

PREA Facility Audit Report: Final

Name of Facility: Maricopa Reentry Center

Facility Type: Community Confinement

Date Interim Report Submitted: 02/15/2023

Date Final Report Submitted: 02/17/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Marc L Coudriet	Date of Signature: 02/17/2023

AUDITOR INFORMATION	
Auditor name:	Coudriet, Marc
Email:	usmc58312215@outlook.com
Start Date of On-Site Audit:	01/19/2023
End Date of On-Site Audit:	01/19/2023

FACILITY INFORMATION	
Facility name:	Maricopa Reentry Center
Facility physical address:	24601 North 29th Avenue, Phoenix, Arizona - 85027
Facility mailing address:	

Primary Contact	
Name:	Matthew Taylor
Email Address:	mtaylor@azadc.gov
Telephone Number:	6027715935

Facility Director	
Name:	John Zimmerman
Email Address:	jzimmerman@azadc.gov
Telephone Number:	6234741501

Facility PREA Compliance Manager	
Name:	John Zimmerman
Email Address:	jzimmerman@azadc.gov
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	100
Current population of facility:	27
Average daily population for the past 12 months:	33
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18+
Facility security levels/resident custody levels:	All, use Levels of Supervision
Number of staff currently employed at the facility who may have contact with residents:	28
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

AGENCY INFORMATION	
Name of agency:	Arizona Department of Corrections, Rehabilitation, and Reentry
Governing authority or parent agency (if applicable):	
Physical Address:	701 East Jefferson Street, Phoenix, Arizona - 85034
Mailing Address:	
Telephone number:	6027715935

Agency Chief Executive Officer Information:	
Name:	David Shinn
Email Address:	dshinn@azadc.gov
Telephone Number:	6025425225

Agency-Wide PREA Coordinator Information			
Name:	Matthew Taylor	Email Address:	mtaylor@azadc.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
41	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-01-19
2. End date of the onsite portion of the audit:	2023-01-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Community Bridges Inc. / Terros.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	100
15. Average daily population for the past 12 months:	25
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	18
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>17 of the 18 residents were interviewed, one resident was at an appointment outside the facility.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>12</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>100% of the staff were interviewed.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>17</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	100% of the available residents were interviewed.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	100% of the available residents were interviewed.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>I reviewed the housing rosters and interviewed 100% of the available residents, none were in this targeted category.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>1 of 18 (total Population) was not available for interview, he was offsite for a scheduled appointment.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>100% of the available staff were interviewed.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
83. Provide any additional comments regarding selecting or interviewing specialized staff.	This facility does not have contractor or volunteers.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	None

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

None.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	1	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	1	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

1

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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Staff-on-inmate sexual abuse investigation files

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no Sexual Harassment cases for this facility.</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There was only one case to review.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

PREA Auditors of America, LLC

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.211(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>MRC Pre-Audit Questionnaire.</p> <p>DOC 125, 2.0, 3.0, 4.0, 5.0, & 6.0.</p> <p>DOC Zero Tolerance statement.</p> <p>Organizational charts, interviews, and memos.</p> <p>FINDINGS:</p> <p>Agency Policies DOC 125, 2.0, 3.0, 4.0, 5.0, & 6.0, addresses the requirements of this provision.</p> <p>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, Resident 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.</p> <p>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.</p> <p>The Auditor noted the Resident Handbook, PREA Posters, and PREA Brochure do address sexual abuse by another resident, and the Resident Handbook does address sanctions for residents when involved in such conduct. Based on staff interviews and a review of practices, it was noted staff closely monitor for resident-on-resident sexual misconduct in accordance with PREA, allegations are reported and investigated, and residents are held accountable.</p> <p>115.211(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p>

Agency Policy DO 125, 1.0 Definitions. Agency's organizational chart.

INTERVIEWS:

PREA Coordinator.

ONSITE REVIEW:

No on-site observations were required for this provision.

Mr. Matt Taylor is given an onsite workspace as needed when performing her onsite visits as the Agency PREA Coordinator.

FINDINGS:

Agency Policy DO 125, 1.0 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. He 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.

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 440 376">115.212(a)</p> <p data-bbox="280 416 754 452">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 1361 524">Agency Policy DO 106 (Contract Beds) & 606 (Internal Inspections Program).</p> <p data-bbox="280 560 429 595">FINDINGS:</p> <p data-bbox="280 631 1420 788">Agency Policy Agency Policy DO 106 (Contract Beds) & 606 (Internal Inspections Program), addresses this provision. The agency reported there were zero (0) contracts for the confinement of residents that the agency had entered into or renewed with private entities or other government agencies.</p> <p data-bbox="280 824 1481 981">A review of the agency policy reflected, if the agency does enter a contract, the entity would have an obligation to adopt and comply with the PREA standards. MRC is not a contract facility. A review of the agency policy reflected compliance with this provision of the PREA standards.</p> <p data-bbox="280 1016 485 1052">115.212(b) (c)</p> <p data-bbox="280 1088 754 1124">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1160 1361 1196">Agency Policy DO 106 (Contract Beds) & 606 (Internal Inspections Program).</p> <p data-bbox="280 1232 464 1267">INTERVIEWS:</p> <p data-bbox="280 1303 606 1339">Contract Administrator</p> <p data-bbox="280 1375 429 1411">FINDINGS:</p> <p data-bbox="280 1447 1442 1738">Agency Policy Agency Policy DO 106 (Contract Beds) & 606 (Internal Inspections Program), addresses this provision. A review of the agency policy reflected, if the agency does enter a contract, the entity would have an obligation to adopt and comply with the PREA standards. MRC is not a contract facility. A review of the agency policy reflected compliance with this provision of the PREA standards. The agency's Contract Administrator was interviewed and reported he is required to maintain regular contact with every resident placed in a contracting facility.</p> <p data-bbox="280 1774 1481 2065">If there are concerns, agency protocol requires the resident 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;</p>

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 resident 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 and interview with the contract administrator and PREA Coordinator demonstrated the agency meets the requirements of this provision and this standard.

115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 440 374">115.213(a)</p> <p data-bbox="280 416 754 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 1166 521">DO 524, DO 703, 1.0, DO 703, 2.0, DI 286, and DOC Form 286.</p> <p data-bbox="280 560 464 593">INTERVIEWS:</p> <p data-bbox="280 631 1225 665">Deputy Warden, PREA Coordinator and PREA Compliance Manager.</p> <p data-bbox="280 703 427 736">FINDINGS:</p> <p data-bbox="280 775 1477 1178">Agency Policy DO 524, DO 703, 1.0, DO 703, 2.0, DI 286, and DOC Form 286, addresses this provision. The facility submits a weekly and monthly staffing plan/report to the agency. The MRC has developed a staffing plan to safely meet the PREA and security needs, the facility fills the mandatory positions to meet the necessary post staffing requirements when vacancies occur. The facility uses overtime/comp time or collapsing non-custody positions to meet a safe staffing mandate required by the AZDOC 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 100 residents.</p> <p data-bbox="280 1223 1469 1379">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 resident to staff ratios are followed. There is a rotation on part-time employees and sometimes mandatory overtime is implemented.</p> <p data-bbox="280 1424 1433 1536">Staff reported risk areas 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.</p> <p data-bbox="280 1581 1477 1693">Staff reported they follow the agency policies and PREA standards, take into consideration the composition of the resident population and their needs, scheduled programming, and staff placement.</p> <p data-bbox="280 1738 1453 1928">Staff reported, to ensure compliance with the staffing plan, they monitor during shifts, review folders, check-in sheets, documentation, resident 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.</p> <p data-bbox="280 1973 440 2007">115.213(b)</p> <p data-bbox="280 2045 754 2078">POLICY AND DOCUMENT REVIEW:</p>

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

INTERVIEWS:

Deputy Warden

FINDINGS:

The auditor interviewed the MRC Deputy 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.

115.213(c)

POLICY AND DOCUMENT REVIEW:

Facility staffing ratios.

INTERVIEWS:

MRC Deputy Warden

FINDINGS:

Currently, MRC complies with the mandated supervision ratios throughout the facility.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.215(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 708, DO 708, 1.0, section 1.7.1 and DO 708, 2.0 section 2.2.1. Agency Memo.</p> <p>INTERVIEWS:</p> <p>PREA Coordinator.</p> <p>FINDINGS:</p> <p>Agency Policy DO 708, DO 708, 1.0, section 1.7.1 and DO 708, 2.0 section 2.2.1, addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the resident. The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of residents. An informal interview with the PREA Coordinator confirmed this practice.</p> <p>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.</p> <p>115.215(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 708, DO 708, 1.0, section 1.7.1 and DO 708, 2.0 section 2.2.1.</p> <p>INTERVIEWS:</p> <p>Random Selection of Staff, and Random Selection of Residents.</p> <p>FINDINGS:</p> <p>Agency Policy DO 708, DO 708, 1.0, section 1.7.1 and DO 708, 2.0 section 2.2.1., addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the resident. The agency reported there have been no incidents of cross-gender strip or cross-gender visual body cavity searches of residents. The Auditor interviewed a random selection of staff and random selection of residents.</p> <p>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</p>

employment with the agency.

All residents 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 resident 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. Resident 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.

115.215(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 708, DO 708, 1.0, section 1.7.1 and DO 708, 2.0 section 2.2.1.

FINDINGS:

Agency Policy DO 708, DO 708, 1.0, section 1.7.1 and DO 708, 2.0 section 2.2.1, addresses this provision. Agency policy requires strip searches are conducted by staff of the same gender as the resident. MRC does not house female residents. The agency reported there have been no incidents of cross-gender strip cross-gender visual body cavity searches of residents, therefore there was no documentation to review.

115.215(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 704, 5.0 section 5.3, 5.3.3, 5.4 DO 125, 1.0, DO 125, 10.0 section 10.1.18, 1.7.14, and A.R.S. 13-1419.

INTERVIEWS:

Random Selection of Staff, and Random Selection of Residents.

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.

FINDINGS:

Agency Policy DO 704, 5.0 section 5.3, 5.3.3, 5.4 DO 125, 1.0, DO 125, 10.0 section 10.1.18, 1.7.14, and A.R.S. 13-1419, addresses this provision. During the onsite audit, the Auditor observed there is no opportunity for staff of the opposite gender

to view residents while performing bodily functions. Residents interviewed reported staff of the opposite gender do announce themselves and they would never be in a state of undress in front of opposite gender staff.

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

115.215(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 810, 2.0, section 2.2.4, DO 810, 3.0, and DO 125, 10.0 section 10.1.21.

INTERVIEWS:

Random Sample of Staff.

FINDINGS:

Agency Policy DO 810, 2.0, section 2.2.4, DO 810, 3.0, and DO 125, 10.0 section 10.1.21, address this provision. Staff interviews reflected staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff also reported the determination of the resident's genital status would be made by medical staff.

115.215(f)

POLICY AND DOCUMENT REVIEW:

Training Curricula, DO 810, 2.0, section 2.2.4, DO 810, 3.0, and DO 125, 10.0 section 10.1.21.

INTERVIEWS:

Random Sample of Staff.

FINDINGS:

Staff interviewed reported they are only permitted to conduct pat-down searches on same gender residents.

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.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.216(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 108, 125, 2.0, DO 704, 15.0, DO 906, 4.0, DO 704, 16.0, and DO 910, 2.0 section 2.2,2.3.3-2.3.3.4.</p> <p>Posters, resident handbooks, training certificates.</p> <p>INTERVIEWS:</p> <p>Random Staff</p> <p>Random Residents</p> <p>FINDINGS:</p> <p>Agency Policies DO 108, 125, 2.0, DO 704, 15.0, DO 906, 4.0, DO 704, 16.0, DO 910, 2.0 section 2.2,2.3.3-2.3.3.4 and review of posters, resident handbooks, training certificates, address this provision. The PREA Brochure, PREA Posters, and Resident Handbook are also available in Spanish. At the time of the audit, there were no LEP residents or residents with a disability to be interviewed. Materials are available in Spanish and additional interpreter services can be secured as needed.</p> <p>Additional staff interviews (formal and informal) indicated several strategies are in place to address multiple types of disabilities residents may have and respond accordingly.</p> <p>115.216(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 108, 125, 2.0, DO 704, 15.0, DO 906, 4.0, DO 704, 16.0, DO 910, 2.0 section 2.2,2.3.3-2.3.3.4 and review of posters, resident handbooks, training certificates.</p> <p>INTERVIEWS:</p> <p>Random Staff.</p> <p>Random Residents.</p> <p>FINDINGS:</p> <p>Agency Policies DO 108, 125, 2.0, DO 704, 15.0, DO 906, 4.0, DO 704, 16.0, DO 910,</p>

2.0 section 2.2,2.3.3-2.3.3.4 and review of posters, resident handbooks, training certificates, addresses this provision. At the time of the audit, there were no LEP residents or residents with a disability to be interviewed.

115.216(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, 125, 2.0, DO 704, 15.0, DO 906, 4.0, DO 704, 16.0, DO 910, 2.0 section 2.2,2.3.3-2.3.3.4 and review of posters, resident handbooks, training certificates,

INTERVIEWS:

Random Sample of Staff. At the time of the audit, there were no LEP residents or residents with a disability to be interviewed.

FINDINGS:

Agency Policies DO 108, 125, 2.0, DO 704, 15.0, DO 906, 4.0, DO 704, 16.0, DO 910, 2.0 section 2.2,2.3.3-2.3.3.4 and review of posters, resident handbooks, training certificates, address this provision. Staff interviewed reported they would never use residents to interpret for another resident and that there is a language line that can be used for translation purposes. At the time of the audit, there were no LEP residents or residents with a disability to be interviewed.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 440 374">115.217(a)</p> <p data-bbox="280 416 754 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 1342 521">Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504 and DO602.</p> <p data-bbox="280 560 1074 593">List of 5-year background checks on current employees.</p> <p data-bbox="280 631 429 665">FINDINGS:</p> <p data-bbox="280 703 1342 736">Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504 and DO602.</p> <p data-bbox="280 775 1434 972">List of 5-year background checks on current employees, address this provision. Agency policy defines staff to include interns, volunteers or contracted program services staff. Interviews of 12 randomly selected 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.</p> <p data-bbox="280 1010 1453 1503">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 3 (100%) new employees/applicants 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. The agency's BIU conducts the background checks on the employees and contractors. 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.</p> <p data-bbox="280 1541 440 1574">115.217(b)</p> <p data-bbox="280 1612 754 1646">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1684 1342 1718">Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504 and DO602.</p> <p data-bbox="280 1756 467 1789">INTERVIEWS:</p> <p data-bbox="280 1827 855 1861">Administrative (Human Resources) Staff.</p> <p data-bbox="280 1899 429 1933">FINDINGS:</p> <p data-bbox="280 1971 1469 2092">Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, 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</p>

to Disclose," which all staff were required to affirm and sign. The form provides for a "material omissions" clause.

115.217(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504 and DO602.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, 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.

115.217(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, 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, 6.0, section 6.9.3, DO125, 7.0, 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 check.

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

115.217(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504, DO602 and supporting documentation.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, 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.

115.217(f)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504, DO602 and HR Files.

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, 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.

115.217(g)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504 and DO602.

FINDINGS:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504 and DO602, address this provision. Agency policy defines staff to include interns, volunteer or contracted

program services staff.

115.217(h)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, DO504 and DO602

INTERVIEWS:

Administrative (Human Resources) Staff.

FINDINGS:

Agency Policies DO125, 6.0, section 6.9.3, DO125, 7.0, 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.

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.218(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Video Surveillance.</p> <p>INTERVIEWS:</p> <p>Director</p> <p>FINDINGS:</p> <p>The audited facility has not installed and/or upgraded its technology or made any renovations, since August 20, 2012.</p> <p>Interviews revealed the Deputy Warden would consider how such technology/ renovations may enhance the agency’s ability to protect residents from sexual abuse prior to implementing the video enhancements/upgrades.</p> <p>115.218(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Video Surveillance.</p> <p>INTERVIEWS:</p> <p>PREA Audit Report, V5 Page 32 of 124 Maricopa Reentry Center – Phoenix, AZ</p> <p>PREA Audit Report, V5 Page 107 of 107 Maricopa Reentry Center – Phoenix, AZ</p> <p>Deputy Warden</p> <p>FINDINGS:</p> <p>Interviews revealed the Deputy Warden would consider how such technology/ renovations may enhance the agency’s ability to protect residents from sexual abuse prior to implementing the video enhancements/upgrades.</p>

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.221(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608.</p> <p>Memos, employee certificate.</p> <p>INTERVIEWS:</p> <p>Random Sample of Staff.</p> <p>Interviews with the Agency Head and Deputy Warden confirm that the standard is being met.</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608, 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.</p> <p>115.221(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>Memos, employee certificate.</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608, addresses this provision. The MRC offers all residents a forensic examination if sexually abused. The facility has an MOU with SAFE and SANE examiners using an outside health care provider (Deer Valley Medical Center). The facility conducted zero SAFE/SANE examinations during the last 12 months. These exams are at no cost to the resident and are available at any time. Victim advocates to provide outside services are under an agency agreement.</p>

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.

115.221(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608. Memorandum of Understanding (MOU). The agency reported there have been no forensic examinations conducted within the past 12 months.

INTERVIEWS:

SAFE/SANE Staff

FINDINGS:

Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608, addresses this provision. The agency entered into a Memorandum of Understanding (MOU) to provide confidential victim advocacy services.

A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the resident through the forensic exam and investigative interviews only upon request from the resident. 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.

115.221(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608. Memorandum of Understanding (MOU).

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608, addresses this provision. The agency entered into a Memorandum of Understanding (MOU) to provide confidential victim advocacy services. A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the resident through the forensic exam and investigative interviews only upon request from the resident. The Auditor interviewed the PREA

Compliance Manager who reported an MOU has been entered with a victim advocacy organization to help a resident 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 residents if needed.

115.221(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608. Memorandum of Understanding (MOU). The agency reported there have been no forensic examinations conducted within the past 12 months.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policies DO 125, 6.0, section 6.2, DO 125,5.0, section 5.5, DO 608, 8.0, section 8.2.1, and DO 608, addresses this provision. The agency entered into a Memorandum of Understanding (MOU) to provide confidential victim advocacy services. A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the resident through the forensic exam and investigative interviews only upon request from the resident. 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 residents if needed. The Auditor interviewed the PREA Compliance Manager who reported in accordance with the MOU, the facility staff would transport the resident to the appropriate hospital where the victim advocate would meet with the resident. 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 a resident as needed.

115.221(f)

POLICY AND DOCUMENT REVIEW:

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

FINDINGS:

Per AZDOC policy, the AZDOC 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 AZDOC 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 AZDOC policy indicated they follow a uniform evidence protocol. This provision is not applicable.

115.221(e)(h)

POLICY AND DOCUMENT REVIEW:

The agency reported there has been zero forensic examinations conducted within the past 12 months.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

A licensed Department counselor (LPC, LMSW, etc.) would be made available to accompany the resident through the forensic exam and investigative interviews only upon request from the resident. 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 and an interview with SANE/SAFE staff indicate the facility has secured local confidential victim advocacy resources needed in response to this provision.

115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.222(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, DO 601, and DO 608.</p> <p>Investigation reports.</p> <p>INTERVIEWS:</p> <p>Interviews of the Agency Head, the CIU investigator, the PREA Coordinator, and the PREA Compliance Manager.</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, DO 601, and DO 608, address this provision. Per AZDOC policy, the AZDOC Inspector General's Office will conduct all investigations through the Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). In accordance with AZDOC 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 AZDOC 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.</p> <p>115.222(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, DO 601, and DO 608.</p> <p>Investigation reports.</p> <p>Agency's policy on the agency's website.</p> <p>INTERVIEWS:</p> <p>Investigative staff.</p> <p>Random staff.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 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 AZDOC Inspector General's Office's Criminal</p>

Investigation Unit (CIU) and the Administrative Investigation Unit (AIU) for administrative investigations. In accordance with AZDOC 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 database for tracking investigations is maintained.

Any allegations reported activates an alert for the PREA Coordinator and to the Inspector General's Office. There are six (6) CIU staff available to MRC who have been trained to meet PREA standards. The training certificates were reviewed by the auditor.

During the 12-month period, one (1) allegation of sexual abuse was received.

There were zero administrative investigations. However, any investigation reports would be documented and, if completed, would be made available on the AZDOC website of azcorrections.gov.

115.222(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.

115.222(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.

115.222(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.

115.231	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.231(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 10.0, DO 509 and DO 810, 3.0. Agency curriculum. Ten randomly selected staff training documents.</p> <p>INTERVIEWS:</p> <p>Random Sample of Staff</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 10.0, DO 509 and DO 810, 3.0, 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.</p> <p>115.231(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 10.0, DO 509 and DO 810, 3.0</p> <p>Pre-service and In-service curriculum.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>First responder cards.</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 10.0, DO 509 and DO 810, 3.0, addresses this provision. All MRC employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 100% of the staff were trained. The AZDOC 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</p>

same training regardless of working with males or females in the agency.

115.231(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 10.0, DO 509 and DO 810, 3.0

Pre-service and In-service curriculum.

MRC Pre-Audit Questionnaire.

FINDINGS:

Agency Policies DO 125, 10.0, DO 509 and DO 810, 3.0, 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.

115.231(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 10.0, DO 509 and DO 810, 3.0.

Pre-service and In-service curriculum.

MRC Pre-Audit Questionnaire.

Training Acknowledgement Form.

FINDINGS:

Agency Policies DO 125, 10.0, DO 509 and DO 810, 3.0, 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.

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.232(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 10.0, section 10.3-10.3.2.</p> <p>Volunteer/Contractor Training Plan.</p> <p>Volunteer sign-in roster & application forms.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>Volunteer and contract staff training documentation.</p> <p>Randomly selected training files, sign-in sheets, signed acknowledgement forms, and Certificates of Completion.</p> <p>INTERVIEWS:</p> <p>PREA Compliance Manager.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 10.0, section 10.3-10.3.2, addresses volunteer and intern training. All volunteers and contractors who have contact with residents at MRC have been trained to understand the requirements of PREA and the zero-tolerance policy. 100% of the contractors were trained about PREA and correctional requirements during the last 12 months. The training is based on the service level and resident 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.</p> <p>115.232(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 10.0, section 10.3-10.3.2</p> <p>Volunteer/Contractor Training Plan.</p> <p>Volunteer sign-in roster & application forms.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>Volunteer, intern, and contract staff training documentation.</p>

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

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy DO 125, 10.0, section 10.3-10.3.2, 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 contract staff interviewed reported being trained on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and of the reporting requirements.

115.232(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 10.0, section 10.3-10.3.2.

Signed Volunteer/Intern and Contractor Acknowledgement Forms.

FINDINGS:

Agency Policy DO 125, 10.0, section 10.3-10.3.2, 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.

115.233	Resident education
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 440 376">115.233(a)</p> <p data-bbox="280 416 754 452">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 1477 564">Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6.</p> <p data-bbox="280 600 679 636">Resident assessment forms.</p> <p data-bbox="280 672 584 707">Orientation schedule.</p> <p data-bbox="280 743 507 779">Training rosters.</p> <p data-bbox="280 815 695 851">MRC Pre-Audit Questionnaire.</p> <p data-bbox="280 887 523 922">Bilingual Posters.</p> <p data-bbox="280 958 880 994">Resident Handbook (English and Spanish).</p> <p data-bbox="280 1030 746 1066">Brochures (English and Spanish).</p> <p data-bbox="280 1102 466 1137">INTERVIEWS:</p> <p data-bbox="280 1173 1445 1249">The auditor interviewed one staff member assigned to intake duties and randomly selected residents.</p> <p data-bbox="280 1285 430 1321">FINDINGS:</p> <p data-bbox="280 1357 1477 1518">Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6, address this provision. A review of case files reflected all residents were provided the initial education required on the same day during intake.</p> <p data-bbox="280 1554 1458 1886">The intake staff reported the orientation packet contains all the PREA related information which is provided to all the residents during the intake process. Staff reported the information may be provided to the resident in Spanish or it could be read out loud to the residents to ensure they understand it and that residents 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. All of the residents interviewed reported being provided the PREA information during intake.</p> <p data-bbox="280 1921 440 1957">115.233(b)</p> <p data-bbox="280 1993 754 2029">POLICY AND DOCUMENT REVIEW:</p>

Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6.

Resident assessment forms.

Orientation schedule.

Training rosters.

MRC Pre-Audit Questionnaire.

Resident Handbook (English and Spanish).

Brochures (English and Spanish).

INTERVIEWS:

The auditor interviewed one staff member assigned to intake duties and randomly selected residents.

FINDINGS:

Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6, addresses this provision. In the past 12 months, 381 (100%) residents admitted to MRC in the past 12 months were trained on the principals of PREA. Provisions are made to assist those residents with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation brochures, posters, resident 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 residents are maintained for documentation purposes, and a staff person was assigned to oversee this specific task to ensure compliance is always maintained.

115.233(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6.

Case files.

INTERVIEWS:

The auditor interviewed one staff member assigned to intake duties.

FINDINGS:

Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6, addresses this provision. A review of random case files reflected all residents had been provided the required PREA related information and education. Staff interviewed reported the information is provided during intake.

115.233(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6, Resident Handbook, PREA brochures, and PREA posters.

FINDINGS:

Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6, addresses this provision. PREA related information and education materials provided in English and Spanish include the Resident Handbook, PREA brochures, and PREA posters. The Resident Handbook is available to the residents 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 residents. Multiple staff can also translate in Spanish.

115.233(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6.

Case files.

Acknowledgement Statement

FINDINGS:

Agency Policies DO 108, 5.0, DO 125, 2.0, DO 125, attachment C, DO 704, 15.0-16.0 and DO 802, 1.0, section 1.6, addresses this provision. A review of case files reflected all residents had been provided the required PREA related information and education. The completed Acknowledgement Statement is used to document when residents are provided the PREA information at intake. Residents that participate in the subsequent PREA education has their participation entered into the resident's electronic record.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.234(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>DO 125 .10.1.4.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>Investigative staff training certificates.</p> <p>INTERVIEWS:</p> <p>Investigative Staff was interviewed.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125 .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.</p> <p>115.234(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>DO 125 .10.1.4.</p> <p>Training Modules</p> <p>INTERVIEWS:</p> <p>Investigative Staff was interviewed.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125 .10.1.4, addresses this provision. The training module included all the required topics. Staff interviewed reported receiving training on each of the required topics.</p> <p>115.234(c)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>DO 125 .10.1.4.</p> <p>Training records.</p> <p>Investigation records.</p>

FINDINGS:

Agency Policy DO 125 .10.1.4, addresses this provision. A review of the specialized training documents reflects 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.

115.234(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.

115.235	Specialized training: Medical and mental health care
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 440 374">115.235(a)</p> <p data-bbox="280 416 754 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 490 863 524">Agency Policy DO 125, 10.0, section 10.4</p> <p data-bbox="280 564 429 598">FINDINGS:</p> <p data-bbox="280 638 1461 748">Agency Policy DO 125, 10.0, section 10.4, addresses this provision. Agency training documentation reviewed indicated medical and mental health staff participated in the specialized medical and mental health PREA training.</p> <p data-bbox="280 788 440 822">115.235(b)</p> <p data-bbox="280 862 754 896">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 936 1410 1003">The agency reported the facility does not have medical staff forensic exams are completed at the local hospital; therefore, this provision is not applicable.</p> <p data-bbox="280 1043 429 1077">FINDINGS:</p> <p data-bbox="280 1117 1410 1184">The agency reported the facility does not have medical staff forensic exams are completed at the local hospital, this provision is not applicable.</p> <p data-bbox="280 1225 440 1258">115.235(c)</p> <p data-bbox="280 1299 754 1332">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1373 647 1406">Agency Policy DO 125.10.</p> <p data-bbox="280 1447 628 1480">Training Documentation.</p> <p data-bbox="280 1520 429 1554">FINDINGS:</p> <p data-bbox="280 1594 1461 1785">Agency Policy DO 125, 10.0, section 10.4, addresses this provision. Agency 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 though the National Institute of Corrections (NIC).</p> <p data-bbox="280 1825 440 1859">115.235(d)</p> <p data-bbox="280 1899 754 1933">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1973 647 2007">Agency Policy DO 125.10.</p> <p data-bbox="280 2047 429 2080">FINDINGS:</p>

	Agency training policy reviewed reflected agency medical and mental health staff, including contract staff, participated in the general PREA training.
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.241(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 810, 1.0 section 1.1.2, DO 811, 1.0, DO 811, 2.0 section 2.10 and DO 811, 2.10.3.</p> <p>Randomly selected resident files.</p> <p>INTERVIEWS:</p> <p>Staff responsible for risk screening: intake and randomly selected residents.</p> <p>FINDINGS:</p> <p>Agency Policy DO 810, 1.0 section 1.1.2, DO 811, 1.0, DO 811, 2.0 section 2.10 and DO 811, 2.10.3, address this provision. Staff interviewed reported residents are screened normally within 30 minutes and that they would continue to do follow-up with a resident periodically. Staff reported if any risk factors were to be detected, the resident would be referred to the appropriate staff for proper follow-up and reclassification if needed. Residents interviewed verified staff do conduct periodic follow-up questions after the intake process is completed. Based on staff interviews and the review of resident case files, it was determined the initial risk screening process is completed well within the 72-hour requirement.</p> <p>115.241(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Screening Tool</p> <p>FINDINGS:</p> <p>The objective screening instrument (ACIS 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.</p> <p>Intake staff conduct the screening and the information is secured.</p> <p>115.241(c)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>ACIS Screening Tool</p>

INTERVIEWS:

Intake Staff

FINDINGS:

The agency's ACIS 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 residents are screened for during the risk screening process.

115.241(d)

INTERVIEWS:

Intake Staff

FINDINGS:

Staff reported the information is ascertained through resident interviews, and from information collected through the ACIS Screening Tool, medical screening, and case file records.

FINDINGS:

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

115.241(e) (f) (g) (h) (i)

INTERVIEWS:

PREA Coordinator, PREA Compliance Manager, and Intake Staff.

FINDINGS:

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

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 704, 8.0, DO 801, DO 810, 81, 2.0 section 2.10.51 and the ACIS Screening Tool.</p> <p>Resident Victimization and Abusiveness Screening form.</p> <p>INTERVIEWS:</p> <p>PREA Compliance Manager, LGBTI Residents, and staff responsible for risk screening.</p> <p>FINDINGS:</p> <p>Agency Policies DO 704, 8.0, DO 801, DO 810, 81, 2.0 section 2.10.51 and the ACIS Screening Tool, address this provision. At MRC, the information obtained in the resident screening process is used to make individualized determinations to ensure the residents safety. This documentation found on ACIS screen is used to make decisions to place each resident in appropriate housing, work, and program assignments. Staff interviewed reported information secured through the screening process is used to determine the need for additional medical or mental health follow-up.</p> <p>115.242(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 704, 8.0, DO 801, DO 810, 81, 2.0 section 2.10.51 and the ACIS Screening Tool.</p> <p>INTERVIEWS:</p> <p>Residents who are at risk of sexual victimization.</p> <p>Residents who reported sexual abuse at and after in processing.</p> <p>ONSITE REVIEW:</p> <p>During the onsite review, there was no indication that restrictive housing units are at this facility.</p> <p>FINDINGS:</p>

Agency Policies DO 704, 8.0, DO 801, DO 810, 81, 2.0 section 2.10.51 and the ACIS Screening Tool, addresses this provision. Staff interviewed reported restrictive housing is not used at this facility. Staff reported the welfare of the residents is always a high consideration.

115.242(c)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 704, 8.0, DO 801, DO 810, 81, 2.0 section 2.10.51 and the ACIS Screening Tool.

INTERVIEWS:

PREA Coordinator, and PREA Compliance Manager.

FINDINGS:

Agency Policies DO 704, 8.0, DO 801, DO 810, 81, 2.0 section 2.10.51 and the ACIS Screening Tool, addresses this provision. Staff interviewed reported the facility does not have special housing units designated for lesbian, gay, bisexual, transgender, or intersex residents. All housing, program and work assignments are made on a case by case basis.

115.242 (d) (e) (f)

POLICY AND DOCUMENT REVIEW:

Agency Policy.

INTERVIEWS:

PREA Coordinator, PREA Compliance Manager and Residents.

FINDINGS:

Staff interviewed reported the program does not have special housing units designated for lesbian, gay, bisexual, transgender, or intersex residents. All housing and program assignments are made on a case by case basis.

115.251	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.251(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 3.0, section 3.4 and attachments A-B, DO 501, DO 527, DO 608.08, DO 802, 8.0, section 8.3, DO 805, 1.0, section 1.1-1.2, and DO 916, 1.0 and 3.0.</p> <p>Resident Handbook.</p> <p>Grievance Form.</p> <p>INTERVIEWS:</p> <p>Random Sample of Staff and Random Sample of Residents.</p> <p>ONSITE REVIEW:</p> <p>During the on-site review, the auditor noted PREA Posters and grievance forms are accessible to the residents in each housing unit and in common areas.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 3.0, section 3.4 and attachments A-B, DO 501, DO 527, DO 608.08, DO 802, 8.0, section 8.3, DO 805, 1.0, section 1.1-1.2, and DO 916, 1.0 and 3.0, address this provision.</p> <p>Staff interviewed reported residents 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. Residents interviewed reported they could make a report to staff (supervisor, counselor); family, or use the hotline. Most of the residents indicated they would go directly to staff.</p> <p>115.251(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 3.0, section 3.4 and attachments A-B, DO 501, DO 527, DO 608.08, DO 802, 8.0, section 8.3, DO 805, 1.0, section 1.1-1.2, and DO 916, 1.0 and 3.0.</p> <p>PREA Posters.</p> <p>INTERVIEWS:</p>

PREA Compliance Manager, and Random Sample of Staff.

ONSITE REVIEW:

During the on-site review, the auditor noted PREA Posters and grievance forms are accessible to the residents in each housing unit and in common areas.

FINDINGS:

Agency Policy DO 125, 3.0, section 3.4 and attachments A-B, DO 501, DO 527, DO 608.08, DO 802, 8.0, section 8.3, DO 805, 1.0, section 1.1-1.2, and DO 916, 1.0 and 3.0, address this provision. Staff interviewed reported residents could make anonymous reports to anyone. Residents 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 residents reported they were aware they could make reports anonymously.

115.251(c)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 3.0, section 3.4 and attachments A-B, DO 501, DO 527, DO 608.08, DO 802, 8.0, section 8.3, DO 805, 1.0, section 1.1-1.2, and DO 916, 1.0 and 3.0.

INTERVIEWS:

Random Sample of Staff and Random Sample of Residents.

FINDINGS:

Agency Policy DO 125, 3.0, section 3.4 and attachments A-B, DO 501, DO 527, DO 608.08, DO 802, 8.0, section 8.3, DO 805, 1.0, section 1.1-1.2, and DO 916, 1.0 and 3.0, 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. Residents interviewed reported they could make reports anonymously, in writing, grievance, verbally, through a family member, or staff member.

115.251(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 3.0, section 3.4 and attachments A-B, DO 501, DO 527, DO 608.08, DO 802, 8.0, section 8.3, DO 805, 1.0, section 1.1-1.2, and DO 916, 1.0 and 3.0.

INTERVIEWS:

PREA Compliance Manager.

Residents.

FINDINGS:

Agency Policy DO 125, 3.0, section 3.4 and attachments A-B, DO 501, DO 527, DO 608.08, DO 802, 8.0, section 8.3, DO 805, 1.0, section 1.1-1.2, and DO 916, 1.0 and 3.0, address this provision. Staff interviewed reported residents can make reports by submitting them in writing, by calling the hotline or through a call to their family.

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.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <hr/> <p data-bbox="280 340 440 376">115.252(a)</p> <p data-bbox="280 416 754 452">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 1453 560">Agency Policy DO 802, 8.0, DO 802, ,8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4.</p> <p data-bbox="280 595 564 631">Resident Handbook.</p> <p data-bbox="280 667 515 703">Grievance Form.</p> <p data-bbox="280 739 464 775">INTERVIEWS:</p> <p data-bbox="280 788 839 824">Random Sample of Staff and Residents.</p> <p data-bbox="280 860 429 896">FINDINGS:</p> <p data-bbox="280 931 1477 1214">Agency Policy DO 802, 8.0, DO 802, , 8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4, addresses this provision. In accordance with agency policy, the resident grievance process meets the requirements of PREA. The process allows the resident 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 Deputy Warden for response if necessary. Residents interviewed reported they would go directly to a staff member.</p> <p data-bbox="280 1249 440 1285">115.252(b)</p> <p data-bbox="280 1321 754 1357">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1393 1453 1464">Agency Policy DO 802, 8.0, DO 802, ,8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4.</p> <p data-bbox="280 1500 464 1536">INTERVIEWS:</p> <p data-bbox="280 1572 1083 1608">PREA Compliance Manager and Random Sample of Staff.</p> <p data-bbox="280 1644 429 1680">FINDINGS:</p> <p data-bbox="280 1715 1477 1998">Agency Policy DO 802, 8.0, DO 802, ,8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4, addresses this provision. By policy, the resident is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint. MRC 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 Resident Handbooks clearly outlines the process required.</p> <p data-bbox="280 2033 440 2069">115.252(c)</p>

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802, 8.0, DO 802, ,8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4.

INTERVIEWS:

Residents.

FINDINGS:

Agency Policy DO 802, 8.0, DO 802, ,8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4, 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 resident is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint.

115.252(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802, 8.0, DO 802, 8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy DO 802, 8.0, DO 802, 8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4, address this provision. All grievances are to be completed within 90 days and the resident would be notified of the decision. AZDOC policy allows third party assistance to residents in the grievance process. If the resident 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 a resident who filed the grievance in bad faith.

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

115.252(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802, 8.0, DO 802, 8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

Agency Policy DO 802, 8.0, DO 802, 8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4, address this provision. In the past 12 months, there were zero emergency grievances filed concerning sexual abuse or harassment. If any were to be received, the grievance would be completed within 90 days and the resident would be notified of the decision.

Agency policy allows third party assistance to residents in the grievance process. If the resident declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

115.252(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802, 8.0, DO 802, ,8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4.

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 a resident who filed the grievance in bad faith.

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

115.252(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 802, 8.0, DO 802, 8.0 section 8.1.1.09, 8.1.3, 8.1.5, 8.2.1, 8.3.1, 8.3.3, and 8.4.

INTERVIEWS:

PREA Compliance Manager.

FINDINGS:

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

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.253(a)</p> <p>POLICY AND DOCUMENT REVIEW: Agency Policies DO 125, 5.0 section 5.5, DO 914, 2.0, 5.0, DO 915, 5.0 and 6.0. Resident handbook.</p> <p>INTERVIEWS: Randomly selected residents.</p> <p>FINDINGS: Agency Policies DO 125, 5.0 section 5.5, DO 914, 2.0, 5.0, DO 915, 5.0 and 6.0, addresses this provision.</p> <p>MRC provides to the residents, confidential access to outside victim advocates by providing the name of the organization, telephone number, posters, and the information is in the resident 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 resident.</p> <p>115.253(b)</p> <p>POLICY AND DOCUMENT REVIEW: Agency Policies DO 125, 5.0 section 5.5, DO 914, 2.0, 5.0, DO 915, 5.0 and 6.0.</p> <p>INTERVIEWS: Random Sample of Residents.</p> <p>FINDINGS: Agency Policies DO 125, 5.0 section 5.5, DO 914, 2.0, 5.0, DO 915, 5.0 and 6.0, addresses this provision. Residents interviewed reported they had never requested support services from outside agencies.</p> <p>Advocate services informs the residents of limits to confidentiality prior to receiving services, MRC is currently working on a formal MOA/MOU with Community Bridges.</p> <p>115.253(c)</p> <p>FINDINGS: MRC is working on agreements with Community Bridges who provide advocate</p>

	services and inform the residents of limits to confidentiality.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 3.0, section 3.4.1-3.4.1.4.2.</p> <p>Resident handbook.</p> <p>INTERVIEWS:</p> <p>PREA Coordinator</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 3.0, section 3.4.1-3.4.1.4.2, addresses this provision. The Arizona Department of Corrections has a Constituent Services website at www.corrections.az.gov for third party reporting of resident sexual abuse and harassment. Residents may also write to the Agency's Inspector General Bureau regarding any sexual abuse or harassment.</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.261(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 3.0, DO 125, 1.0 section 1.4.1.1 and 1.4.1.2 and DO 125, 9.0 section 9.1-9.4.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>INTERVIEWS:</p> <p>Deputy Warden.</p> <p>Random staff.</p> <p>PREA Coordinator.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 3.0, DO 125, 1.0 section 1.4.1.1 and 1.4.1.2 and DO 125, 9.0 section 9.1-9.4., 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 residents who reported an incident, or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>115.261(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 3.0, DO 125, 1.0 section 1.4.1.1 and 1.4.1.2 and DO 125, 9.0 section 9.1-9.4.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>INTERVIEWS:</p> <p>Deputy Warden.</p> <p>Random staff.</p> <p>PREA Coordinator.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 3.0, DO 125, 1.0 section 1.4.1.1 and 1.4.1.2 and DO 125, 9.0</p>

section 9.1-9.4, addresses this provision. All staff interviewed reported MRC staff are required to report all sexual abuse allegations.

Agency medical/mental health staff inform the residents of their duty to report. The MRC reports all allegations to the AZDOC CIU. All staff are informed of the importance of confidentiality being maintained in the reporting process. No resident is under the age of 18 at MRC.

115.261 (c) (d) (e)

POLICY AND DOCUMENT REVIEW:

PREA source documents.

MRC Pre-Audit Questionnaire.

INTERVIEWS:

Deputy Warden.

Random staff.

PREA Coordinator.

FINDINGS:

All staff interviewed reported all staff are required to report all sexual abuse allegations. Agency medical/mental health staff inform the resident of their duty to report.

The facility reports all criminal allegations to the AZDOC CIU. All staff are informed of the importance of confidentiality being maintained in the reporting process.

No resident was under the age of 18 at the audited facility, during the onsite review.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 805, 1.0 section 1.2</p> <p>MRC Pre-Audit Questionnaire.</p> <p>INTERVIEWS:</p> <p>Deputy Warden.</p> <p>Random staff.</p> <p>PREA Coordinator.</p> <p>FINDINGS:</p> <p>Agency Policy DO 805, 1.0 section 1.2, addresses this provision. Staff interviewed reported immediate action would be taken if staff were to become aware of any resident 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 residents 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 a resident reporting they are at a substantial risk of imminent sexual abuse.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 440 374">115.263(a)</p> <p data-bbox="280 416 754 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 490 1469 560">Agency Policies DO 125, 3.0, section 3.6, 3.6.1, 3.6.2 and DO 608, 2.0, section 2.1.1 and 2.1.2.</p> <p data-bbox="280 600 699 633">MRC Pre-Audit Questionnaire.</p> <p data-bbox="280 714 464 748">INTERVIEWS:</p> <p data-bbox="280 788 580 822">MRC Deputy Warden.</p> <p data-bbox="280 862 429 896">FINDINGS:</p> <p data-bbox="280 936 1481 1211">Agency Policies DO 125, 3.0, section 3.6, 3.6.1, 3.6.2 and DO 608, 2.0, section 2.1.1 and 2.1.2, addresses this provision. MRC has a policy that requires notification to the head of another facility when they learn of a resident that had been sexually abused at that other facility. In the past 12 months, the facility reported zero allegations of sexual abuse that a resident received at another facility. Any allegations would be immediately reported to the Deputy Warden, the CIU for investigation, and to the head of the other facility.</p> <p data-bbox="280 1252 440 1285">115.263(b)</p> <p data-bbox="280 1326 754 1359">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1400 1469 1469">Agency Policies DO 125, 3.0, section 3.6, 3.6.1, 3.6.2 and DO 608, 2.0, section 2.1.1 and 2.1.2.</p> <p data-bbox="280 1509 429 1543">FINDINGS:</p> <p data-bbox="280 1583 1469 1778">Agency Policies DO 125, 3.0, section 3.6, 3.6.1, 3.6.2 and DO 608, 2.0, section 2.1.1 and 2.1.2, 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.</p> <p data-bbox="280 1818 440 1852">115.263(c)</p> <p data-bbox="280 1892 754 1926">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1966 1469 2036">Agency Policies DO 125, 3.0, section 3.6, 3.6.1, 3.6.2 and DO 608, 2.0, section 2.1.1 and 2.1.2.</p>

FINDINGS:

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

115.263(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 3.0, section 3.6, 3.6.1, 3.6.2 and DO 608, 2.0, section 2.1.1 and 2.1.2.

INTERVIEWS:

MRC Deputy Warden.

FINDINGS:

Agency Policies DO 125, 3.0, section 3.6, 3.6.1, 3.6.2 and DO 608, 2.0, section 2.1.1 and 2.1.2, 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 resident 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 zero allegations of sexual abuse that a resident received at another facility.

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.264(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 3.0 section 3.2.2.1, 3.2.3, 3.1.1, DO 125, 3.0 section 3.3.8, DO 125, 4.0, section 4.1.4.1.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>Samples of the PREA First Responder cards.</p> <p>INTERVIEWS:</p> <p>Security Staff and Non-Security Staff First Responders.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 3.0 section 3.2.2.1, 3.2.3, 3.1.1, DO 125, 3.0 section 3.3.8, DO 125, 4.0, section 4.1.4.1, address this provision. The practices to this policy was verified by the responses from the staff being questioned in the interview process. All MRC staff are provided training on the 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 addresses 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 interviews confirmed they are aware of and practice the agency’s protocol, which meets the standard requirements.</p> <p>115.264(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 3.0 section 3.2.2.1, 3.2.3, 3.1.1, DO 125, 3.0 section 3.3.8, DO 125, 4.0, section 4.1.4.1.</p> <p>MRC Pre-Audit Questionnaire.</p> <p>Samples of the PREA First Responder cards.</p> <p>INTERVIEWS:</p> <p>Security Staff and Non-Security Staff First Responders.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 3.0 section 3.2.2.1, 3.2.3, 3.1.1, DO 125, 3.0 section 3.3.8,</p>

<p>DO 125, 4.0, section 4.1.4.1, address this provision. In the past 12 months, two allegations of sexual abuse from a resident was recorded. Agency 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.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125</p> <p>INTERVIEWS:</p> <p>Deputy Warden</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 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.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.266(a) POLICY AND DOCUMENT REVIEW: Agency Policy DO 125 INTERVIEWS: Deputy Warden FINDINGS: Agency Policy DO 125, address this provision. MRC employees do not participate in collective bargaining as Arizona is a "Right to Work State".

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 440 374">115.267(a)</p> <p data-bbox="280 416 754 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 490 1299 524">Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6.</p> <p data-bbox="280 564 429 598">FINDINGS:</p> <p data-bbox="280 638 1481 828">Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6, address this provision. Policy requires the protection of residents 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.</p> <p data-bbox="280 869 440 902">115.267(b)</p> <p data-bbox="280 943 754 976">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1016 1299 1050">Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6.</p> <p data-bbox="280 1090 464 1124">INTERVIEWS:</p> <p data-bbox="280 1164 1166 1198">Designated Staff Member Charged with Monitoring Retaliation.</p> <p data-bbox="280 1274 536 1308">PREA Coordinator.</p> <p data-bbox="280 1348 429 1382">FINDINGS:</p> <p data-bbox="280 1422 1481 1736">Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6, 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 residents 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 residents and staff. Staff is offered emotional support services.</p> <p data-bbox="280 1776 440 1809">115.267(c)</p> <p data-bbox="280 1850 754 1883">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1924 1299 1957">Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6.</p> <p data-bbox="280 1998 464 2031">INTERVIEWS:</p>

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6, address this provision. Staff reported in detail what they look for when monitoring for retaliation for both residents and staff, and the duration of the monitoring, which meet the standard requirements.

115.267(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6.

INTERVIEWS:

Designated Staff Member Charged with Monitoring Retaliation.

PREA Coordinator.

FINDINGS:

Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6, 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 resident 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.

115.267(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6.

INTERVIEWS:

Deputy Warden.

FINDINGS:

Agency Policies DO 125, 1.0 section 1.4 and DO 811, 2.0 section 2.10.6, 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.

115.267(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.

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 440 374">115.271(a)</p> <p data-bbox="280 416 751 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 1442 562">Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.</p> <p data-bbox="280 600 628 633">Training Documentation.</p> <p data-bbox="280 672 464 705">INTERVIEWS:</p> <p data-bbox="280 743 541 777">Investigative Staff</p> <p data-bbox="280 815 429 848">FINDINGS:</p> <p data-bbox="280 887 1469 1128">Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, addresses this provision. A review of investigative files reflected 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.</p> <p data-bbox="280 1167 440 1200">115.271(b)</p> <p data-bbox="280 1238 751 1272">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1310 1442 1384">Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.</p> <p data-bbox="280 1422 775 1456">Investigative staff training records.</p> <p data-bbox="280 1494 464 1527">INTERVIEWS:</p> <p data-bbox="280 1565 541 1599">Investigative Staff</p> <p data-bbox="280 1637 429 1671">FINDINGS:</p> <p data-bbox="280 1709 1461 1912">Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, address this provision. A review of the investigative staff training documents indicated all investigative staff are trained in the required specialized investigative staff training. Staff interviewed reported receiving the required training.</p> <p data-bbox="280 1951 440 1984">115.271(c)</p> <p data-bbox="280 2022 751 2056">POLICY AND DOCUMENT REVIEW:</p>

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.

Investigative staff training records.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, addresses this provision. A review of the past agency 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.

115.271(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, address this provision. Staff interviewed reported investigations are not terminated solely because the victim recants the allegation and would move forward with the investigation.

115.271(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.

Investigative files.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, address this provision. A review of the past agency

investigative files reflected the investigators are sworn law enforcement and are always involved in all investigations. Investigative staff reported the investigators will refer the case for prosecution review, if evidence reveals a criminal act may have been committed.

115.271(f)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policies DO 125.01, DO 125.06, 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.

115.271(g)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.

Investigative files.

INTERVIEWS:

Investigative Staff.

FINDINGS:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, address 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 past agency investigative files indicated the investigations were thorough. The incident review process, which addresses this provision, was completed.

115.271(h)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO

501, 1.0 section 1.2 and DO 608.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, address 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 six CIU staff assigned to MRC 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.

The CIU Investigator interviewed was professional and very knowledgeable. The investigator 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.

115.271(i)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.

INTERVIEWS:

Investigative Staff

FINDINGS:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, 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 resident) resign or be transferred to another facility, the case will continue to be investigated.

115.271(j)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.

FINDINGS:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608, addresses this provision and requires investigation reports will be kept in perpetuity.

115.271(k)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 6.0 section 6.2 and 6.12.1, DO 125, 1.0 section 1.3.2, DO 501, 1.0 section 1.2 and DO 608.

INTERVIEWS:

Investigative Staff

FINDINGS:

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

115.271(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.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.272(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 6.0, section 6.12.1.</p> <p>Investigative files.</p> <p>INTERVIEWS:</p> <p>Investigative Staff.</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 6.0, section 6.12.1, address this provision. A review of the past agency 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.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 440 374">115.273(a)</p> <p data-bbox="280 416 754 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 490 1337 562">Agency Policy DO 608, 8.0 section 8.3.1.1, 8.3.2.1, 8.3.2.1.2, 8.3.2.1.3 and 8.3.2.1.4.</p> <p data-bbox="280 602 464 636">INTERVIEWS:</p> <p data-bbox="280 676 512 710">Deputy Warden.</p> <p data-bbox="280 750 544 784">Investigative staff.</p> <p data-bbox="280 824 427 857">Residents.</p> <p data-bbox="280 898 427 931">FINDINGS:</p> <p data-bbox="280 972 1477 1200">Agency Policy DO 608, 8.0 section 8.3.1.1, 8.3.2.1, 8.3.2.1.2, 8.3.2.1.3 and 8.3.2.1.4, addresses this provision and requires notification for both sexual abuse and sexual harassment investigations. Staff interviewed reported the resident would be notified in writing. There was one criminal and/or administrative investigation in the past 12 months. The agency policy requirements to notify the resident on the outcome of sexual harassment investigations meets the standard requirements.</p> <p data-bbox="280 1240 440 1274">115.273(b)</p> <p data-bbox="280 1314 754 1348">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1388 1410 1460">The agency reported there had been no investigations completed by an outside agency in the past 12 months.</p> <p data-bbox="280 1500 427 1534">FINDINGS:</p> <p data-bbox="280 1574 922 1608">This provision is not applicable to this facility.</p> <p data-bbox="280 1648 440 1682">115.273(c)</p> <p data-bbox="280 1722 754 1756">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1796 1337 1868">Agency Policy DO 608, 8.0 section 8.3.1.1, 8.3.2.1, 8.3.2.1.2, 8.3.2.1.3 and 8.3.2.1.4.</p> <p data-bbox="280 1908 440 1942">115.273(d)</p> <p data-bbox="280 1982 754 2016">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 2056 1337 2089">Agency Policy DO 608, 8.0 section 8.3.1.1, 8.3.2.1, 8.3.2.1.2, 8.3.2.1.3 and</p>

8.3.2.1.4.

Investigative Files

INTERVIEWS:

Random Residents.

FINDINGS:

Agency Policy DO 608, 8.0 section 8.3.1.1, 8.3.2.1, 8.3.2.1.2, 8.3.2.1.3 and 8.3.2.1.4, addresses this provision. Agency policy that requires that the resident be informed of the outcome of the investigation of all sexual abuse/harassment complaints that the resident has filed. The CIU conducts all investigations. In the past 12 months, one allegation from residents was received or investigated.

For complaints directed towards staff, the resident would be advised as to staff relocation, no longer employed, whether staff member has been indicted or convicted.

115.273(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 608, 8.0 section 8.3.1.1, 8.3.2.1, 8.3.2.1.2, 8.3.2.1.3 and 8.3.2.1.4.

Investigative files.

FINDINGS:

Agency Policy DO 608, 8.0 section 8.3.1.1, 8.3.2.1, 8.3.2.1.2, 8.3.2.1.3 and 8.3.2.1.4, addresses this provision. A review of the one agency investigative file reflected that the CIU conducts all investigations. In the past 12 months, one allegation from residents was received and investigated.

115.276	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 440 376">115.276(a)</p> <p data-bbox="280 416 754 452">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 1469 564">Agency Policies DO 125, 1.0 section 1.2.3, DO 125, 6.0, section 6.7 and 6.12.06, DO 501, 1.0 section 1.2, and DO 601, attachment C.</p> <p data-bbox="280 600 427 636">FINDINGS:</p> <p data-bbox="280 672 1469 833">Agency Policies DO 125, 1.0 section 1.2.3, DO 125, 6.0, section 6.7 and 6.12.06, DO 501, 1.0 section 1.2, and DO 601, attachment C, addresses this provision. MRC has disciplinary sanctions for staff up to and including termination for violating sexual abuse and sexual harassment policies.</p> <p data-bbox="280 869 1465 985">The facility reported (0) cases where an employee was terminated for sexual abuse of a resident and (0) cases where an MRC staff member was reported to law enforcement for violating sexual abuse or harassment policies.</p> <p data-bbox="280 1021 440 1057">115.276(b)</p> <p data-bbox="280 1093 754 1128">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1164 1469 1326">Agency Policies DO 125, 1.0 section 1.2.3, DO 125, 6.0, section 6.7 and 6.12.06, DO 501, 1.0 section 1.2, and DO 601, attachment C. The agency reported there have been no staff that have violated agency sexual abuse or sexual harassment policies in the past 12 months.</p> <p data-bbox="280 1361 427 1397">FINDINGS:</p> <p data-bbox="280 1433 1469 1639">Agency Policies DO 125, 1.0 section 1.2.3, DO 125, 6.0, section 6.7 and 6.12.06, DO 501, 1.0 section 1.2, and DO 601, attachment C, 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.</p> <p data-bbox="280 1675 440 1711">115.276(c)</p> <p data-bbox="280 1747 754 1783">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1818 1469 1895">Agency Policies DO 125, 1.0 section 1.2.3, DO 125, 6.0, section 6.7 and 6.12.06, DO 501, 1.0 section 1.2, and DO 601, attachment C.</p> <p data-bbox="280 1930 1378 2047">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.</p>

FINDINGS:

Agency Policies DO 125, 1.0 section 1.2.3, DO 125, 6.0, section 6.7 and 6.12.06, DO 501, 1.0 section 1.2, and DO 601, attachment C, 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.

115.276(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 1.0 section 1.2.3, DO 125, 6.0, section 6.7 and 6.12.06, DO 501, 1.0 section 1.2, and DO 601, attachment C. 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, 1.0 section 1.2.3, DO 125, 6.0, section 6.7 and 6.12.06, DO 501, 1.0 section 1.2, and DO 601, attachment C, 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.

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.277(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 1.0, DO 125, 3.0, section 3.3.8.2, DO 125, 6.0, section 6.7 and 6.2.1, DO 204, 1.0, DO 204, 4.0 and DO 205. The agency reported there had zero contractors reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months.</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 1.0, DO 125, 3.0, section 3.3.8.2, DO 125, 6.0, section 6.7 and 6.2.1, DO 204, 1.0, DO 204, 4.0 and DO 205, address this provision.</p> <p>The agency reported there had zero contractors reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months, there was no documentation to review specific to this provision.</p> <p>115.277(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 1.0, DO 125, 3.0, section 3.3.8.2, DO 125, 6.0, section 6.7 and 6.2.1, DO 204, 1.0, DO 204, 4.0 and DO 205.</p> <p>INTERVIEWS:</p> <p>Deputy Warden</p> <p>Random Staff</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 1.0, DO 125, 3.0, section 3.3.8.2, DO 125, 6.0, section 6.7 and 6.2.1, DO 204, 1.0, DO 204, 4.0 and DO 205. The agency reported there had zero contractors reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents in the past 12 months, there was no documentation to review specific to this provision.</p> <p>Staff interviewed reported any allegations of sexual abuse of residents 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 residents.</p>

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.278(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0. Resident Orientation Packet. Resident Handbook.</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0, address this provision. The Resident Orientation Packet and Resident Handbook, provide information related to the Code of Conduct and Progressive Disciplinary Sanctions, including sanctions pertaining to sexual abuse and sexual harassment.</p> <p>115.278(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0. The agency reported there was (0) incidents of Resident on Resident abusive sexual contact allegation with a finding of guilt. The agency reported there have been no residents placed in restrictive housing for resident-on-resident sexual abuse as a disciplinary sanction in the past 12 months.</p> <p>INTERVIEWS:</p> <p>Deputy Warden</p> <p>FINDINGS:</p> <p>Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0, address this provision. The agency reported there were (0) incidents of resident on resident abusive sexual contact, therefore there was no documentation to review specific to this provision.</p> <p>Staff interviewed reported a resident on resident 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.</p> <p>115.278(c)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0.</p>

INTERVIEWS:

Deputy Warden

FINDINGS:

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0, address this provision. The agency reported there were (0) incidents of resident on resident abusive sexual contact, therefore there was no documentation to review specific to this provision.

Staff interviewed reported a resident on resident 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.

115.278(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0.

INTERVIEWS:

Deputy Warden

FINDINGS:

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0, address this provision. Staff interviewed reported the offending resident is offered therapy, counseling, or other intervention services, but would not require the resident's participation as a condition of access to any rewards-based behavior management system or programming or education.

115.278(e)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0. The agency reported there were (0) reported incidents involving sexual contact of residents with staff.

FINDINGS:

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0, address this provision.

The agency reported there were (0) reported incidents involving sexual contact of residents with staff, therefore there was no documentation to review specific to this provision.

115.278(f)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0.

FINDINGS

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0, addresses this provision.

115.278(g)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0.

FINDINGS:

Agency Policies DO 125, 1.0 section 1.3.1, DO 125, 1.0 section 1.3.3 and DO 803, 8.0, address this provision.

115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <hr/> <p data-bbox="280 340 440 374">115.282(a)</p> <p data-bbox="280 416 754 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 1445 562">Agency Policies DO 125, 3.0, section 3.3.3, 3.3.9, DO 125, 4.0 section 4.1.1, 4.1.2, 4.1.3.3, 4.1.4.4, 4.1.4.5 and DO 608, 8.0 section 8.2.1.</p> <p data-bbox="280 600 464 633">INTERVIEWS:</p> <p data-bbox="280 672 576 705">Offsite medical staff.</p> <p data-bbox="280 743 427 777">Residents.</p> <p data-bbox="280 815 427 848">FINDINGS:</p> <p data-bbox="280 887 1445 1088">Agency Policies DO 125, 3.0, section 3.3.3, 3.3.9, DO 125, 4.0 section 4.1.1, 4.1.2, 4.1.3.3, 4.1.4.4, 4.1.4.5 and DO 608, 8.0 section 8.2.1, addresses this provision. Staff interviewed reported residents would be provided emergency medical treatment immediately and that the nature and scope of the services are determined according to their professional judgement.</p> <p data-bbox="280 1126 440 1160">115.282(b)</p> <p data-bbox="280 1198 754 1232">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1270 1445 1344">Agency Policies DO 125, 3.0, section 3.3.3, 3.3.9, DO 125, 4.0 section 4.1.1, 4.1.2, 4.1.3.3, 4.1.4.4, 4.1.4.5 and DO 608, 8.0 section 8.2.1.</p> <p data-bbox="280 1382 464 1415">INTERVIEWS:</p> <p data-bbox="280 1453 722 1487">Security Staff First Responders.</p> <p data-bbox="280 1525 427 1559">FINDINGS:</p> <p data-bbox="280 1597 1457 1798">Agency Policies DO 125, 3.0, section 3.3.3, 3.3.9, DO 125, 4.0 section 4.1.1, 4.1.2, 4.1.3.3, 4.1.4.4, 4.1.4.5 and DO 608, 8.0 section 8.2.1, requires staff to notify medical staff if they believe a resident 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.</p> <p data-bbox="280 1836 440 1870">115.282(c)</p> <p data-bbox="280 1908 754 1942">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1980 1445 2054">Agency Policies DO 125, 3.0, section 3.3.3, 3.3.9, DO 125, 4.0 section 4.1.1, 4.1.2, 4.1.3.3, 4.1.4.4, 4.1.4.5 and DO 608, 8.0 section 8.2.1.</p>

INTERVIEWS:

Offsite medical staff.

FINDINGS:

Agency Policies DO 125, 3.0, section 3.3.3, 3.3.9, DO 125, 4.0 section 4.1.1, 4.1.2, 4.1.3.3, 4.1.4.4, 4.1.4.5 and DO 608, 8.0 section 8.2.1, addresses this provision. Staff interviewed reported the required information and services would be provided immediately and unimpeded.

115.282(d)

POLICY AND DOCUMENT REVIEW:

Agency Policies DO 125, 3.0, section 3.3.3, 3.3.9, DO 125, 4.0 section 4.1.1, 4.1.2, 4.1.3.3, 4.1.4.4, 4.1.4.5 and DO 608, 8.0 section 8.2.1.

FINDINGS:

Agency Policies DO 125, 3.0, section 3.3.3, 3.3.9, DO 125, 4.0 section 4.1.1, 4.1.2, 4.1.3.3, 4.1.4.4, 4.1.4.5 and DO 608, 8.0 section 8.2.1, addresses this provision.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.283(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4.</p> <p>ONSITE REVIEW:</p> <p>There is no medical staff at this facility. Mental health counselors provide program treatment to residents.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4, addresses this provision.</p> <p>115.283(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4. The agency reported there were no allegations of resident sexual abuse requiring medical treatment, follow-up services or referrals for continued care.</p> <p>INTERVIEWS:</p> <p>At the time of the onsite audit, there were no residents who reported a sexual abuse at the facility, therefore no resident was interviewed specific to this provision.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4, addresses this provision. Staff interviewed reported follow-up services would be matched with appropriate intervention services.</p> <p>115.283(c)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4. The agency reported there were no allegations of resident sexual abuse requiring medical or mental health services.</p>

INTERVIEWS:

Offsite medical staff.

FINDINGS:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4, addresses this provision. Staff interviewed reported the services provided go beyond the community level of care.

115.283(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4.

FINDINGS:

This provision is not applicable as this is an all-male resident facility.

115.283(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4.

FINDINGS:

This provision is not applicable as this is an all-male resident facility.

115.283(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4. The agency reported there were no allegations of resident sexual abuse requiring medical services.

INTERVIEWS:

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

FINDINGS:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4, addresses this provision.

115.283(g)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4. The agency reported there were no allegations of resident sexual abuse requiring treatment services.

INTERVIEWS:

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

FINDINGS:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4, addresses this provision.

115.283(h)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4. The agency reported there were no allegations of resident sexual abuse requiring treatment services.

INTERVIEWS:

Offsite Medical and Mental Health Staff.

FINDINGS:

Agency Policy DO 125, 4.0 section 4.2, 4.2.1, 4.2.3.1, 4.1.4.4 and DO 125, 5.0 section 5.4, addresses this provision. Staff interviewed reported the resident would be referred, and the treatment provider would respond immediately.

115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.286(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2.</p> <p>The agency reported there were zero criminal and/or administrative investigations of alleged sexual abuse completed within the past 12 months, excluding findings of unfounded.</p> <p>Investigative files.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2, addresses this provision. A review of the agency’s past investigative files reflected the agency had completed a sexual abuse incident review at the conclusion of previous investigations, there were zero sexual abuse cases in the last twelve months that had a substantiated finding at this facility.</p> <p>115.286(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2.</p> <p>Investigative files.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2, addresses this provision. A review of the agency’s past investigative files reflected the agency has completed a sexual abuse incident reviews in the past, as required.</p> <p>115.286(c)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2.</p> <p>INTERVIEWS:</p> <p>Deputy Warden</p> <p>PREA Compliance Manager</p> <p>Members of the Incident Review Team</p>

FINDINGS:

Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2, 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 MRC Deputy 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.

115.286(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2.

Incident Review Report

INTERVIEWS:

PREA Compliance Manager

Incident Review Team

FINDINGS:

Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2, 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 MRC Deputy Warden, Agency Inspector General's Office and PREA Compliance Manager.

115.286(e)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2.

FINDINGS:

Agency Policy DO 125, 6.0 section 6.13, 3.13.1, 6.13.1.6, and 16.13.2, addresses this provision.

115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.287(a and c)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 8.0, section 8.1 and DO 105.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 8.0, section 8.1 and DO 105, 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.</p> <p>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.</p> <p>115.287(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 8.0, section 8.1 and DO 105.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 8.0, section 8.1 and DO 105, addresses this provision. A review of the facility tracking information reflected a comprehensive system designed to maintain various elements for the required data for sexual abuse and sexual harassment allegations.</p> <p>115.287(d)</p> <p>Agency Policy DO 125, 8.0, section 8.1 and DO 105.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 8.0, section 8.1 and DO 105, 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.</p> <p>115.287(e)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 8.0, section 8.1 and DO 105.</p>

FINDINGS:

Agency Policy DO 125, 8.0, section 8.1 and DO 105, addresses this provision.

115.287(f)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 8.0, section 8.1 and DO 105.

FINDINGS:

Agency Policy DO 125, 8.0, section 8.1 and DO 105, addresses this provision.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 201, 1.0 and 2.0. Annual report posted on website.</p> <p>INTERVIEWS:</p> <p>PREA Coordinator.</p> <p>PREA Compliance Manager.</p> <p>FINDINGS:</p> <p>Agency Policy DO 201, 1.0 and 2.0, 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. Reports can be found on the agency website at https://corrections.az.gov/reports.</p> <p>115.288(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 201, 1.0 and 2.0.</p> <p>FINDINGS:</p> <p>Agency Policy DO 201, 1.0 and 2.0, addresses this provision.</p> <p>115.288(c)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 201, 1.0 and 2.0.</p> <p>Annual report.</p> <p>INTERVIEWS:</p> <p>PREA Coordinator.</p> <p>PREA Compliance Manager.</p> <p>FINDINGS:</p> <p>Agency Policy DO 201, 1.0 and 2.0, addresses this provision. Staff interviewed reported the Annual report is reviewed and approved by The Director of the Arizona</p>

Department of Corrections. The report can be viewed by the public at <https://corrections.az.gov/reports>.

115.288(d)

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 201, 1.0 and 2.0.

INTERVIEWS:

PREA Coordinator.

FINDINGS:

Agency Policy DO 201, 1.0 and 2.0, addresses this provision. Staff interviewed reported all personal identifying information and personal health information is redacted. The reports would reflect only basic statistical information.

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.289(a)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 6.0 section 6.3.3, DO 103 and DO 201.</p> <p>INTERVIEWS:</p> <p>PREA Coordinator .</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 6.0 section 6.3.3, DO 103 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.</p> <p>115.289(b)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 6.0 section 6.3.3, DO 103 and DO 201.</p> <p>Aggregated data on website.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 6.0 section 6.3.3, DO 103 and DO 201, addresses this provision. The data posted on the www.azcorrections.gov/reports website includes agency data from previous Calendar Years (CY).</p> <p>115.289(c)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>Agency Policy DO 125, 6.0 section 6.3.3, DO 103 and DO 201.</p> <p>Aggregated data on website at www.azcorrections.gov/reports.</p> <p>FINDINGS:</p> <p>Agency Policy DO 125, 6.0 section 6.3.3, DO 103 and DO 201, addresses this provision. The data posted on the www.azcorrections.gov/reports website has all personal identifiers redacted.</p> <p>115.289(d)</p>

POLICY AND DOCUMENT REVIEW:

Agency Policy DO 125, 6.0 section 6.3.3, DO 103 and DO 201.

Aggregated data on website at www.azcorrections.gov/reports.

FINDINGS:

Agency Policy DO 125, 6.0 section 6.3.3, DO 103 and DO 201, addresses this provision. The data and records collected are to be retained for 109 years in accordance to state retention requirements.

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 440 374">115.401(a)</p> <p data-bbox="280 416 754 450">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 488 691 521">Aggregated data on website.</p> <p data-bbox="280 560 429 593">FINDINGS:</p> <p data-bbox="280 631 1386 710">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.</p> <p data-bbox="280 748 440 781">115.401(b)</p> <p data-bbox="280 819 754 853">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 891 691 925">Aggregated data on website.</p> <p data-bbox="280 963 429 996">FINDINGS:</p> <p data-bbox="280 1034 1473 1113">The agency is following their audit cycle and planned future audits. The data posted on the agency website at www.azcorrections.gov/reports.</p> <p data-bbox="280 1151 440 1184">115.401(h)</p> <p data-bbox="280 1223 754 1256">POLICY AND DOCUMENT REVIEW:</p> <p data-bbox="280 1294 895 1328">There is no agency policy for this provision.</p> <p data-bbox="280 1366 429 1400">FINDINGS:</p> <p data-bbox="280 1438 1481 1924">The Auditor had full access to, and the ability to observe, all areas of the facility. The Auditor reviewed areas of this facility multiple times during the onsite review. 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 six weeks prior to the onsite review, 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.</p> <p data-bbox="280 1962 1449 2085">During the onsite audit, the Auditor noted the notices were posted in the following areas: All common areas, Dining area, Public Visitation, Staff Break Room, and Housing Units. The notices were printed in contrasting colors (black print on white</p>

background with two red stripes). The agency agreed to maintain the posted notices a minimum of six weeks after the onsite audit. The Auditor did not receive correspondence as a result of the posted notices.

This Auditor was scheduled to audit one facility with five buildings within its secured area located in Phoenix, AZ, the entrance interview was conducted with key staff from the Arizona Department of Corrections Maricopa Reentry Center. The entrance interview with key staff, included John Zimmerman, Deputy Warden; Jennifer Flanagan, PREA Compliance Investigator and Matt Taylor, Agency PREA Coordinator. The audit process was explained with the staff, daily out briefs were conducted with the key staff MRC. An exit interview was conducted, the following personnel were in attendance John Zimmerman, Deputy Warden; Jennifer Flanagan, PREA Compliance Investigator and Matt Taylor, 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 residents. Formal interviews were conducted with facility staff, residents, and investigative personnel. Residents were selected from all the occupied program housing units in this facility. The Auditor utilized the PREA Resource Center Interview Protocols while formally interviewing staff and residents. 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 residents and staff; their general knowledge of detection and protective measures related to sexual abuse and sexual harassment; and response/first responder protocols.

Resident 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 areas within this facility and observed the following: the facility's configuration; staff to resident ratios; housing unit layout including the shower areas; placement of PREA related information; resident receiving/intake, search procedures; resident programming; and areas designated for staff support/operational activities.

The Auditor noted that each multiple occupancy housing unit is equipped with at least one central shower/restroom area designed to restrict cross gender viewing, toilets are located in each cell and are out of public view. Residents are only allowed to shower one at a time per available shower stall and each shower stall has privacy curtains or visual blind on the door to prevent cross gender viewing. Onsite Review Findings: The Auditor noted that the shower door windows were obscured, thus creating blind spots and during the interview process the auditor found non-

compliance with cross gender staff announcing their presence on a regular basis. The Auditor worked with the PC and PCM to develop a corrective action plan for these two issues. The two identified issues were corrected, and the evidence of compliance was received by the Auditor from the Agency Coordinator on 31 January 2023. This facility is in compliance with the PREA Program.

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 residents, the staff from all the units within this facility 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:

Residents 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 did not receive confidential and unimpeded letters from the residents residing at this facility.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403(f)</p> <p>POLICY AND DOCUMENT REVIEW:</p> <p>There is no agency policy for this provision.</p> <p>FINDINGS:</p> <p>The Arizona Department of Corrections has published on its agency website at www.azcorrections.gov/reports, 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.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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 residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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
115.215 (f)	Limits to cross-gender viewing and searches	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	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 residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents 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
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents 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
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, 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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	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
115.218 (a)	Upgrades to facilities and technology	
	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 residents 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.)	na
115.218 (b)	Upgrades to facilities and technology	
	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 residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	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

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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.)	na
115.221 (h)	Evidence protocol and forensic medical examinations	
	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 115.221(d) above).	na
115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	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
	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
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents 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
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents 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

115.241 (i)	Screening for risk of victimization and abusiveness	
	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 resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident'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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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.	no

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents 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
	Does the agency always refrain from requiring a resident 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
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident 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
	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
115.252 (d)	Exhaustion of administrative remedies	
	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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident 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
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, 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
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident 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
	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
	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
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	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
	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
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, 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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do 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
115.261 (c)	Staff and agency reporting duties	
	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
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	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

115.261 (e)	Staff and agency reporting duties	
	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
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident 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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident 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
	Upon learning of an allegation that a resident 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
	Upon learning of an allegation that a resident 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
115.264 (b)	Staff first responder duties	
	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
115.265 (a)	Coordinated response	
	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

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	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 residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	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
	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 resident disciplinary reports?	yes
	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:4. Monitor resident housing changes?	yes
	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 resident program changes?	yes
	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
	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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	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
115.271 (a)	Criminal and administrative agency investigations	
	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 115.221(a).)	yes
	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 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	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
115.271 (e)	Criminal and administrative agency investigations	
	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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	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
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na
115.272 (a)	Evidentiary standard for administrative investigations	
	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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident'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 resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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
	Following a resident's allegation that he or she has been sexually abused by another resident, 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

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	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
115.276 (d)	Disciplinary sanctions for staff	
	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
	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

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	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
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident 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

115.282 (b)	Access to emergency medical and mental health services	
	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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident 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
115.282 (d)	Access to emergency medical and mental health services	
	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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	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
115.287 (d)	Data collection	
	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
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (f)	Data collection	
	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.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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
	Does the agency review data collected and aggregated pursuant to § 115.287 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
	Does the agency review data collected and aggregated pursuant to § 115.287 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
115.288 (b)	Data review for corrective action	
	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
115.288 (c)	Data review for corrective action	
	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
115.288 (d)	Data review for corrective action	
	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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	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
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes