

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS

Interim       Final Report

**Date of Report: May 27, 2016**

### Auditor Information

**Auditor name:** Barbara Jo Denison

**Address:** [REDACTED]

**Email:** [REDACTED]

**Telephone number:** [REDACTED]

**Date of facility visit:** May 16-17, 2016

**Date report submitted:** May 27, 2016

### Facility Information

**Name of facility:** Arizona State Prison – Florence West

**Physical address:** 915 East Diversion Dam Road, Florence, AZ 85132

**Facility mailing address:** *(if different from above)* N/A

**Telephone number:** (520) 868-4251

**The facility is:**

|  |                                    |                                  |
|--|------------------------------------|----------------------------------|
| <input type="checkbox"/> Military                      | <input type="checkbox"/> County    | <input type="checkbox"/> Federal |
| <input checked="" type="checkbox"/> Private for profit | <input type="checkbox"/> Municipal | <input type="checkbox"/> State   |
| <input type="checkbox"/> Private not for profit        |                                    |                                  |

**Facility Type:**  Jail       Prison

**Name of facility's Chief Executive Officer:** Rick Mauldin      **Title:** Warden

**Number of staff assigned to the facility in the last 12 months:** 109

**Designed facility capacity:** 750

**Current population of facility:** 575

**Facility security levels/inmate custody levels:** Minimum

**Age range of the population:** 21-71

**Name of PREA Compliance Manager:** Kirk Duggan      **Title:** Assistant Warden

**Email address:** [kduggan@geogroup.com](mailto:kduggan@geogroup.com)      **Telephone number:** (520) 868-4251, ext. 230

### Agency Information

**Name of agency:** The GEO Group, Inc.

**Governing authority or parent agency:** *(if applicable)*

**Physical address:** One Park Place, Suite 700, 621 Northwest 53<sup>rd</sup> Street, Boca Raton, Florida 33487

**Mailing address:** *(if different from above)* N/A

**Telephone number:** (561) 999-5827

### Agency Chief Executive Officer

**Name:** George C. Zoley      **Title:** Chairman of the Board, CEO and Founder

**Email address:** [gzoley@geogroup.com](mailto:gzoley@geogroup.com)      **Telephone number:** (561) 893-0101

| <b>Agency-Wide PREA Coordinator</b>          |                          |  |
|--|--------------------------|--|
| <b>Name:</b> Phebia L. Moreland              | <b>Title:</b>            | <b>Director, Contract Compliance, PREA Coordinator</b> |
| <b>Email address:</b> pmoreland@geogroup.com | <b>Telephone number:</b> | <b>(561) 999-5827</b>                                  |

## **AUDIT FINDINGS**

### **NARRATIVE:**

The PREA on-site audit of the Arizona State Prison-Florence West was conducted May 16-17, 2016, by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of GEO and Arizona Department of Corrections policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. Questions during this review period were answered by the agency's PREA Coordinator and the Assistant Warden/PREA Compliance Manager. I was supplied with a list of inmates sorted by housing unit, those with special designations and specialized and security staff who would be scheduled during the on-site visit. At the time of the audit, there were no inmates who self-disclosed being gay, bisexual, transgender or intersex. There were no inmates who were deaf, hard of hearing, blind, had low vision or had cognitive disabilities and none that were identified at risk for victimization or at risk of abusiveness.

On the first day of the audit, an entrance meeting was held with Rick Mauldin, Warden, Kirk Duggan, Assistant Warden/PREA Compliance Manager, [REDACTED], Chief of Security, [REDACTED] Compliance Administrator, Phebia Moreland, Director, Contract Compliance, GEO PREA Coordinator and Mike McCarville, Arizona Department of Corrections PREA Coordinator in attendance. Those in attendance of the entrance meeting accompanied me on a facility tour following the conclusion of the entrance meeting. The location of cameras and mirrors, dorm layout including shower/toilet areas and placement of PREA posters and information was observed. During the tour, 13 inmates and 8 staff were informally interviewed and asked about their knowledge of PREA.

While touring the ADC reporting hotline number (7732) was dialed on an inmate telephone in the first housing unit. The phones were found to be inoperable. Securus is the state contracted telephone provider. The ADC PREA Coordinator contacted Securus for telephone repair services and by the following day, the phones were found to be repaired and accessible for inmate use.

It was noted during the tour that in rear corner of each dorm, there appeared to be a blind spot. It was recommended that a domed mirror be installed in those corners to enhance visibility of that area. The Warden agreed with the recommendation and prior to the close of the audit had submitted an order for 12 domed mirrors, one for each pod.

A total of 30 inmates, three from each of the eight larger pods and two from each of the three smaller pods, were formally interviewed. Of this number, there were five Spanish-speaking inmates. Prior to the on-site visit date, I received a letter from an inmate and included this inmate in my random sample of inmates to interview. All of the inmates interviewed

acknowledged receiving PREA training, which included written information, and acknowledged viewing the *Speaking Up: Discussing Prison Sexual Assault* video during their orientation program. They were familiar with the agency/facility's zero-tolerance policy against sexual abuse and sexual harassment as well as the methods available to them to report allegations of sexual abuse and sexual harassment. The Spanish-speaking inmates reported receiving all PREA-related information in Spanish.

A total of 24 staff members were interviewed during the course of the audit. This number included one volunteer, interviewed by telephone, and two contract medical staff. Twelve security staff interviewed included one supervisor and three line staff from each security shift. All staff interviewed were very knowledgeable of the zero-tolerance policies and how to fulfill their responsibilities in preventing, detecting, responding to and reporting incidents of sexual abuse and sexual harassment.

In the past 12 months, there was one allegation of inmate-on-inmate sexual harassment that was determined to be unfounded. The Arizona Department of Corrections Criminal Investigations Unit (CIU) investigates all allegations. Cases determined to be criminal are referred to the Pinal County District Attorney's Office for prosecution.

At the conclusion of the on-site audit, an exit meeting was held with Rick Mauldin, Warden, Kirk Duggan, Assistant Warden/PREA Compliance Manager, [REDACTED] Chief of Security, [REDACTED] Compliance Administrator, Phebia Moreland, Director, Contract Compliance, GEO PREA Coordinator and Mike McCarville, Arizona Department of Corrections PREA Coordinator in attendance. During the exit meeting, the facility was informed of the process that would follow the on-site visit and complimented the facility on their commitment to the PREA program. The team was thanked for their cooperation prior to the audit and during the on-site visit. It is clear that the agency and facility leadership have made PREA compliance a high priority for the safety of the inmates in their care and it was evident that staff is vested in the PREA program.

#### **FACILITY DESCRIPTION:**

Arizona State Prison-Florence West (ASP-Florence West) opened in 1997 as a minimum custody private prison operated by the GEO Group, Inc. under contract with the Arizona Department of Corrections (ADC). It houses up to 500 adult male inmates who demonstrate a need for substance abuse treatment (DUI convictions) and up to 250 adult male inmates that are currently housed as Return-to-Custody (RTC) parole violators.

The design capacity of the facility is 750. On the first day of the audit the population was 575. In the past 12 months, 1627 inmates were admitted to the facility. Because of the specialized purpose of the facility, the turnover in population is quite high. The average length of stay for RTC inmates is approximately 30-60 days and in the DUI population, the turnover is approximately every 60-90 days. The age range of the population is 21-71 years-of-age and the security level is minimum custody.

There is 109 staff assigned to the facility, 18 healthcare contractors from Correct Care Solutions (CCS) and 8 volunteers. SANE exams are not conducted on-site. Inmates requiring SANE exams are referred to the HonorHealth Scottsdale Osborn Medical Center, in Scottsdale, AZ.

The campus is designed with a central recreation yard and three housing units, each containing four dormitory housing pods with separate segregation housing. A programs and support building contains multipurpose rooms, educational classrooms, a library, central dining facilities, a kitchen and the facility's administrative offices and visitation areas. The RTC dorm is separated from the two DUI dorms by a chain link interior fence, keeping these two populations separated.

Inmate restrooms in the general population pods have seven showers with partial walls separating them and a curtain in the entrance of the shower area for increased privacy. There are two urinals and three toilets separated by partial walls in each restroom. There is a four cell Detention Unit in each of the three housing units with a toilet and washbasin in each cell and a common shower with a partial shower curtain for privacy.

Inmates work in a variety of institutional services. Inmates are paid for work from ten to fifty cents per hour. DUI inmates have to pay restitution where applicable out of their pay. Mandatory Substance Abuse Level I and Level II classes are offered in English and Spanish. Other programs offered are anger management, parenting and an after-care program.

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

Arizona State Prison – Florence West's Mission Statement: "In partnership with our Corporate Office and our customer, Arizona State Prison – Florence West will provide a meaningful public service by providing the highest quality security, basic education programs, substance abuse counseling, mental health counseling, and job seeking skills to prepare offenders for release and reintegration into our communities."

### **SUMMARY OF AUDIT FINDINGS:**

The following is a summary of the audit findings:

|                               |    |
|-------------------------------|----|
| Number of standards exceeded: | 4  |
| Number of standards met:      | 36 |
| Number of standards not met:  | 0  |
| Non-applicable:               | 3  |

## **§115.11 - Zero tolerance of sexual abuse and sexual harassment**

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

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

GEO policy 5.1.2-A, pages 6 & 7, section B, 1-3, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency employs an upper-level, agency-wide PREA Coordinator and a facility PREA Compliance Manager as required by this standard. In interview with the agency's PREA Coordinator, at an earlier audit date, and the Assistant Warden/PREA Compliance Manager, they both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

### **§115.12 - Contracting with other entities for the confinement of inmates**

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

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

### **§115.13 – Supervision and Monitoring**

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

Based on GEO policy 5.1.2-A, page 7, section C-1, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan

that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse and the resources the facility has available to ensure adequate staffing levels in the development of the facility's staffing plan.

The contract that the agency has with the Arizona Department of Corrections outlines in the Scope of Work, Soc. No. 020049DC, page 78, section 2.8.3.1, and the agency must maintain full staffing based on the 100% occupancy regardless of the actual level of occupancy. The design capacity of the facility is 750 and in the past 12 months, the average daily population was 678. From documentation provided by the facility, Arizona State Prison-Florence West mandated minimum-staffing plan exceed the number of staff required by ADC in multiple departments. The facility covers vacancies of security posts by utilizing overtime. Staff reports are submitted to and monitored by the ADC Contract Monitor to ensure that contract requirements are met.

A *PREA Annual Facility Assessment* is completed by the PREA Compliance Manager and forwarded to the PREA Coordinator and the Corporate Divisional Vice President for review and signature. During this audit period, *PREA Annual Facility Assessments* were completed in October each year and noted no deviations from the staffing plan and no recommendations of any changes to the current staffing levels. In interview with the Warden, he stated that in the past 12 months, there have been no deviations to the staffing plan.

GEO policy 5.1.2-A, page 7, section C-1, f & g and DO 703, page 2, section 703.02, 1.1, 1.1.2, state that facility management staff and supervisors will conduct and document unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. The facility prohibits staff from alerting other staff of the conduct of such rounds. These rounds are documented on the *ADC Inspection Tour Report* (703.1 form). In addition, all rounds are documented in the *Correctional Services Log* in each housing unit.

Documentation provided for review and in interview with staff and inmates, the practice of rounds by facility management staff and mid-level supervisors confirmed numerous rounds being conducted on all three shifts.

### **§115.14 – Youthful Inmates**

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

Arizona State Prison - Florence West does not house youthful inmates; therefore this standard is not applicable.

## §115.15 – Limits to Cross-Gender Viewing and Searches

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

Based on review of GEO policy 5.1.2-A, pages 15 & 16 section I and ADC DO 708, page 8 section 708.01, 1.7.1, cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances. Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. All searches are documented on the *ADC-Florence West Search Log*. Pat searches are to be done by staff of the same gender when possible. If a female staff pat searches an inmate, it must be documented in the *Correctional Services Log*.

Staff is not allowed to physically examine a transgender or intersex inmate solely to determine their genital status. These searches are to be performed by a medical practitioner. In the past 12 months, there were no exigent circumstances requiring cross-gender strip searches or cross-gender visual body cavity searches be performed. Arizona State Prison-Florence West houses male inmates only, subsection (b) 1-4 of this standard are not applicable to this facility.

In addition to general training provided to all employees, security staff receives training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents. GEO's training curriculum, *Limits to Cross-Gender Viewing and Searches* was provided for review. Staff signs an *ADC Training Roster* upon completion of this training and completion of this training is recorded electronically on the individual's training transcript. Receipt of this training was verified through review of staff training transcripts and confirmed by staff interviews of security staff who reported receiving this training.

The agency has policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter inmate housing and restroom areas. DO 125.02, section 1.3 and *Unit Specific Post Order #35*, page 2, section 4.0, provide guidance for female staff requirements for announcing their presence when they enter inmate housing units. Attachment D of DO 125, posted in all housing units, serves as an opposite gender staff announcement required by ADC. Documentation of these announcements is noted in the *Correctional Services Logs*.

The practice of female staff announcing their presence when they entered the housing units was observed while touring the facility and inmates interviewed confirmed this practice. Inmates shared that they feel they have privacy when they shower, toilet and change clothing when female staff are in their housing units.

## §115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

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

The agency takes appropriate steps to ensure that inmates with disabilities and inmates that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO's policy 5.1.2-A, page 10, section E and ADC's, DO 108, DO 125.02, DO 704.15, DO 704.16, and DO 906.05 all address the agency/facility responsibilities to provide PREA education to inmates ensuring their understanding of the education they received. Receipt of orientation material and if oral and written translation was provided is entered into the Adult Inmate Management System (AIMS). AIMS is an automated computerized system containing information regarding all inmates confined in the Arizona Department of Corrections. This information follows the inmate as long as they are in the custody of ADC.

The facility has nine Spanish-speaking staff members who are available to provide interpretation for Spanish-speaking inmates. A contract with Language Line Services, Inc. provides translation of any other languages. The *Speaking Up: Discussing Prison Sexual Assault* video, the ADC *Sexual Assault Awareness* pamphlet that is included in the Inmate Handbook and posters displayed throughout the facility are all provided in both English and Spanish. Inmates with literacy problems or who are visually impaired are read aloud PREA educational materials. The facility has a TTY for deaf inmates or sign language interpretation is used to convey information to them.

The agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. According to documentation provided, in the past 12 months, there have been no instances where inmates were used for this purpose.

In interview of five Spanish-speaking inmates, they all reported receiving the written PREA information in Spanish and seeing the *Speaking Up: Discussing Prison Sexual Assault* video in Spanish.

## §115.17 – Hiring and Promotion Decisions

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

☐ Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 7 & 8, section C-2, DO 125, page 15, section 125.07, 1.1 & 1.2 and DO 602, interview with the Human Resources Specialist and random review of employee files were used to verify compliance to this standard.

GEO and ADC-Florence West do not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor or volunteer who may have contact with inmates who has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility or other institution who has been convicted of engaging or attempting to engage in sexual activity in confinement settings or in the community. GEO also considers 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.

The agency requires that all applicants and employees who may have contact with inmates have a criminal background check and every five years thereafter in accordance with DO 602 and GEO policy 5.1.2-A. In the past 12 months, there were 23 employee criminal background checks performed and 5 criminal background checks of contractors.

Applicants, who answer on their application that they have worked in a confinement setting previously, receive a PREA Verification by Accurate Backgrounds, Inc. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions-PREA Related Positions* and another background check by Accurate Background, Inc. is completed. At the time of annual evaluations, employees complete a *PREA Disclosure and Authorization Form-Annual Performance Evaluation*.

Agency policy requires that criminal background checks be completed on any contractor who may have contact with inmates. Medical staff are contracted employees from Correct Care Solutions (CCS) and CCS conducts background checks on all CCS staff prior to being hired. ADC completes background checks on all staff and contractors annually and every five years. Any required five-year background checks are submitted to ADC in January of each year for all five-year checks required for that year. Motor vehicle checks are completed annually.

Agency policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

GEO will 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 for work.

Employee, volunteer and contractor personnel files were randomly reviewed and found to be well organized and complete with background checks completed on all new employees and those considered for promotions and every five years on all

employees, volunteers and contractors by the requirements of GEO, ADC and this standard. The facility exceeds in the requirements of this standard.

### **§115.18 – Upgrades to Facilities and Technology**

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

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

### **§115.21 – Evidence Protocol and Forensic Medical Examinations**

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

According to GEO policy 5.1.2-E, pages 6-10 and Correct Care Solutions (CCS) policy B-05, section F, e-ii, the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse. It is the responsibility of the ADC Criminal Investigation Unit (CIU) to conduct investigations and to ensure that all evidence is collected and preserved according to evidence protocol established by the Department of Justice. All investigations are conducted in accordance with DO 608, *Criminal Investigations* and DO 601, *Administrative Investigations and Employee Discipline*.

Forensic exams are not performed at the facility. Victims of sexual abuse are referred to HonorHealth Scottsdale Osborn Medical Center for SANE exams at no cost to the inmate. In the past 12 months, there have been no inmates that required SANE exams.

The facility and ADC has made multiple attempts to secure Memorandum of Understandings (MOU) with 18 community agencies willing to provide inmates of ASP-Florence West with advocacy services. Those efforts have not been successful and are ongoing. Inmates are given information on how to contact state and national crisis

services and are instructed to submit a request to their Correctional Program Officer to speak directly to an advocate. The facility has two trained victim advocates; the Chaplain and a Correctional Program Officer, as well as a back-up advocate from ASPC-Eyman/Meadow Unit. Facility Victim Advocates received *PREA Sexual Assault Advocacy* training on 2/4/15 from the Arizona Coalition to End Sexual and Domestic Violence.

In interview with the facility's victim advocates, they explained what their responsibilities would be if an inmate requested victim advocacy services. In the past 12 months, there were no requests for victim advocate services.

### **§115.22 – Policies to Ensure Referrals of Allegations for Investigations**

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

GEO policy 5.1.2-A, page 5, section III, A-2, outlines the agency's policy and procedure for investigating and documenting incidents of sexual abuse. According to DO 125, section 125.01, 1.1, all allegations of sexual abuse shall be investigated according to DO 608, *Criminal Investigations* and DO 601, and *Administrative Investigations and Employee Discipline*. The CIU, when notified of an allegation of sexual abuse or sexual harassment, ensures that a *Significant Incident Report (SIR)* is generated. A *Monthly PREA Incident Tracking Log* is used to track all incidents that occur at the facility. There was one allegation of sexual harassment that was administratively investigated and determined to be unfounded in the past 12 months and no allegations of sexual abuse were reported.

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

### **§115.31 – Employee Training**

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

GEO employees receive training on the agency's zero-tolerance policy for sexual abuse and sexual harassment at pre-service and annually as part of in-service training. GEO

policy 5.1.2-A, pages 11 & 12, section F-1, addresses the agency's training requirements.

All ASP-Florence West employees, contractors and volunteers receive ADC PREA training (*DCOMT161 2015 PREA Compliance*). DO 125, section 125.08, pages 17-19 outlines the requirements of this training. Employees sign an *ADC PREA Training Acknowledgement form* (form 125-3) acknowledging receiving and understanding the training they received.

The training curriculum was reviewed and found to contain all the requirements of 115.31 (a)-1 of this standard. In the past 12 months, 109 employees have received PREA training. This training is classroom instruction as part of the pre-service training and on-line training as part of the annual training requirement. Training records are maintained electronically for each employee. In addition to general PREA training, all staff receive training on the *Limits of Cross Gender Searches* and sign a *Basic Acknowledgement form*.

In review of the training records of 16 employees, it was confirmed that staff are receiving the mandated training and acknowledging receiving and understanding the training by their signature on the *ADC PREA Training Acknowledgement form* as well as documentation of this training in the employee's electronic training record.

PREA discussions are held daily in shift briefings. All staff interviewed acknowledged receiving PREA training and were knowledgeable of the zero tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment.

The facility is doing an excellent job in ensuring that all staff receive PREA training and that documentation of this training is maintained. The annual training period is from July 1<sup>st</sup> – June 30<sup>th</sup>. In interview with the Training Manager, she proudly reported that all staff completed their annual training requirements, including PREA training, by April 30<sup>th</sup> this year. Random training files were reviewed with the Training Manager who keeps well-organized training files and ensures training is current on all employees, exceeding in this standard.

### **§115.32– Volunteer and Contractor Training**

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

All volunteers and contractors who have contact with inmates are trained on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 13, section G-1 and page 14, section H.

Volunteers and contractors are required to complete the same training (*DCOMT161 2015 PREA Compliance*) as all staff at ASP-Florence West. Contracted medical staff, in addition to ADC training, receive PREA training from CCS. In the past 12 months, a total of 8 volunteers and 18 medical contractors have received PREA training. The HSA maintains documentation of completion of the healthcare training and the Chaplain maintains completion of volunteer training.

Volunteers and contractors sign an *ADC PREA Training Acknowledgement* form and training is documented electronically. One volunteers interviewed by telephone and two healthcare contractors interviewed confirmed receiving the training, were knowledgeable of the agency/facility's zero-tolerance policy, and of their responsibilities as outlined in the policies.

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### §115.33 – Inmate Education

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

GEO policy 5.1.2-A, page 11, section E-2 and DO 125.02 outlines the agency's/facility's requirements of inmate education. Incoming inmates receive information explaining GEO's and ADC zero-tolerance policies regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

On the day of arrival, all inmates receive an Inmate Handbook, which includes the *ADC Sexual Assault Awareness* pamphlet, and sign an *Acknowledgement of Inmate Handbook/Rule Book, ASP-Florence West DU1 M54* form. According to DO 125, page 4, section 1.2 – 1.4, all inmates receive comprehensive PREA education as part of the institutional orientation process held once a week for all incoming inmates. Inmates sign a n *Arizona State Prison Inmate Acknowledgement* form acknowledging receiving and understanding the PREA training and acknowledging viewing the *Speaking Up: Discussing Prison Sexual Assault* video. Inmates also acknowledge by their signature on the *Inmate Acknowledgement of Orientation* form that they viewed the video. Receipt of the handbook and viewing the video are documented in the inmate's AIMS screen.

Information provided is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Posters in both English and Spanish were prominently displayed in various locations throughout the facility.

Review of 13 inmate-training files and their corresponding AIMS screens, confirmed inmate PREA education is being provided and that documentation is being maintained by the facility. All inmates interviewed acknowledged receiving PREA training as part of

the orientation process and acknowledged viewing the *Speaking Up: Discussing Prison Sexual Assault* video. They were knowledgeable of the agency /facility's zero-tolerance policy and the methods of reporting allegations of sexual abuse and sexual harassment available to them.

The facility exceeds in its efforts to provide all incoming inmates with comprehensive PREA education and maintains excellent records of the completion of this training.

### **§115.34 – Specialized Training: Investigations**

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

Based on GEO policy 5.1.2-A, page 13, section F-3 and DO 125, page 19, section 125.10, 1.4, investigators receive specialized training in addition to the general education provided to all employees. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution.

The ADC Criminal Investigation Unit (CIU) investigates all PREA allegations. CIU investigators from across the state receive National Institute of Corrections (NIC) *Investigating Sexual Abuse in Confinement Setting* online training. Investigators receive a certificate of completion of this training and the training is documented electronically on their *SOA Employee Training History*.

The CIU Investigator Supervisor was interviewed. He acknowledged receiving specialized investigations training and was knowledgeable of his duties in conducting investigations, sexual abuse evidence collection and the evidence required to substantiate a case for administrative action or prosecution referral.

### **§115.35 – Specialized training: Medical and mental health care**

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

GEO policy 5.1.2-A, pages 12, and 13, section 2, states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment.

Medical and mental health staff receive specialized training in addition to general PREA training provided to all staff. GEO's *Specialized Medical and Mental Health Training* was provided to 36 medical staff who signed a *PREA Basic Acknowledgement* form verifying receiving and understanding this training. Documentation of this training is maintained electronically. Healthcare staff also complete CCS training annually which contains specialized medical and mental health training requirements as well as general PREA education.

Medical staff do not perform SANE exams. SANE exams are performed by referral to the HonorHealth Scottsdale Osborn Medical Center.

Medical and mental health staff interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve the physical evidence. Healthcare contractors receive GEO, ADC and CCS training; therefore exceeding in the requirements of this standard.

### **§115.41 – Screening for Risk of Victimization and Abusiveness**

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

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and DO 811, pages 3 & 4, section 811.02, 1.10, all inmates are assessed during intake at the Alhambra Reception Center within 72 hours for risk of being sexually abused by other inmates or sexually abusive toward other inmates. This information is maintained in the AIMS.

Within 30 days of arrival, through the AIMS a reassessment is completed and a reassessment is completed anytime there is a referral, request, incident of sexual abuse or receipt of additional information. The intake screening at the ADC Alhambra Reception Center is a face-to-face screening and in review of the information contained on the screening form, contains all of the requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. According to DO 811, section 1.10.4, staff is to keep confidential responses to screening information in order to ensure sensitive information is not exploited to the inmate's detriment. To maintain confidentiality, access to AIMS screens is allowed only to the Warden, Assistant Warden, program staff and ADC Contract Monitors.

Inmates may not be disciplined for refusing to answer any questions or for not disclosing complete information. In review of 13 inmate AIMS screens, the screening process is in place and being followed.

## §115.42 – Use of Screening Information

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

The agency/facility uses information from the risk screening to make housing, bed, work, education and program assignments to keep inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. GEO policy 5.1.2-A, page 10, section 3 and DO 811, page 4, section 1.10.5 explains the use of the PREA screening information.

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

Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in GEO policy 5.1.2-A, page 10, section 3-d. Transgender and intersex inmates are reassessed at least twice per year to review any threats to safety experienced by the resident as required by this standard and takes into consideration their own views regarding their own safety. Through the AIMS, reviews of a transgender or intersex inmate would automatically be triggered. Placement is made on a case-by-case basis to ensure the health and safety of the resident. In the past 12 months, there have been no self-disclosed transgender or intersex inmates housed at the facility. If there were, they would be given the opportunity to shower separately.

The agency does not place LGBTI inmates in housing units solely based on their sexual orientation. At the time of the on-site audit, there were no LGBTI inmates housed at ASP-Florence West.

## §115.43 – Protective Custody

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

According to GEO policy 5.1.1-A, page 16, section J-1 and DO 125, page 4, section 1.4.1.1, involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours. Any inmate may voluntarily request removal from protective custody by submitting a written request to the Assistant Warden or his designee.

GEO policy 5.1.2-A further states that if involuntary segregated housing is used for the safety of the inmate as a means of separation, it can be used for no more than 30 days and a review will be completed every 30 days to determine whether there is a continuing need for separation from the general population.

On interview with the Warden, he confirmed that in the past 12 months, there were no inmates held in involuntary segregated housing. If the Detention unit was used for this purpose, he stated that it would not be used for more than 48 hours.

### **§115.51 – Inmate Reporting**

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

GEO policy 5.1.2-A, page 17-19, outlines reporting methods available to inmates to report allegations of sexual abuse and sexual harassment. The agency/facility provides multiple ways for inmates to privately report sexual abuse and sexual harassment and retaliation by other inmates or staff for reporting. DO 125 addresses methods of reporting available to inmates and the responsibility of staff upon receipt of these reports.

Inmates are made aware through Attachment B or DO 125 that they can call the PREA hotline by dialing 7732. This number accesses the Arizona DOC PREA Coordinator at the ADC's Central Office in Phoenix, AZ, the CIU Investigator, the Inspector General and the Assistant Inspector General.

The facility provides inmates with one way for inmates to report abuse or harassment to a public or private entity or office by giving them the address of the ADC Inspector General Bureau. DO 125, Attachment ADO 802 provides inmates with the mailing address of the ADC Inspector General Bureau.

DO 802, section 802.09, page 7 outlines procedures for the facility to receive and handle grievances related to sexual abuse and sexual harassment and pages 7 & 8 in section 1.3.1 of DO 802 outline procedures for third party reporting.

Inmates are informed of methods of reporting available to them in the Inmate Handbook, which includes the ADC *Sexual Assault Awareness* pamphlet, and on posters displayed in various locations throughout the facility. The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Inmates interviewed were aware of the methods available to them to report allegations of sexual abuse and sexual harassment.

Staff can privately report sexual abuse and sexual harassment of inmates in writing or by calling the Employee Hotline or telephoning, emailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website ([http://www.geogroup.com/reporting\\_sexual\\_abuse\\_prea](http://www.geogroup.com/reporting_sexual_abuse_prea)), in the Employee Handbook, and in the PREA training curriculum. Staff interviewed were knowledgeable of methods of reporting available to them.

### **§115.52 – Exhaustion of Administrative Remedies**

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

In review of GEO policy 5.1.1-A, pages 17 & 18, section K-2, there is a procedure in place for inmates to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. All grievances are handled according to DO 802, section 802.9, pages 7 & 8, sections 1.1–1.4. There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Inmates are informed of the grievance process on page 9 of their Inmate Handbook.

Inmates have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. If a third party files a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf. Emergency grievances may be filed if a resident feels he is at substantial risk of imminent sexual abuse.

The agency does not require an inmate to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. DO 802 outlines that the Warden or designee issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse if the agency determines that the inmate filed the grievance with malicious intent.

The Assistant Warden/PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In the past 12

months, ASP-Florence West has not received any grievances related to sexual abuse or sexual harassment.

### **§115.53 – Inmate Access to Outside Confidential Support Services**

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

As stated in GEO policy 5.1.2-A, pages 23 & 24, section 8, inmates are provided with access to outside victim advocates for emotional support. Inmates may contact the Rape, Abuse and Incest National Network (RAINN) at 1-800-656-4673. In addition, inmates have access to other outside advocacy services by access to addresses and telephone numbers of state and national crisis centers. This information is provided by the Arizona State Coalition to End Sexual and Domestic Violence. Inmates are made aware of this information on bulletin board posters and in the Inmate Handbook. Requests for victim advocacy services can be made to the inmate's Correctional Program Officer or to the Assistant Warden/PREA Compliance Manager.

Inmates are informed of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility and ADC has attempted to enter into MOU's with several of the agencies listed on the information provided by the Arizona State Coalition to End Sexual and Domestic Violence with no success. These service providers make available services free of charge and do not require MOU's or other written agreements for services. ADC and the facility continue in their efforts to seek outside victim advocacy services.

The Chaplain and a Correctional Program Officer are trained victim advocates, who upon request can provide victim advocacy services. Inmates interviewed were aware of the confidential support services available to them and how to access them.

ASP-Florence West does not house inmates solely for immigration purposes.

### **§115.54 – Third-Party Reporting**

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

Based on GEO policy 5.1.2-A, page 18, section 3 and DO 125, page 8, section 1.4.1.4, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an inmate has been sexually abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the CIU Supervisor of the facility. This information is available on the ADC website at [www.azcorrections.gov](http://www.azcorrections.gov), under *Constituent Services*. Information for third party reporting is also available on the GEO website at [www.geogroup.com](http://www.geogroup.com).

Inmates interviewed were aware of this reporting method. In the past 12 months, the facility has not received any reports of allegations of sexual abuse or sexual harassment from a third party.

### **§115.61 – Staff and Agency Reporting Duties**

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

Based on GEO policy 5.1.2-A, pages 18 & 19, section 4, and DO 125 and in review of the employee training curriculum, all staff are to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment or any inmate subject to risk of imminent sexual abuse and retaliation or suspected retaliation against inmates or staff. Staff must take all allegations of sexual abuse and sexually harassment seriously. All allegations, including third party and anonymous reports, are reported to supervisors. GEO policy 5.1.2-A, page 13, section G-2 outlines the responsibilities of volunteers to report and page 14, section H-2, the responsibilities of contractors to report.

Interviews with staff, contractors and volunteers revealed that they are aware of their reporting responsibilities and know not to reveal any information about sexual abuse incidents to anyone other than to the extent necessary.

ASP-Florence West houses adult male inmates, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute.

### **§115.62 – Agency Protection Duties**

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

When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. GEO policy 5.1.2-A, page 19, section L-1, DO 125, section 125.02, 1.4, 1.4.1 & 1.4.1.1 and DO 805, page 1, section 805.01, 1.2 address the procedures related to the agency and facility's efforts to protect inmates who may be at risk for sexual abuse.

In interview with the Warden, there were no times in the past 12 months that it was necessary to take immediate action in regards to an inmate being in substantial risk of sexual abuse. Staff interviewed was aware of their responsibilities if they felt an inmate was at risk for sexual abuse. They reported that they would isolate the inmate and report to their supervisor immediately.

### **§115.63 – Reporting to Other Confinement Facilities**

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

GEO policy 5.1.2-A, pages 22 and 23, section 5 and DO 125, section 125.03, page 9, section 1.6, verify that there is a procedure in place if an allegation is received that an inmate was sexually abused while confined at another facility. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, CIU will notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is should be made as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation is then forwarded to the Assistant Warden/PREA Compliance Manager and the PREA Coordinator.

If a report is received from another facility regarding alleged sexual abuse occurring at ASP-Florence West, the allegation will be reported and investigated in accordance with PREA standards. ADC policy and protocol requires staff to follow the facility's Coordinated Response Plan and notify ADC CIU who will notify the other facility.

In interview with the Warden, in the past 12 months there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have occurred at ASP-Florence West and no reports of allegations received of sexual abuse that occurred while confined at other facilities.

### **§115.64 – Staff First Responder Duties**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 19 & 20, section III, L-2 and DO 125, section 125.03, pages 4 & 5, were used to verify compliance to this standard. Upon learning that an inmate was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and the abuser, immediately notify the supervisor, activate the Incident Command System (ICS) for assistance, preserve and protect the crime scene, not let the victim and abuser take any actions that could destroy physical evidence and not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident.

If the first staff responder is not a security staff member, the responder is required to request the alleged victim not take any actions that could destroy the evidence and notify security staff immediately. All staff carry with them a First Responder Card, which reminds them of the actions to take in response to an allegation of sexual abuse.

Security and non-security staff interviewed were knowledgeable of the policy and the practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the physical evidence until the CIU investigator arrives. In the past 12 months, there were no PREA incidents that required implementing first responder duties.

### **§115.65 – Coordinated Response**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, pages 5 & 6, section A-4 and DO 125 in its entirety, verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The facility's Coordinated Response plan was provided for review and it clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail as well as notifications required to be made.

Part of the response plan is the requirement of filling out an *ADC Sexual Assault Procedures Checklist* and an *ASP-Florence West PREA Incident Checklist* to ensure that all steps of the plan are carried out and proper notifications are made.

Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse or sexual harassment.

## **§115.66 – Preservation of ability to protect inmates from contact with abusers**

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

Based on GEO policy 5.1.2-A, page 5, section A-3, GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged employee sexual abusers from contact with inmates of GEO facilities or program pending the outcome an investigation.

ASP-Florence West does not have a collective bargaining unit. GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with residents pending the outcome of an allegation.

In the past 12 months, there have not been any incidents where staff had to be separated from an inmate.

## **§115.67 – Agency protection against retaliation**

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

GEO policy 5.1.2-A, pages 24 & 25, section 2 and DO 811, page 5, section 125.01, 1.4 and DO 811, page 5, section 1.10.6 were used to verify compliance to this standard. Inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other inmates and staff. Housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims and emotional support services for inmates who fear retaliation will be protection measures used as per agency and ADC policy.

Monitoring for retaliation is conducted by the Assistant Warden/PREA Compliance Manager with the first monitoring meeting after 10 days and every 30 days following for a minimum of 90 days, or longer if warranted.

Monitoring for retaliation is documented in the AIMS. In the past 12 months, there were no retaliation monitoring required. In interview with the Assistant Warden/PREA

Compliance Manager, he was knowledgeable of the procedure for monitoring and for documenting retaliation monitoring.

### §115.68 – Post-Allegation Protective Custody

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

The agency and facility prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as outlined in GEO policy 5.1.2-A, page 22, section 6 and DO 125, page 4, section 125.02, 1.4.1.1 would apply. Any use of segregated housing to protect an inmate who alleged to have suffered sexual abuse will be subject to the requirements of standard 115.43.

On interview with the Warden and staff assigned to restrictive housing, they revealed that involuntary segregated housing has not been used for this purpose in the past 12 months.

### §115.71 – Criminal and Administrative Agency Investigations

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

An investigation is completed for all allegations of sexual abuse and sexual harassment at Arizona State Prison-Florence West, including third-party and anonymous reports. The agency's policy governing administrative and criminal investigation of sexual abuse is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B.

All allegations of sexual abuse and sexual harassment are investigated by the ADC CIU. DO 608 outlines investigations involving inmates and DO 601 outlines investigations involving staff. The facility refers all allegations of sexual abuse and sexual harassment to the ADC Criminal Investigation Unit for investigation. A *Serious Incident Report* is completed for all allegations of sexual abuse. All allegations are tracked on the *Monthly PREA Incident Tracking Log*.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with the CIU investigator. A criminal

investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. An inmate who alleges sexual abuse is not required to submit to a polygraph examination. The agency/facility retains all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency plus five years, in accordance with the ADC Retention Schedule.

Since August 20, 2012, there have been no allegations referred for prosecution. The Pinal County District Attorney's Office would prosecute if warranted. There was one allegation of sexual harassment reported in the last 12 months that was determined by the CIU Investigator to be unfounded. The investigative file was reviewed and found to be complete and investigated per policy.

The CIU Supervisor was interviewed and he reviewed the process for investigating allegations of sexual abuse and sexual harassment.

### **§115.72 – Evidentiary Standard for Administrative Investigations**

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

According to GEO policy 5.1.2-E, page 6, section III, B-2-d and DO 125, page 14, section 1.12.1, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. ADC CIU Investigators conduct all investigations.

When the CIU Supervisor was interviewed and asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency/facility policy.

### **§115.73 – Reporting to Inmate**

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

Based on GEO policy 5.1.2-E, pages 10 & 11, section K and DO 608, pages 7 & 8, sections 1.3 - 1.3.4, the facility ensures that proper notification be given to inmates as to the outcome of the investigation of sexual abuse and sexual harassment allegations if the outcome of the investigation proved to be substantiated, unsubstantiated or unfounded. The ADC CIU Investigator provides a *Notice of Outcome* to inmates through regular mail or verbally and notes this action on their case closure.

Following the completion of an investigation that an employee has committed sexual abuse against an inmate, the facility is required to inform the inmate of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following an inmate's allegation that he was sexually abused by another inmate, the agency shall inform the inmate of the outcome of the investigation. The facility's obligation to notify the inmate will terminate if the inmate is released from custody.

In interview with the Warden, the CIU Supervisor and the Assistant Warden/PREA Compliance Manager and in review of the one investigative files, this process is in place and notifications are being made as required by policy. In the past 12 months, there was one allegation of sexual harassment received and the inmate was verbally notified of the results of the investigation. This notification was documented in the investigative report.

### **§115.76 – Disciplinary sanctions for staff**

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

Based on review GEO policy 5.1.2-A, page 10 & 11, section III, L and DO 125, page 14, section 1.12, staff shall be subject to disciplinary action up to and including termination for violating the agency/facility sexual abuse policies.

Staff is made aware of the zero-tolerance policy and the penalties for violating that policy in the Employee Handbook.

If a staff member violates the agency's zero-tolerance policy, he/she will be investigated and disciplined in accordance of DO 601. In the past 12 months, there have been no staff who have violated agency sexual abuse and sexual harassment policies.

### **§115.77 – Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-E, page 12, section 3, and DO 125, page 1, section 125.01, 1.2.1.1. and page 2, section 1.2.3 & 1.2.4 state that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

In interview with the Warden, there have been no incidences of sexual abuse by contractors or volunteers in the past 12 months. If a violation were to occur, appropriate remedial actions would be taken and the volunteer or contractor would be prohibited from further contact with inmates.

### **§115.78 – Disciplinary sanctions for inmates**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

As per GEO policy 5.1.2-E, pages 11 & 12, section L-2 and DO 125, pages 2 & 3, section 125.01, 1.3, inmates found guilty of engaging in sexual abuse involving other inmates shall be subject to formal disciplinary sanctions. Disciplining an inmate for engaging sexual activity with an employee is prohibited unless the employee did not consent to the contact.

The disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Sanctions will be commensurate with the nature and circumstances of the abuse, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

DO 803, pages 14 & 15, section 803.08, 1.1-1.7 outline the penalties for sexual misconduct by inmates. DO 125, page 11, section 125.05, section 1.4 states that mental health services will be offered to all inmate-on-inmate abusers within 60 days.

In the past 12 months, there were no reported incidents of inmate-on-inmate sexual abuse that occurred at the facility.

### **§115.81 – Medical and mental health screenings; history of sexual abuse**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Upon intake, mental health staff will see any inmate who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse. GEO policy 5.1.2-A, pages 9 & 10, section D-2 and DO 125, page 11, section 125.05, 1.1 & 1.2 outline the requirement of referrals to mental health.

During the initial intake assessment, any inmate who has experienced prior sexual victimization, whether in an institution setting or in the community or any inmate who has perpetrated sexual abuse in an institution setting or the community will be referred to mental health and will see a mental health practitioner within 14 days of arrival to the facility. Medical and mental health staff obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting.

Any information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform about treatment plans, security and management decisions or otherwise required by federal, state or local law.

In interview with the Psychologist, she reported that one inmate disclosed prior victimization as a young child during screening and she saw the inmate in follow-up to that report.

### **§115.82 - Access to emergency medical and mental health services**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

GEO policy 5.1.2-A, page 22, section 7 and DO 125, section 125.04, page 9, section 1.1 and page 10, section 1.1.4.4 & 1.1.4.5 were used to verify compliance to this standard. Policies mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. The evaluation and treatment should include follow-up services, treatment plans and, if necessary, referrals for continued care following a transfer or release.

Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. SANE exams will be performed at HonorHealth Scottsdale Osborn Medical Center. All services are provided without cost to the victim.

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

### **§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers**

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

GEO policy 5.1.2-A, page 23, section L-7 and DO#125, section 125.04, page 9, section 1.1 and page 10, section 1.1.4.4 & 1.1.4.5, mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. CCS policy B-05 outlines the responsibilities for medical and mental health interventions.

Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. SANE exams will be performed at HonorHealth Scottsdale Osborn Medical Center. All services are provided without cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Subsections (d) and (e) of this standard are not applicable to this facility as ASP-Florence West does not house female inmates.

In interview with the Health Services Administrator and the Psychologist, they confirmed they are compliant with the requirements of this standard. The Psychologist stated that she would attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of the abuse. In the past 12 months, there has been no inmates who required ongoing medical or mental health treatment due to being victimized by sexual abuse.

### **§115.86 – Sexual abuse incident reviews**

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

Based on GEO policy 5.1.2-A, page 25, section M-3 and DO 125, pages 14 & 15, section 125.06, 1.13.1, the facility conducts a sexual abuse incident review at the conclusion of

every sexual abuse investigation within 30 days in which the allegation has been determined to be substantiated or unsubstantiated.

The Incident Review Team consists of the Assistant Warden/PREA Compliance Manager, a Captain, the Compliance Manager and the Psychologist. The Incident Review Team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. A *Sexual Abuse Incident Review* form (125-2) is used to document the incident review and upon completion is forwarded to the Warden for his review and signature and to the Assistant Warden/PREA Compliance Manager who forwards the form to the Inspection General and the GEO PREA Coordinator.

The Incident Review Team makes recommendations based on their review of the incident and the facility shall implement the recommendations for improvement, if any, or shall document its reasons for not doing so.

In the past 12 months, there have been no Incident Reviews required. One allegation of sexual harassment was received and it was determined by the CIU Investigator to be unfounded.

### **§115.87 – Data Collection**

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

The facility will collect data related to sexual abuse and this data is aggregated at least annually according to GEO policy 5.1.2-A, page 25, section III, N-1. It is the responsibility of the Assistant Warden/PREA Compliance Manager to compile data collected on sexual activity, sexual harassment and sexual abuse incidents and forward this information to the GEO PREA Coordinator on a monthly basis using the *Monthly PREA Incident Tracking Log* (attachment D of policy 5.1.2-A) as well as complete a *PREA Incident Report Survey* form for all reported allegations. DO 125, page 16 & 17, section 125.08 states that the Inspector General will track all information on sexual assaults and semi-annually provides written reports to the Director and Deputy Director outlining incidents of sexual abuse. The facility provides such data from the previous calendar year to the Department of Justice no later than June 30, when requested.

### **§115.88 – Data Review for Corrective Action**

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

According to GEO policy 5.1.2-A, page 25, section N-2, and on interview with the Assistant Warden/PREA Compliance Manager, GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention and intervention program. The PREA Coordinator prepares an annual report that includes findings and corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years for each facility and as an agency as a whole. The most current report, completed in May 2015, is available on GEO's website ([www.geogroup.com](http://www.geogroup.com)).

The Arizona Department of Corrections also prepares an annual report of sexual abuse statistics for their facilities. That report is available to the public on the Arizona Department of Corrections website at [www.azcorrections.gov](http://www.azcorrections.gov). Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

### **§115.89 – Data Storage, Publication, and Destruction**

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Per policy 5.1.2-A, page 26, section N-2, all data collected is securely retained for 10 years or longer as required by state statute. DO 103 pages 6 & 7, section 103.04 and pages 8-9, section 103.05 provides guidance for the control and management of all ADC records. Before making aggregated sexual abuse data publicly available on the GEO and ADC websites, all personal identifiers are redacted.

#### **AUDITOR CERTIFICATION:**

I certify that:

X The contents of this report are accurate to the best of my knowledge

X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

X I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara Jo Denison  
Auditor Signature

May 27, 2016  
Date

