. The intake staff reported the orientation packet contains all the PREA related information which is provided to all the inmates during the intake process. Staff reported the information may be provided to the inmate in Spanish or it could be read out loud to the inmates to ensure they understand it and that inmates are asked if they have any questions before they are assigned to a housing unit. Staff reported information on the zero tolerance policy and how to report allegations are also contained on posters, which are posted throughout the facility, and that the PREA information is presented again on weekends to the groups in the housing units. A majority of the inmates interviewed reported being provided the PREA information during intake.

115.33(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, DO 125, DO 704, and DO 802.

Inmate assessment forms.

Orientation schedule.

Training rosters.

ASPC Eyman Pre-audit questionnaire.

Inmate Handbook (English and Spanish).

Brochures (English and Spanish).

INTERVIEWS:

The auditor interviewed (2) randomly selected staff assigned to intake duties and (25) randomly selected inmates.

FINDINGS:

Agency Policies DO 108, DO 125, DO 704, and DO 802, addresses this provision. In the past 12 months, 4018 (100%) inmates admitted to ASPC Eyman in the past 12 months were trained on the principals of PREA. Provisions are made to assist those inmates with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, etc. are readily available to the population and are available in English and Spanish. Completed group sign-in sheets reflecting the names of all inmates are maintained for documentation purposes, and a staff person was assigned to oversee this specific task to ensure compliance is maintained at all times.

115.33(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, DO 125, DO 704, and DO 802

Case files.

INTERVIEWS:

The auditor interviewed two randomly selected staff assigned to intake duties.

FINDINGS:

Agency Policies DO 108, DO 125, DO 704, and DO 802, addresses this provision.

A review of random case files reflected all inmates had been provided the required PREA related information and education. Staff interviewed reported the information is provided during intake.

115.33(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, DO 125, DO 704, and DO 802. Inmate Handbook, PREA brochures, and PREA posters.

FINDINGS:

Agency Policies DO 108, DO 125, DO 704, and DO 802, addresses this provision. PREA related information and education materials provided in English and Spanish include the Inmate Handbook, PREA brochures, and PREA posters. The Inmate Handbook is available to the inmates in each housing unit. PREA posters, English and Spanish, are posted throughout the facility and in each housing unit.

Staff are equipped with information on how to secure interpretation services for deaf and hard of hearing inmates. Multiple staff can also translate in Spanish.

115.33(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, DO 125, DO 704, and DO 802.

Case files.

Acknowledgement Statement

FINDINGS:

Agency Policies DO 108, DO 125, DO 704, and DO 802, addresses this provision. A review of case files reflected all inmates had been provided the required PREA related information and education. The completed Acknowledgement Statement is used to document when inmates are provided the PREA information at intake. Inmates that participate in the subsequent PREA education has their participation entered into the inmate's electronic record.

115.33(f)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, DO 125, DO 704, and DO 802.

ONSITE REVIEW:

PREA educational and informational materials, including the Inmate Handbook and PREA posters are available in each respective housing unit.

FINDINGS:

Agency Policies DO 108, DO 125, DO 704, and DO 802, addresses this provision. PREA educational and informational materials, including the Inmate Handbook and PREA posters are continuously available in each respective housing unit.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.34(a)

POLICY AND DOCUMENT REVIEW:

DO125 .10.1.4.

ASPC - Eyman Pre-audit questionnaire.

Investigative staff training certificates.

INTERVIEWS:

Investigative Staff was interviewed.

FINDINGS:

Agency Policy DO125 .10.1.4, addresses this provision. Staff interviewed reported receiving the required investigative training. Training documentation reflected the investigators had completed the general PREA training and the specialized investigator training.

115.34(b)

POLICY AND DOCUMENT REVIEW:

DO125 .10.1.4.

Training Modules

INTERVIEWS:

Investigative Staff was interviewed.

FINDINGS:

Agency Policy DO125 .10.1.4, addresses this provision. The training module included all of the required topics. Staff interviewed reported receiving training on each of the required topics.

115.34(c)

POLICY AND DOCUMENT REVIEW:

DO125 .10.1.4.

Training records.

Investigation records.

FINDINGS:

Agency Policy DO125 .10.1.4, addresses this provision. A review of the specialized training documents reflect all investigators had completed the required training. Training documentation reflected the investigators listed in the investigative files audited were trained on the specialized investigator training.

115.34(d)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

115.35(a)

POLICY AND DOCUMENT REVIEW:

DO 125.10

Training records: randomly selected training files.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Agency Policy DO 125.10, addresses this provision. Training documentation reviewed indicated medical and mental health staff participated in the specialized medical and mental health PREA training.

115.35(b)

POLICY AND DOCUMENT REVIEW:

The agency reported the facility's medical staff do not conduct forensic exams, therefore this provision is not applicable.

INTERVIEWS:

Medical Staff

FINDINGS:

The agency reported the facility's medical staff do not conduct forensic exams, therefore this provision is not applicable. Medical staff interviewed confirmed they do not conduct forensic exams onsite and that Scottsdale Lincoln Health Networks provides that service if needed.

115.35(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125.10.

Training records.

Certificates of Completion.

FINDINGS:

Agency Policy DO 125.10, addresses this provision. Training documentation reviewed indicated medical and mental health staff, including contract staff, participated in the general and specialized PREA training. Training documentation reflected some of the training was secured in-house as well via online coursework through the National Institute of Corrections (NIC).

115.35(d)

POLICY AND DOCUMENT REVIEW:

Training records.

FINDINGS:

Training documentation reviewed reflected medical and mental health staff, including contract staff, participated in the general PREA training.

<p style="text-align: center;">SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</p>
--

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

115.41(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO811.01 and .02

Randomly selected inmate files.

INTERVIEWS:

Staff responsible for risk screening: intake and medical staff, and randomly selected inmates.

FINDINGS:

Agency Policy DO811.01 and DO811.02, address this provision. Staff interviewed reported inmates are screened normally within two hours and that they would continue to do follow-up with an inmate periodically. Staff reported if any risk factors were to be detected, the inmate would be referred to the appropriate staff for proper follow-up and reclassification if needed. Inmates interviewed verified staff do conduct periodic follow-up questions after the intake process is completed. Inmates reported being seen by medical or mental health staff immediately, after the follow up questions, which was based on the information staff secured and indicated an appropriate agency response based on the new information provided by the inmates. Based on staff interviews and the review of inmate case files, it was determined the initial risk screening process is completed well within the 72-hour requirement.

115.41(b)

POLICY AND DOCUMENT REVIEW:

AIMS DC 71 Screening Tool

FINDINGS:

The objective screening instrument (AIMS DC 71 Screening Tool) is accomplished within the first 24 hours of arrival.

The screening document does ask questions to determine if any offender might have any prior history as a sexual abuser and the responses are scored. Based on the score and responses, a decision is made to properly house the offender.

Intake staff conduct the screening and the information is secured.

115.41(c)

POLICY AND DOCUMENT REVIEW:

AIMS DC 71 Screening Tool

INTERVIEWS:

Staff responsible for risk screening: intake and medical staff

FINDINGS:

The agency's AIMS DC 71 Screening Tool reflect all the required elements in this provision. Staff interviewed confirmed they use the agency's screening tool during intake. Staff interviewed properly referenced the required elements inmates are screened for during the risk screening process.

115.41(d)

INTERVIEWS:

Staff responsible for risk screening: intake and medical staff.

FINDINGS:

Staff reported the information is ascertained through inmate interviews, and from information collected through the AIMS DC 71 Screening tool, medical screening, and case file records.

115.41(e)

INTERVIEWS:

PREA Coordinator, PREA Compliance Manager, and staff responsible for risk screening: intake and medical staff

FINDINGS:

Intake staff interviewed reported they do not have access to the inmate's medical or mental health information. The inmate's medical information is retained and only available to medical staff. Staff reported the treatment modality drives which staff need the information.

Standard 115.42: Use of screening information

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

115.42(a)

POLICY AND DOCUMENT REVIEW:

DO 704.08, DO 801, DO 810, 811 and the AIMS DC71 screen.

Inmate Victimization and Abusiveness Screening form.

INTERVIEWS:

PREA Compliance Manager, LGBTI Inmates, and staff responsible for risk screening.

FINDINGS:

Agency Policies DO 704.08, DO 801, DO 810, and 811, address this provision. At ASPC - Eyman, the information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates safety. This documentation found on AIMS DC71 Screen is used to make decisions to place each inmate in appropriate housing, work, education, and program assignments. The placement decisions are made by a classification committee. Staff interviewed reported information secured through the screening process is used to determine the need for additional medical or mental health follow-up, and to make classification decisions based on risk factors.

115.42(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 704.08, DO 801, DO 810, and 811.

INTERVIEWS:

Staff who Supervise Inmates in Restrictive Housing, Medical and Mental Health Staff. Inmates who are at risk of sexual victimization.

Inmates who reported sexual abuse at and after in processing.

ONSITE REVIEW:

During the tour, there was no indication that restrictive housing units are used on a regular basis due to PREA risk factors.

FINDINGS:

Agency Policies DO 704.08, DO 801, DO 810, and 811, addresses this provision. Staff interviewed reported restrictive housing is used as a last resort and staff look for other options, such as housing unit changes. Staff reported the welfare of the inmates is always a high consideration. Medical and mental health staff reported they would conduct daily visits for any inmates placed in restrictive housing for PREA risk factors.

115.42(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 704.08, DO 801, DO 810, and 811.

INTERVIEWS:

PREA Coordinator, and PREA Compliance Manager.

Transgender Inmates.

FINDINGS:

Agency Policies DO 704.08, DO 801, DO 810, and 811, addresses this provision. Staff interviewed reported the facility does not have special housing units designated for lesbian, gay, bisexual, transgender, or intersex inmates. All housing, program and work assignments are made on a case by case basis.

Standard 115.43: Protective Custody

115.43 (a)

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

115.43 (b)

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

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

115.43(a)-1

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.02, DO 804.01, DO 805.01 and DO 805.08.

INTERVIEWS:

PREA Compliance Manager.

Transgender Inmates.

FINDINGS:

Agency Policies DO125.02, DO 804.01, DO 805.01 and DO 805.08, addresses this provision. Agency Policies prohibit the placement of inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of alternatives has been made. If any inmate would be placed in segregation for protection, they would be offered a Functional Literacy Program and other privileges to the extent possible. Inmates are advised of these limitations and the duration.

115.43 (a)-2

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.02, DO 804.01, DO 805.01 and DO 805.08.

INTERVIEWS:

PREA Compliance Manager, and staff responsible for risk screening.

LGBTI Inmates.

FINDINGS:

Agency Policies DO125.02, DO 804.01, DO 805.01 and DO 805.08, addresses this provision. Staff interviewed reported the inmate's health and safety are taken into consideration during placement and programming assignments. ASPC – Eyman reported zero inmates were held in restrictive housing in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any inmate in restrictive housing.

115.43(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.02, DO 804.01, DO 805.01 and DO 805.08.

INTERVIEWS:

PREA Compliance Manager, and staff responsible for risk screening.

FINDINGS:

Agency Policies DO125.02, DO 804.01, DO 805.01 and DO 805.08, addresses this provision. ASPC – Eyman reported zero inmates were held in restrictive housing in the past 12 months for longer than 30 days awaiting alternative placement.

115.43 (d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.02, DO 804.01, DO 805.01 and DO 805.08.

INTERVIEWS:

PREA Compliance Manager, and staff who supervise restrictive housing.

ASPC – Eyman Warden

FINDINGS:

Agency Policies DO125.02, DO 804.01, DO 805.01 and DO 805.08, addresses this provision. ASPC – Eyman reported zero inmates were involuntarily held in restrictive housing in the past 12 months awaiting alternative placement.

115.43(e)

POLICY AND DOCUMENT REVIEW:

The agency reported there have been no PREA related incidents involving the involuntary assignment of any inmate in the past 12 months to restrictive housing. Agency policy does afford an inmate who is involuntarily assigned to restrictive housing to be reviewed every 30 days.

FINDINGS:

The agency reported there have been no PREA related incidents involving the isolation of any inmate in the past 12 months, therefore there were no case files to review specific to this provision.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

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

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

115.51(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.03, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, and DO 916.01.

Inmate Handbook.

Grievance Form.

Writing Instruments.

INTERVIEWS:

Random Sample of Staff and Random Sample of Inmates.

ONSITE REVIEW:

During the tour, the auditor noted PREA Posters, hotline number painted on or near the phones, and grievance forms are accessible to the inmates in each housing unit and in common areas. The auditor tested the phones to ensure the hotline number worked.

The call when the inmate picks up the phone receiver and automated recording plays a PREA recording in English and Spanish, allowing the inmate to privately contact a PREA representative.

FINDINGS:

Agency Policy DO125.03, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, and DO 916.01, addresses this provision.

Staff interviewed reported inmates have several options available to report an allegation: grievance form; a letter; call the hotline number; tell staff (including a counselor, or supervisor), and a third party, such as a family member. Inmates interviewed reported they could make a report to staff (supervisor, counselor); family, or use the hotline. Most of the inmates indicated they would go directly to staff.

115.51(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.03, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, and DO 916.01.

PREA Posters. Agency policy states that inmates are not detained solely for civil immigration purposes.

INTERVIEWS:

PREA Compliance Manager, and Random Sample of Staff.

ONSITE REVIEW:

During the onsite review, the auditor noted PREA Posters and phones are accessible to the inmates in each housing unit. The auditor tested the phones to ensure the hotline number worked. Agency policy states that inmates are not detained solely for civil immigration purposes.

FINDINGS:

Agency Policy DO125.03, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, and DO 916.01, address this provision. Staff interviewed reported inmates could make anonymous reports to anyone. Inmates interviewed reported they could call a family member, a Rape Crisis Center or the hotline if they needed to contact someone outside of the facility.

The inmates reported they were aware they could make reports anonymously. Agency policy states that inmates are not detained solely for civil immigration purposes.

115.51(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.03, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, and DO 916.01.

INTERVIEWS:

Random Sample of Staff and Random Sample of Inmates.

FINDINGS:

Agency Policy DO125.03, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, and DO 916.01, address this provision. Staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately. Inmates interviewed reported they could make reports anonymously, in writing, grievance, verbally, through a family member, or staff member.

115.51(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.03, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, and DO 916.01

INTERVIEWS:

PREA Compliance Manager.

Inmate who reported sexual abuse.

FINDINGS:

Agency Policy DO125.03, DO 501, DO 527, DO 608.08, DO 802.09, DO 805.01, and DO 916.01, address this provision. Staff interviewed reported inmates can make reports by submitting them in writing, by calling the hotline or through a call to their family. The inmate interviewed reported in writing via grievance form. Staff are informed of how to report privately any sexual abuse or harassment. They can verbally discuss sexual abuse/harassment with chain of command/supervisors in a private setting. They can also report in writing, via Information Report Form, email, memo, etc. Staff are informed of these requirements with required PREA training and employee handbooks. The staff understanding of this process was verified in the interviews.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

115.52(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802.09.

Inmate Handbook.

Grievance Form.

INTERVIEWS:

Random Sample of Staff and Inmates who report sexual abuse.

FINDINGS:

Agency Policy DO 802.09, addresses this provision. In accordance with agency policy, the inmate grievance process meets the requirements of PREA. The process allows the inmate to file an oral or written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary. Inmates interviewed reported they would go directly to a staff member.

115.52(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802.09 and 1.1.1.

INTERVIEWS:

PREA Compliance Manager, and Random Sample of Staff.

FINDINGS:

Agency Policy DO 802.09 and 1.1.1, addresses this provision.

By policy, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint. ASPC - Eyman will not refer the grievance to the staff member who is the subject of the complaint. There is no time limit of the filing of a sexual abuse or sexual harassment grievance. The Inmate Handbooks clearly outlines the process required.

115.52(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802.09 and 1.1.5.

INTERVIEWS:

Inmates who reported sexual abuse.

FINDINGS:

Agency Policy DO 802.09 and 1.1.5, addresses this provision. Staff interviewed reported they would accept reports in writing, anonymously, verbally and through third parties, and that any reports received verbally would be documented immediately. By policy, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint.

115.52(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802.09 and 1.2.1

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy DO 802.09, address this provision. In the past 12 months, there were zero grievances filed concerning sexual abuse or harassment. If any were received, the grievance would be completed within 90 days and the inmate would be notified of the decision. DOC policy allows third party assistance to inmates in the grievance process. If the inmate declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed. Agency policy requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within 5 calendar days. Policy does limit any sanctions to an inmate who filed the grievance in bad faith.

In the past 12 months, there were zero grievances filed concerning sexual abuse or harassment. The process is well defined in the inmate handbook and would be used by the inmate if necessary.

115.52(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802.09, 1.3.3 and 1.3.1.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy DO 802.09, 1.3.3 and 1.3.1, address this provision. In the past 12 months, there were zero grievances filed concerning sexual abuse or harassment. If any were received, the grievance would be completed within 90 days and the inmate would be notified of the decision. Agency policy allows third party assistance to inmates in the grievance process. If the inmate declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

115.52(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802.09 and 1.4.1.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed. Agency policy requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within 5 calendar days. Policy does limit any sanctions to an inmate who filed the grievance in bad faith.

In the past 12 months, there were zero grievances filed concerning sexual abuse or harassment. The process is well defined in the inmate handbook and would be used by the inmate if necessary.

115.52(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802.09 and 1.4.3.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy does limit any sanctions to an inmate who filed the grievance in bad faith. In the past 12 months, there were zero grievances filed concerning sexual abuse or harassment. The process is well defined in the inmate handbook and would be used by the inmate if necessary.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

115.53(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, DO 914, and DO 915. Inmate handbook.

INTERVIEWS:

Random inmates and an inmate who reported a sexual abuse.

FINDINGS:

Agency Policies DO 125, DO 914, and DO 915, addresses this provision. ASPC - Eyman provides to the inmates, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the inmate handbook for each unit in the facility. The victim advocate service includes in-person support services to the victim through the forensic medical exam process as well as the investigatory interview process and at no charge to the inmate.

115.53(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, DO 914, and DO 915.

INTERVIEWS:

Random Sample of Inmates.

FINDINGS:

Agency Policies DO 125, DO 914, and DO 915, addresses this provision. Inmates interviewed reported they had never requested support services from outside agencies.

Advocate services informs the inmates of limits to confidentiality prior to receiving services, in accordance with their MOU.

115.53(c)

POLICY AND DOCUMENT REVIEW:

Memorandum of Understandings

FINDINGS:

ASPC - Eyman maintains agreements with several groups that provide advocate services and informs the inmates of limits to confidentiality. These agreements were provided to the Auditor in the Pre-Audit document request.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

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

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

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

115.54(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.03 and 1.4.1.4.

Inmate handbook.

INTERVIEWS:

PREA Coordinator

FINDINGS:

Agency Policies DO 125, DO 914, and DO 915, addresses this provision. The Arizona Department of Corrections has a Constituent Services website at www.corrections.az.gov for third party reporting of inmate sexual abuse and harassment. Inmates may also write to the Agency's Inspector General Bureau in regard to any sexual abuse or harassment.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

115.61(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125

ASPC Eyman Pre-audit questionnaire.

INTERVIEWS:

Interviews with Warden, random staff, medical/mental health staff, and PREA Coordinator.

FINDINGS:

Agency Policy DO125, address this provision. All staff interviewed reported they would immediately report any knowledge, suspicion, or information regarding any allegation of sexual abuse or sexual harassment. Staff also reported they would report any retaliation against staff or inmates who reported an incident or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.61(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125

ASPC Eyman Pre-audit questionnaire.

INTERVIEWS:

Interviews with Warden, random staff, medical/mental health staff, and PREA Coordinator.

FINDINGS:

Agency Policy DO125, addresses this provision. All staff interviewed reported ASPC - Eyman staff including medical and mental staff are required to report all sexual abuse allegations. Medical/Mental Health staff inform the inmate of their duty to report. The ASPC reports all allegations to the ADOC CIU. All staff are informed of the importance of confidentiality being maintained in the reporting process.

No inmate is under the age of 18 at ASPC - Eyman.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

115.62(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO805.01

ASPC Eyman Pre-audit questionnaire.

INTERVIEWS:

Interviews with Warden, random staff, medical/mental health staff, and PREA Coordinator.

FINDINGS:

Agency Policy DO805.01, addresses this provision. Staff interviewed reported immediate action would be taken if staff were to become aware of any inmate being at substantial risk of imminent sexual abuse. Staff reported any allegation would be taken seriously and due diligence would be followed to ensure staff respond to inmates immediately. Management staff reported the key is creating a safe culture. Randomly selected staff reported in detail the immediate steps they would take to respond to any allegation of an inmate reporting they are at a substantial risk of imminent sexual abuse.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

115.63(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125 and DO 608.

ASPC Eyman Pre-audit questionnaire.

INTERVIEWS:

ASPC - Eyman Warden.

FINDINGS:

Agency Policies DO125 and DO 608, addresses this provision. ASPC - Eyman has a policy that requires notification of another facility when they learn of an inmate that had been sexually abused at that other facility. In the past 12 months, the facility reported (0) allegations of sexual abuse that an inmate received at another facility.

115.63(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125 and DO 608.

FINDINGS:

Agency Policies DO125 and DO 608, addresses this provision. Notification of sexual abuse at another confinement facility is to be completed within the 72 hour time frame. Documentation is required that the report will be investigated and properly acted upon.

115.63(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125 and DO 608.

FINDINGS:

If any allegation is made, the notifications and documentation of the notifications would be made according to department policy.

115.63(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125 and DO 608.

INTERVIEWS:

ASPC - Eyman Warden.

FINDINGS:

Agency Policies DO125 and DO 608, addresses this provision. Staff interviewed reported they would initiate an investigation just like any other. They would make a request for cooperation from the other facility, and staff would go visit the inmate at that facility. Staff reported the Agency's Inspector General would oversee the investigative team and process. In the past 12 months, the facility reported (0) allegations of sexual abuse that an inmate received at another facility.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

115.64(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.03.

ASPC Eyman Pre-audit questionnaire.

Samples of the PREA First Responder cards.

INTERVIEWS:

Security Staff and Non-Security Staff First Responders.

FINDINGS:

Agency Policy DO125.03, address this provision.

The practices to this policy was verified by the responses from the staff being questioned in the interview process. All ASPC - Eyman staff are provided training on the 4 staff responder actions required in the event of a sexual abuse. This would include all security and non-security staff that might be a first responder. Agency Policy also address the actions required if the responder is not a security staff member. The non-security staff person would ensure that the alleged victim not take any action that might destroy physical evidence and then notify security staff. Staff interviewed outlined the response taken in response to an allegation. The agency protocol, which meets the standard requirements, was followed.

115.64(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.03.

ASPC Eyman Pre-audit questionnaire.

Samples of the PREA First Responder cards.

INTERVIEWS:

Security Staff and Non-Security Staff First Responders.

FINDINGS:

Agency Policy DO125.03, address this provision. In the past 12 months, (12) allegations of sexual abuse from an inmate was recorded. These reports were reviewed by the auditor and the reports indicated that the staff followed the correct procedures required by PREA. All reports indicated that the proper response procedures occurred.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

115.65(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.03

INTERVIEWS:

ASPC – Eyman Warden

FINDINGS:

Agency Policy DO125.03, address this provision. Agency Policy required a coordinated response by security/supervisory/management staff, medical, law enforcement, and SANE/SAFE services. The document clearly outlines the institutional plan to coordinate actions taken in response to an incident. Staff interviewed reiterated the protocols outlined in the agency's institutional plan.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.66(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125

INTERVIEWS:

ASPC – Eyman Warden

FINDINGS:

Agency Policy DO125, address this provision. ASPC - Eyman employees do not participate in collective bargaining as Arizona is a "Right to Work State".

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

115.67(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01 and DO 811.

FINDINGS:

Agency Policies DO125.01 and DO 811, address this provision. Policy requires the protection of inmates and staff who report sexual abuse/harassment from retaliation. Senior management at each Unit, is assigned to a Special Review Team (SRT) to supervise the monitoring and prevention of retaliation.

115.67(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01 and DO 811.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Policies DO125.01 and DO 811, address this provision. Staff reported when an investigation is initiated, the individual making the report is told what the expected process will be and if anyone threatens or otherwise makes them feel uncomfortable, they are provided with the name of the person to notify. Staff and inmates are informed that any retaliation will be taken seriously and acted upon. Staff reported the process followed and strategies used when monitoring for potential retaliation against both inmates and staff. Staff is offered emotional support services.

115.67(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01 and DO 811.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Policies DO125.01 and DO 811, address this provision. Staff reported in detail what they look for when monitoring for retaliation for both inmates and staff, and the duration of the monitoring, which meet the standard requirements.

115.67(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01 and DO 811.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Policies DO125.01 and DO 811, addresses this provision. All required monitoring will be promptly conducted for a minimum of 90 days or longer if needed. The facility would employ a variety of methods such as housing change, removal of abuser, or other means to protect the inmate victim. This policy would also protect anyone who assisted in the investigation. The policies also require periodic status checks designed to protect an individual from retaliation.

115.67(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01 and DO 811.

INTERVIEWS:

ASPC – Eyman Warden.

FINDINGS:

Agency Policies DO125.01 and DO 811, addresses this provision. Staff interviewed reported any type of retaliation is treated seriously and any allegations made would be reviewed and investigated. If an allegation were to be found true, the appropriate necessary actions would be taken.

115.67(f)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

115.68(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.02, DO125.06, DO 804.01, DO 805 .01 and 805.08.

INTERVIEWS:

ASPC – Eyman Warden

Staff who Supervise Inmates in Restrictive Housing

Medical and Mental Health Staff. At the time of the onsite audit, there were no inmates in isolation for risk of sexual victimization/who alleged to have suffered sexual abuse, therefore no inmate was interviewed specific to this provision.

ONSITE REVIEW:

During the onsite review, there was no indication that restrictive housing is used on a regular basis for PREA related events.

FINDINGS:

Agency Policies DO125.02, DO125.06, DO 804.01, DO 805 .01 and 805.08, addresses this provision. Staff interviewed reported protective custody/restrictive housing would be used only as a true last resort and efforts would continue to find alternatives during restrictive housing assignment. No inmates are placed in restrictive housing involuntary without an assessment of all available alternatives. These policies meet the PREA requirements. The ASPC - Eyman reported zero inmates who reported sexual abuse were held in involuntary restrictive housing in the past 12 months. Policies also dictate if an involuntary restrictive housing assignment is made, the facility affords each inmate a review every 30 days and the inmate programs would continue to the best extent possible.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

115.71(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

Training Documentation.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision. A review of both investigative files reflected both investigations were conducted promptly, thoroughly and objectively. Staff interviewed reported investigations are initiated immediately and that third-party and anonymous reports are also considered, documented and the information included in the final report.

115.71(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06

Investigative staff training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision. A review of the investigative staff training documents, including the investigator assigned to the 2018 and 2019 cases, indicated all investigative staff are trained in the required specialized investigative staff training. Staff interviewed reported receiving the required training.

115.71(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

Investigative staff training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision. A review of the investigative files reflected the required supporting documentation was maintained in the files.

Staff interviewed reported in detail the steps followed and information collected and documented during the investigation and retained in the files in accordance with the standard.

115.71(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision. Staff interviewed reported investigations are not terminated solely because the victim recants the allegation and would move forward with the investigation.

115.71(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

Investigative files.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision. A review of the investigative files reflected the investigator are sworn law enforcement and are always involved on all investigations. Investigative staff reported the investigators will refer the case for prosecutorial review, if evidence reveals a criminal act may have been committed.

115.71(f)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06. Staff interviewed reported all information would be considered, documented and assessed as part of the investigation. Staff also reported a polygraph is not a part of the investigative process.

115.71(g)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

Investigative files.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision. Staff interviewed reported everything is considered as part of the investigation including whether staff actions or failures to act contributed to the abuse. A review of the investigative files indicated the investigations were thorough. The incident review process, which addresses this provision, was completed.

115.71(h)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision. CIU and AIU will conduct all investigations. In accordance with agency policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The eight CIU staff assigned to ASPC-Eyman have been trained to meet PREA standards. They are State approved Law Enforcement officials and will promptly and thoroughly investigate each allegation. Should an allegation be substantiated, the case will be referred for prosecution. Administrative Investigations are conducted by the AIU unit within the Inspector General's Office. No cases of their involvement were reported.

The CIU Investigator interviewed was professional and very knowledgeable. He indicated their investigative process was very thorough by collecting all evidence, interviewing witnesses, perpetrators, victims, etc. Reports are documented and cases are referred for prosecution if necessary. Polygraph tests for PREA cases are not authorized.

115.71(i)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision. Agency Policies require written reports be developed and retained per PREA standards, for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and per Arizona Department of Corrections retention requirements.

Should a victim or abuser (staff or inmate) resign or be transferred to another facility, the case will continue to be investigated.

115.71(j)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

FINDINGS:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06, addresses this provision and requires investigation reports will be kept in perpetuity. The auditor reviewed both investigative files.

115.71(k)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.01, DO125.06, DO 501.01, and DO 608.06.

INTERVIEWS:

Investigative Staff

FINDINGS:

Staff interviewed reported an investigation would continue regardless of whether the alleged abuser or alleged victim left the facility.

115.71(l)

POLICY AND DOCUMENT REVIEW:

The agency is not required to respond to this provision.

FINDINGS:

This provision is not applicable as the agency is not required to respond to this provision.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

115.72(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.06 and 1.12.1.

Investigative files.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policies DO 125.06 and 1.12.1, address this provision. A review of the investigative files indicated the proper standard was used in determining that the allegations were founded/substantiated. Staff reported the standard of evidence used to substantiate allegations is the preponderance of the evidence.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

115.73(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 608.08.

INTERVIEWS:

ASPC – Eyman Warden.

Investigative staff.

Inmate who reported a sexual abuse.

FINDINGS:

Agency Policy DO 608.08, addresses this provision and requires notification for both sexual abuse and sexual harassment investigations. Staff interviewed reported the inmate would be notified in writing. The agency policy requirements to notify the inmate on the outcome of sexual harassment investigations meets the standard requirements.

115.73(b)

POLICY AND DOCUMENT REVIEW:

The agency reported there had been (0) investigations completed by an outside agency in the past 12 months.

FINDINGS:

This provision is not applicable to the ASPC – Eyman Complex.

115.73(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 608.08. Staff reported there had been (1) substantiated or unsubstantiated complaint of sexual abuse committed by a staff member, contractor, intern, or volunteer against an inmate in the past 12 months.

INTERVIEWS:

Random Inmates.

Inmates who reported sexual abuse.

FINDINGS:

Agency Policy DO 608.08, addresses this provision. Since there had been one (1) investigations involving staff, contractors, interns or volunteers, a review of the documentation reveals the proper procedures were taken and the inmate was notified in writing of the disposition of the case.

115.73(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 608.08.

Investigative Files

INTERVIEWS:

Random Inmates.

Inmates who reported sexual abuse.

FINDINGS:

Agency Policy DO 608.08, addresses this provision. Agency policy that requires that the inmate be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the inmate has filed. The CIU conducts all investigations. In the past 12 months, twelve (12) allegations from inmates were investigated. Twelve (12) were completed and the inmates were informed in writing of the result of the investigation.

The reports were all documented. For complaints directed towards staff, the inmate would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

115.73(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 608.08.

Investigative files.

FINDINGS:

Agency Policy DO 608.08, addresses this provision. A review of the investigative files reflected the CIU conducts all investigations. In the past 12 months, In the past 12 months, twelve (12) allegations from inmates were investigated. Twelve (12) were completed and the inmates were informed in writing of the result of the investigation.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

115.76(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.01, DO 125.06, DO 501.01, and DO 601.

FINDINGS:

Agency Policies DO 125.01, DO 125.06, DO 501.01, and DO 601, addresses this provision. ASPC - Eyman has disciplinary sanctions for staff up to and including termination for violating sexual abuse and sexual harassment policies.

The facility reported (0) cases where an employee was terminated for sexual abuse of an inmate and (0) cases where an ASPC - Eyman staff member was reported to law enforcement for violating sexual abuse or harassment policies.

115.76(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.01, DO 125.06, DO 501.01, and DO 601. The agency reported there have been no staff that have violated agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

Agency Policies DO 125.01, DO 125.06, DO 501.01, and DO 601, addresses this provision. Since there have been no staff investigated, therefore not disciplined for violating agency sexual abuse or sexual harassment policies in the past 12 months, there was no documentation to review specific to this provision.

115.76(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.01, DO 125.06, DO 501.01, and DO 601. The agency reported there have been no staff that have been disciplined for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

Agency Policies DO 125.01, DO 125.06, DO 501.01, and DO 601, addresses this provision. Since there have been no staff investigated for violating agency sexual abuse or sexual harassment policies, therefore not disciplined in the past 12 months, there was no documentation to review specific to this provision.

115.76(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125.01, DO 125.06, DO 501.01, and DO 601. The agency reported there have been no staff that have been disciplined for violation of agency sexual abuse or sexual harassment policies in the past 12 months.

FINDINGS:

Agency Policies DO 125.01, DO 125.06, DO 501.01, and DO 601, addresses this provision. Since there have been no staff investigated for violating agency sexual abuse or sexual harassment policies, therefore not terminated in the past 12 months, there was no documentation to review specific to this provision.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

115.77(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.03, DO204.07, DO205, DO204.08 and DO 1.3.8.2. The agency reported there had been (1) contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months.

FINDINGS:

Agency Policies DO125.03, DO204.07, DO205, DO204.08 and DO 1.3.8.2, address this provision.

The agency reported there had been (1) contractors or volunteers reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates in the past 12 months, the documentation reviewed shows the staff followed appropriate procedures in accordance with the agency policy.

15.77(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.03, DO204.07, DO205, DO204.08 and DO 1.3.8.2.

INTERVIEWS:

ASPC – Eyman Warden

Random Staff

FINDINGS:

Agency Policies DO125.03, DO204.07, DO205, DO204.08 and DO 1.3.8.2. The agency reported there had been (1) contractors or volunteers reported for engaging in sexual abuse of inmates in the past 12 months, the documentation reviewed shows the staff followed appropriate procedures in accordance with the agency policy. Staff interviewed reported any allegations of sexual abuse of inmates by contractors or volunteers would be treated the same as if they were regular staff. Agency personnel with the need to know would be notified, who would then contact the contractor's point of contact and cease the contract with the contractor. Both volunteers and contractors would be prohibited from having further contact with inmates.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

115.78(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 1.3.1, DO 25.01, DO 1.3.3 and DO 803.08. Inmate Orientation Packet. Inmate Handbook.

FINDINGS:

Agency Policies DO 1.3.1, DO 25.01, DO 1.3.3 and DO 803.08, address this provision. The Inmate Orientation Packet and Inmate Handbook, provide information related to the Code of Conduct and Progressive Disciplinary Sanctions, including sanctions pertaining to sexual abuse and sexual harassment.

115.78(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3. The agency reported there was (0) incidents of Inmate on Inmate abusive sexual contact allegation with a finding of guilt. The agency reported there have been no inmates placed in restrictive housing for inmate-on-inmate sexual abuse as a disciplinary sanction in the past 12 months.

INTERVIEWS:

ASPC – Eyman Warden

Medical and Mental Health Staff

Restrictive Housing Staff

FINDINGS:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3, address this provision. The agency reported there were (0) incidents of inmate on inmate abusive sexual contact, therefore there was no documentation to review specific to this provision. Staff interviewed reported an inmate on inmate sexual abuse incident would be considered a major rule violation and could result in disciplinary restrictive housing. The sanction would be referred for supervisory review and approval.

115.78(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3.

INTERVIEWS:

ASPC – Eyman Warden

Medical and Mental Health Staff

Restrictive Housing Staff

FINDINGS:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3, address this provision. The agency reported there were (0) incidents of inmate on inmate abusive sexual contact, therefore there was no documentation to review specific to this provision. Staff interviewed reported an inmate on inmate sexual abuse incident would be considered a major rule violation and could result in disciplinary restrictive housing. The sanction would be referred for supervisory review and approval.

115.78(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 801.02, DO 803.08, DO 809 and DO 923.

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Agency Policies DO 801.02, DO 803.08, DO 809 and DO 923, address this provision. Staff interviewed reported the offending inmate is offered therapy, counseling, or other intervention services, but would not require the inmate's participation as a condition of access to any rewards-based behavior management system or programming or education.

115.78(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3. The agency reported there were (0) reported incidents involving sexual contact of inmates with staff.

FINDINGS:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3, address this provision. The agency reported there were (0) reported incidents involving sexual contact of inmates with staff, therefore there was no documentation to review specific to this provision.

115.78(f)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3.**FINDINGS**

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3, addresses this provision.

115.78(g)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3.

FINDINGS:

Agency Policies DO 1.3.1, DO 25.01, and DO 1.3.3, address this provision.

MEDICAL AND MENTAL CARE

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

115.81(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.05, DO 1.1, DO 1.1.1 and DO 1.1.2. The agency reported 100% of the inmates that disclosed prior victimization during screening were offered a follow up meeting with medical or a mental health practitioner.

Forms: 1101-21P, 1103-27, 1103-18, 1104-3.

Random selection of inmate files.

INTERVIEWS:

Inmates who Disclosed Sexual Victimization at Risk Screening.

Staff Responsible for Risk Screening.

FINDINGS:

Agency Policies DO125.05, DO 1.1, DO 1.1.1 and DO 1.1.2, address this provision. A review of the forms used by the agency demonstrate how the intake screening staff, medical and mental health staff document the follow-up services inmates with prior sexual victimization disclose during the screening process. Staff interviewed reported they work with the medical and mental health professionals by notifying them immediately which generates a referral. Inmates interviewed reported being referred to medical and mental health staff for follow-up. A review of the inmate files reflected the inmates did receive a follow-up meeting with medical and mental health practitioners as required.

115.81(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.05, DO 1.1, DO 1.1.1 and DO 1.1.2. The agency reported 100% of the inmates who have previously perpetrated sexual abuse were offered a follow up meeting with a mental health practitioner.

Randomly selected inmate files.

INTERVIEWS:

Staff Responsible for Risk Screening.

FINDINGS:

Agency Policies DO125.05, DO 1.1, DO 1.1.1 and DO 1.1.2, addresses this provision. Staff interviewed reported inmates are referred to mental health staff for follow-up. A review of a randomly selected inmate files reflected the inmate did receive a follow-up meeting with a mental health practitioner as required.

115.81(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.05, DO 1.1, DO 1.1.1 and DO 1.1.2.

ONSITE REVIEW:

During the onsite review, the auditor noted medical and mental health staff have designated space where staff can privately meet with inmates. Medical and Mental Health records are maintained separately and shared according to policy.

FINDINGS:

Agency Policies DO125.05, DO 1.1, DO 1.1.1 and DO 1.1.22, address this provision.

115.81(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.05, DO 1.1, DO 1.1.1 and DO 1.1.2

INTERVIEWS:

Medical and Mental Health Staff

FINDINGS:

Agency Policies DO125.05, DO 1.1, DO 1.1.1 and DO 1.1.2, addresses this provision. Staff interviewed reported they use the consent form for inmates over 18 years of age.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

115.82(a)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.03, 1.3.3, DO125.03, 1.3.9, DO125.04, 1.1.1 and 1.1.2.

INTERVIEWS:

Medical and Mental Health Staff

Inmates who reported a sexual abuse.

FINDINGS:

Agency Policies DO125.03, 1.3.3, DO125.03, 1.3.9, DO125.04, 1.1.1 and 1.1.2, addresses this provision. Staff interviewed reported inmates would be provided emergency medical treatment immediately and that the nature and scope of the services are determined according to their professional judgement.

115.82(b)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.03, 1.3.3, DO125.03, 1.3.9, DO125.04, 1.1.1 and 1.1.2.

INTERVIEWS:

Security Staff and Non-Security Staff First Responders.

FINDINGS:

Agency Policies DO125.03, 1.3.3, DO125.03, 1.3.9, DO125.04, 1.1.1 and 1.1.2, requires staff to notify medical staff if they believe an inmate is actively experiencing a mental health crisis. Staff who were interviewed reported protective measures were taken for the alleged victim, and the victim was referred for counseling.

115.82(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.03, 1.3.3, DO125.03, 1.3.9, DO125.04, 1.1.1 and 1.1.2.

INTERVIEWS:

Medical and Mental Health Staff

Inmates who reported a sexual abuse.

FINDINGS:

Agency Policies DO125.03, 1.3.3, DO125.03, 1.3.9, DO125.04, 1.1.1 and 1.1.2, addresses this provision. Staff interviewed reported the required information and services would be provided immediately and unimpeded.

115.82(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125.03, 1.3.3, DO125.03, 1.3.9, DO125.04, 1.1.1 and 1.1.2.

FINDINGS:

Agency Policies DO125.03, 1.3.3, DO125.03, 1.3.9, DO125.04, 1.1.1 and 1.1.2, addresses this provision.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

115.83(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6.

ONSITE REVIEW:

During the onsite review, the Auditor observed the medical section at the facility. Medical services are available 24/7 at the facility. Mental health counselors provide treatment and counseling to inmates.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.63, addresses this provision.

115.83(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6. The agency reported there were no allegations of inmate sexual abuse requiring medical treatment, follow-up services or referrals for continued care.

INTERVIEWS:

Medical and Mental Health Staff. At the time of the onsite audit, there were no inmates who reported a sexual abuse at the facility, therefore no inmate was interviewed specific to this provision.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6, addresses this provision. Staff interviewed reported follow-up services would be matched with appropriate intervention services.

115.83(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6. The agency reported there were no allegations of inmate sexual abuse requiring medical or mental health services.

INTERVIEWS:

Medical and Mental Health Staff.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6, addresses this provision. Staff interviewed reported the services provided go beyond the community level of care.

115.83(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6.

FINDINGS:

This provision is not applicable as this is an all male inmate complex.

115.83(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy AS-905, Section III (B) (3) (d), Pg. 3.

FINDINGS:

This provision is not applicable as this is an all male inmate complex.

115.83(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6. The agency reported there were no allegations of inmate sexual abuse requiring medical services.

INTERVIEWS:

At the time of the onsite audit, there were no inmates who reported a sexual abuse at the facility who required medical services, therefore no inmate was interviewed specific to this provision.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.63, addresses this provision.

115.83(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6. The agency reported there were no allegations of inmate sexual abuse requiring treatment services.

INTERVIEWS:

At the time of the onsite audit, there were no inmates who reported a sexual abuse at the facility who required treatment services, therefore no inmate was interviewed specific to this provision.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6, addresses this provision.

115.83(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6. The agency reported there were no allegations of inmate sexual abuse requiring treatment services.

INTERVIEWS:

Medical and Mental Health Staff.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6, addresses this provision. Staff interviewed reported the inmate would be referred, and the treatment provider would respond immediately.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

115.86(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6.

The agency reported there were (2) administrative or criminal investigations of alleged sexual abuse completed within the past 12 months.

Investigative files.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6, addresses this provision. A review of the investigative files reflected the agency had completed a sexual abuse incident review at the conclusion of previous investigations, there were (2) sexual abuse cases in the last twelve months that had a substantiated finding.

115.86(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6

Investigative files.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6, addresses this provision. A review of the investigative files reflected the agency has completed a sexual abuse incident reviews, as required.

115.86(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6.

INTERVIEWS:

ASPC – Eyman Warden

PREA Compliance Manager

Members of the Incident Review Team

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.61, addresses this provision. Staff interviewed reported the incident review team includes the PREA Compliance Manager and several of the senior staff. Once the Incident Review is completed, it is reviewed by the ASPC – Eyman Warden and the agency Inspector General’s Office. A review of the Incident Review Report indicated the PREA Coordinator also participates. Staff reported an incident review is conducted for all serious incidents.

115.86(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6.

Incident Review Report

INTERVIEWS:

PREA Compliance Manager

Incident Review Team

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6, addresses this provision. Staff interviewed referenced all the elements needing to be considered, examined, and assessed. The Incident Review Team member provided detailed information of all the elements addressed by the team. Staff interviewed acknowledged a report is completed and includes any recommendations for improvement. Staff reported the Incident Review Report is submitted to the ASPC – Eyman Warden, Agency Inspector General’s Office and PREA Compliance Manager.

115.86(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6.

FINDINGS:

Agency Policy DO125.06, 1.13, 1.13.1, 1.13.2, and 1.13.1.6, addresses this provision.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

115.87(a and c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.08 and DO105.

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision. A review of the reporting documentation reflected a comprehensive tracking system designed to maintain various elements for the required data for sexual abuse allegations as well as sexual harassment allegations. One of the functions of the PREA Compliance Manager is to maintain this information. The tracking system contains information on all allegations of abuse, neglect and exploitation, and all serious incidents.

115.87(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.08 and DO105.

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision. A review of the complex tracking information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations.

115.87(d)

Agency Policy DO125.08 and DO105.

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision. A review of the www.azcorrections.gov reflects the comprehensive report is published and available to the public for all serious incidents to include sexual abuse and sexual harassment allegations.

115.87(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.08 and DO105.

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision.

115.87(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.08 and DO105.

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

115.88(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO201.01 and DO201.02. Annual report, dated 10 May 2016, posted on website.

INTERVIEWS:

PREA Coordinator

PREA Compliance Manager.

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision. A review of the annual report reflects all the elements required by this provision.

Staff interviewed reported in detail the process followed when reviewing the data, identifying problem areas and corrective action, and preparing the annual report.

115.88(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.08 and DO105.

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision.

115.88(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.08 and DO105.

Annual report.

INTERVIEWS:

PREA Coordinator

PREA Compliance Manager.

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision. Staff interviewed reported the Annual report is reviewed and approved by The Director of the Arizona Department of Corrections.

115.88(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.08 and DO105.

INTERVIEWS:

PREA Coordinator

FINDINGS:

Agency Policy DO125.08 and DO105, addresses this provision. Staff interviewed reported all personal identifying information and personal health information is redacted. The reports would reflect only basic demographic information.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

115.89(a)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.3.3, DO103 and DO 201.

INTERVIEWS:

PREA Coordinator

FINDINGS:

Agency Policy DO125.06, 1.3.3, DO103 and DO 201, addresses this provision. Staff interviewed reported access to any data is restricted to the Inspector General's Office for operational use and is password protected.

115.89(b)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.3.3, DO103 and DO 201.

Aggregated data on website.

FINDINGS:

Agency Policy DO125.06, 1.3.3, DO103 and DO 201, addresses this provision. The data posted on the www.azcorrections.gov website includes agency data from Calendar Years 2015 through 2018.

115.89(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.3.3, DO103 and DO 201.

Aggregated data on website.

FINDINGS:

Agency Policy DO125.06, 1.3.3, DO103 and DO 201, addresses this provision. The data posted on the www.azcorrections.gov website has all personal identifiers redacted.

115.89(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO125.06, 1.3.3, DO103 and DO 201.

Aggregated data on website.

FINDINGS:

Agency Policy DO125.06, 1.3.3, DO103 and DO 201, addresses this provision. The data and records collected are to be retained for 109 years in accordance to state retention requirements.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

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

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

115.401(a)

POLICY AND DOCUMENT REVIEW:

Aggregated data on website.

FINDINGS:

The agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.

115.401(b)

POLICY AND DOCUMENT REVIEW:

Aggregated data on website.

FINDINGS:

The agency is following their audit cycle and planned future audits. The data posted on the www.azcorrections.gov.

115.401(h)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The Auditor had full access to, and the ability to observe, all areas of the ASPC – Eyman Complex. The Auditor reviewed areas of this complex multiple times during the onsite review.

115.401(i)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The auditor was permitted to request and did receive copies of any relevant documents needed for this audit.

115.401(m)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The Auditor was permitted to conduct private interviews with inmates, the staff from all the units within this complex were very professional and efficient with regards to this provision.

115.401(n)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

Inmates were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received confidential and unimpeded letters from some of the inmates residing at the ASPC – Eyman Complex.

Standard 115.403: Audit contents and Findings:

115.403 (f)

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

Auditor Overall Compliance Determination

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

115.403(f)

POLICY AND DOCUMENT REVIEW:

There is no agency policy for this provision.

FINDINGS:

The Arizona Department of Corrections has published on its agency website at www.azcorrections.gov all Final Audit Reports within 90 days of issuance by the Auditor. This information is made available to the public and is in accordance with 28 C.F.R. § 115.405.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Marc Coudriet

Marc L. Coudriet

27 January 2019

Auditor Signature

Date