

PREA Facility Audit Report: Final

Name of Facility: Arizona State Prison Phoenix West

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/13/2022

Date Final Report Submitted: 07/01/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
Auditor Full Name as Signed: Kendra Prisk	Date of Signature: 07/01/2022

AUDITOR INFORMATION	
Auditor name:	Prisk, Kendra
Email:	2kconsultingllc@gmail.com
Start Date of On-Site Audit:	03/29/2022
End Date of On-Site Audit:	03/31/2022

FACILITY INFORMATION	
Facility name:	Arizona State Prison Phoenix West
Facility physical address:	3402 West Cocopah Street, Phoenix, Arizona - 85009
Facility mailing address:	

Primary Contact	
Name:	Blanca Ochoa
Email Address:	bochoa@geogroup.com
Telephone Number:	6023520350

Warden/Jail Administrator/Sheriff/Director	
Name:	Blanca Ochoa
Email Address:	bochoa@geogroup.com
Telephone Number:	6023520350

Facility PREA Compliance Manager	
Name:	Andrew Beamer
Email Address:	abeamer@geogroup.com
Telephone Number:	O: (602) 352-0350 x104
Name:	Brenda Vensor
Email Address:	bvensor@geogroup.com
Telephone Number:	O: (602) 352-0350
Name:	Blanca Ochoa
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Telephone Number:	O: (602) 352-0350
Name:	Shelby Mannino
Email Address:	smannino@geogroup.com
Telephone Number:	O: (602) 352-0350

Facility Health Service Administrator On-site	
Name:	Amber Puckett
Email Address:	apuckett@geogroup.com
Telephone Number:	6023520350

Facility Characteristics	
Designed facility capacity:	519
Current population of facility:	453
Average daily population for the past 12 months:	441
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:	20-75 years
Facility security levels/inmate custody levels:	Minimum custody
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	91
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11

AGENCY INFORMATION	
Name of agency:	The GEO Group, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	4955 Technology Way, Boca Raton, Florida - 33431
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	Jose Gordo
Email Address:	jgordo@geogroup.com
Telephone Number:	5618930101

Agency-Wide PREA Coordinator Information			
Name:	Trina Maso de Moya	Email Address:	tmasodemoya@geogroup.com

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:	
1	<ul style="list-style-type: none"> 115.31 - Employee training
Number of standards met:	
44	
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:	2022-03-29
2. End date of the onsite portion of the audit:	2022-03-31

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:	Center for Prevention of Abuse and Violence, Southwest Family Advocacy Center, City of Phoenix Family Advocacy Center and Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	519
15. Average daily population for the past 12 months:	441
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input 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:	467
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:	7
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:	7
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:	1
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:	1
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:	2
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:	0
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):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	91
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:	11
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:	1
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	13
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input 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
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Based on the population on the first day of the audit (467) the PREA auditor handbook indicated that at least 26 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random inmate interviews were chosen at random and varied across race, ethnicity, housing assignment and time at the facility. The auditor ensured a geographically diverse sample. The following inmates were selected from the housing units: two inmates were selected from housing unit 1; three were from housing unit 2; six were from housing unit 3; two were from housing unit 4; two were from housing unit 5; five were from housing unit 6; two were from housing unit 7; four were from housing unit 8 and one was from the segregated housing unit. All inmates at the facility were deemed male, with the exception of the one transgender female. The auditor interviewed 26 male inmates and one transgender female. Five of the inmates interviewed were black, nineteen were white (including those who were Hispanic) and three were another race. With regard to ethnicity, thirteen were Hispanic and twelve were non-Hispanic. Nineteen of the inmates arrived at the facility within the previous twelve months, four arrived two years ago, one arrived three years ago and three had been at the facility for longer than three years.
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	14

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".

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

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

- 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.
- The inmates/residents/detainees in this targeted category declined to be interviewed.

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).

The auditor confirmed through conversation with medical and mental health care staff as well as a review of a sample of inmate risk screenings that there were zero inmates with a disability (physical and cognitive).

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:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

- 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.
- The inmates/residents/detainees in this targeted category declined to be interviewed.

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).

The auditor confirmed through conversation with medical and mental health care staff as well as a review of a sample of inmate risk screenings that there were zero inmates with a disability (physical and cognitive).

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:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

- 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.
- The inmates/residents/detainees in this targeted category declined to be interviewed.

<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>The auditor confirmed through conversation with medical and mental health care staff as well as a review of a sample of inmate risk screenings that there were zero inmates with a disability (physical and cognitive).</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>The auditor confirmed through conversation with medical and mental health care staff as well as a review of a sample of inmate risk screenings that there were zero inmates with a disability (physical and cognitive).</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>6</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>5</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>1</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>1</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>The auditor confirmed through a review of housing documentation for inmates at high risk of victimization and inmates who reported sexual abuse that there were zero inmates involuntarily segregated.</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>No text provided.</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>13</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 checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, Race and Ethnicity</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</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>Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the random interviews. Staff for the random interviews varied across gender, race, rank, post assignments and shift. The facility has three shifts, 6:00am-2:00pm 2:00pm-10:00pm and 10:00pm-6:00am. Six random staff from the 6:00am-2:00pm shift were interviewed, three staff from the 2:00pm-10:00pm shift were interviewed and four staff from the 10:00pm-6:00am shift were interviewed. With regard to the demographics of the random staff interviewed; seven were male and six were female. Three were black and ten were white (including Hispanic). Ten were Hispanic and three were non-Hispanic. With regard to rank of those security staff interviewed, ten were Correctional Officers and two were Sergeants.</p>
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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.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><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)</p>

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>1</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>The facility only has one contractor so the single contractor was interviewed. The auditor attempted to interview two volunteers via phone, however only one volunteer was responsive to the call. The auditor only interviewed one investigator as the agency does not conduct investigations, the client (Arizona Department of Corrections, Rehabilitation and Reentry – ADCRR) does. Additionally, the agency prohibits cross gender strip and visual body cavity searches and there were zero exigent circumstances where these searches were conducted and as such no interviews were conducted.</p>

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.

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

<p>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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>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)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>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).</p>	<p>The on-site portion of the audit was conducted on March 29-31, 2022. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interview as well as documents to review. The auditor conducted a tour of the facility on March 29, 2022. The tour included all areas associated with Phoenix West to include; housing units, laundry, warehouse, intake, visitation, religious services, education, maintenance, food service, health services, recreation, barbershop, commissary and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the appropriate standard findings.</p> <p>The auditor observed PREA information posted throughout the facility. Each housing unit had a bulletin board with posted PREA information, including the Zero Tolerance poster and Attachments A-E. The posted information included information on reporting, the zero tolerance policy and the facility victim advocates. Posted information was in adequate font (for vision impairment) and was placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. Information was also observed in the intake area, visitation, the front entrance, other common areas and on the PREA bulletin board in the main hallway in the form of Attachments A, B, E and the PREA brochure/pamphlet. In addition to the PREA information being posted, the information is also available to inmates through the inmate handbook. Informal conversation with staff and inmates confirmed that the bulletin boards have had PREA information for a while. Inmates indicated they switch out the bulletin boards occasionally but they always have PREA information. Third party reporting information was observed in the visitation area and in the front lobby via Attachments A, B and E.</p> <p>During the tour the auditor confirmed that facility follows the staffing plan. There was one staff member for each of the two general population housing unit as well as staff who were roving and non-security staff. The segregated housing had one staff member and was adequate for the small size of the unit. Program, work and education areas included non-security staff and a roving staff member. In areas where security staff were not directly assigned,</p>

routine security checks were required (usually every 30 to 60 minutes). In areas where security staff are assigned, staff were required to make security checks (rounds) at least once an hour. Informal conversation with staff confirmed that the staffing during the audit was typical and that supervisors (Sergeant and Lieutenant) make rounds at least once a shift. Informal conversation with inmates also confirmed that staff frequently make rounds and they see supervisor each day on all shifts.

During the tour the auditor observed cameras in outdoor areas and some common areas. A review of the video monitoring system confirmed that the facility has cameras monitoring the recreation area, parking lot, back dock and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas.

With regard to cross gender viewing, the auditor confirmed that each general population housing unit provides adequate privacy to inmates through doors, curtains and half walls. The showers were at the rear of the restroom and had curtains at the entrance for privacy. The toilets were equipped with raised half walls and doors and the urinals had raised half walls. The segregated housing unit provided privacy through doors with windows and lattice type expanded metal doors. The auditor viewed that each cell door has a window and that the toilet is not visible through the window unless the staff is outside of the cell (which would be incidental to official duties). The showers also had a metal door with a lattice type material window to obstruct viewing. Informal conversation with staff and inmates indicated that inmates have privacy when showering, using the restroom and changing clothes through curtains and walls. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing unit. The intake area provided privacy through a raised half wall. Strip searches for visitation are also conducted in the intake area. Strip searches in the segregated housing units are done in the cells. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. With regard to the opposite-gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. The announcement was done loudly and was done prior to the audit team walking around the housing unit. Informal conversation with staff and inmates confirm that the opposite gender announcement is made.

Inmate medical, mental health and classification records are paper. During the tour the auditor spoke with health service staff that confirmed medical and mental health care records are paper and are maintained in the medical records room. The medical records room is staffed during administrative hours and is locked after hours. Only medical and mental health care staff have access to medical records and any other staff must request the records through medical or mental health care staff. Classification files are paper, however the risk screening forms are not maintained in the inmate's file. Risk screening forms are maintained in the PCM's office. Her office is only accessible to herself and the Warden. The auditor confirmed that inmate classification files were maintained in inmate records and information in the files had no information related to prior sexual victimization or abusiveness.

During the tour the auditor observed that the inmates are able to

place outgoing mail in any of the drop boxes around the facility. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. All drop boxes were locked and staff confirmed that only specific individuals have keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if indigent. Inmates in segregated housing are provided out of cell time and a staff member also comes through the unit to collect mail. When information is sent to the outside reporting entity or a local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail.

The auditor observed the intake process through a demonstration. Inmate are provided PREA information at intake via the inmate handbook. The handbook is available in both English and Spanish. PREA information was observed on a bulletin board in intake. The bulletin board contained the PREA pamphlet and Attachments A, B and E. The intake staff member confirmed the inmate handbook has information on the zero tolerance policy and how to report and inmates receive the handbook in property.

The auditor was provided a demonstration of the initial risk assessment. The screening is conducted one on one in the CPO office. The initial risk screening is conducted using the paper risk screening form. The auditor reviewed the information on the risk screening. The staff went over the questions that are asked and advised they ask the questions as they are written on the form. The staff indicated that she also reviews the inmates file as well as prior to the inmate's arrival to determine if there is any information that would put the inmate at an increased risk of victimization or abusiveness.

The auditor called the PREA hotline (7732) and left a message to test functionality. The auditor received confirmation the same day the call was placed (March 29, 2022) that the call was received, and the information was provided from ADCRR to the facility. Inmates have access to the phones anytime they are outside of their cell. All inmates have access to tablets. During the tour the auditor had an inmate illustrate how to submit information on the tablet. Inmate can submit a request to a staff member on the tablet and can report PREA within the request. Inmates in segregated housing have access to phones and tablets. All inmates, including those in segregated housing are able to submit a written report by placing a grievance or request in one of the drop boxes. The auditor also asked staff to advise how they submit a written report. Staff indicated they would fill out an incident report and submit it to their supervisor. Informal conversation with inmates indicated they can report to the numbers on the wall or to staff. Staff stated inmates can report through the posted number or they can come to them. Inmates can report to an outside reporting mechanism through the U.S. mail. The auditor did not send a letter to the outside reporting mechanism but did observe the mail process.

The auditor tested the third-party reporting method by sending an email to the provided email address on the website on March 26, 2022. The auditor received confirmation on April 27, 2022, that the test was received.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed

that inmates are provided comprehensive PREA education via video The video is facility specific but also has the PREA: What You Need to Know video embedded. The video covers facility specific information such as reporting methods, the facility staff responsible for PREA, definitions, ways to avoid sexual abuse and what happens after sexual abuse is reported. The PREA What You Need to Know video further provides information on the zero tolerance policy, the inmates' right to be free from sexual abuse and the inmates' right to be free from retaliation for reporting sexual abuse. The video is available in English and Spanish. Informal conversation with staff indicated that education would be tailored to the individual if the inmate had a disability. The staff also stated that they have the ability to utilize the translation line if the inmate does not speak English.

Random staff interviews, specialized staff and inmate interviews were conducted on March 29, 2022 and March 31, 2022. All staff and inmate interviews were conducted in a private office setting. During inmate interviews the auditor utilized two staff translators for six LEP inmate interviews. The facility also has a contract with a language translation services (Language Line) and while the auditor did not utilize it for the five LEP inmate interviews, the auditor did test the functionality of the service at a prior GEO Group facility.

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?

- Yes
- No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 91 staff assigned. The auditor reviewed a random sample of 26 personnel and/or training records that included five individuals hired within the past twelve months, four staff with five year backgrounds and three staff recently promoted. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for one contractor, three volunteers and four medical and mental health care staff were reviewed.

Inmate Files. A total of 30 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing and some files fell into more than one category of the review. 22 inmate files were of those that arrived within the previous twelve months, six were LEP inmates, one identified as transgender or intersex and two were inmates who reported prior victimization during the risk screening or had a history of prior abusiveness.

Medical and Mental Health Records. During the past year, there was one inmate that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of the one inmate victim, as well as mental health documents for the two inmates who disclosed victimization during the risk screening.

Grievances. The facility advised they had zero grievances involving sexual abuse. The auditor reviewed the grievance log in order to confirm the reported information.

Hotline Calls. The facility does not have their own hotline. The hotline that is utilized is the ADCRR hotline. The one allegation reported was not reported to the hotline. The auditor tested the hotline while on-site to confirm functionality. There were zero sexual abuse calls reported through the hotline.

Incident Reports. The auditor reviewed the incident report for the one reported sexual abuse investigation. The auditor also reviewed the incident report log and a sample of additional incident reports. All allegations, verbal, written, anonymous and third party were documented by staff in a written report.

Investigation Files. During the previous twelve months, there was one allegation reported at the facility. The allegations was forwarded to ADCRR for administrative investigation. At the time of the on-site portion of the audit, the investigation was still open. There were zero investigations referred for prosecution and zero criminal investigations over the previous twelve months. The one allegation reported was an inmate-on-inmate sexual abuse allegation. The auditor reviewed all the available information on the allegation.

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	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	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	1	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	1	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	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	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
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<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 type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal 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>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative 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>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<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 checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility had one reported allegation during the audit period. It was a sexual abuse allegation and was still open. There were no other allegations/investigations to review.</p>

<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 checked="" type="radio"/> No</p> <p><input 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 checked="" type="radio"/> No</p> <p><input 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</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 harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal 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 staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT 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 staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility had one sexual abuse allegation reported during the audit period. The investigation was still on-going but the auditor reviewed all available documentation on the investigation. There were no other investigations to review.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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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.

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2 – Zero Tolerance Policy Toward Sexual Abuse and Harassment 3. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 4. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) 5. GEO Policy 10.3.1.4 – Phoenix West Procedure Manual – Inmate Sexual Assault 6. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 7. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 703 – Security/Facility Inspections 8. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 704 – Inmate Regulations 9. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 708 – Searches 10. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 608 – Criminal Investigations 11. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 810 – Management of LGBTI Inmates 12. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 811 – Individual Inmate Assessments and Reviews 13. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 916 – Staff – Inmate Communication 14. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 802 – Inmate Grievance Procedure 15. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 914 – Inmate Mail 16. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 915 – Inmate Phone Calls 17. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 601– Administrative Investigations and Employee Discipline 18. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 801- Inmate Classification 19. The GEO Group Organizational Chart 20. Facility Organizational Chart <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Coordinator 2. Interview with the PREA Compliance Manager <p>Findings (By Provision):</p>

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments and the policy outlines how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. The PAQ further indicated that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The agency is required under their contract to adhere to their client's policies and procedures. The agency also has their own policies and procedures. The client has a policy outlining their approach to sexual abuse and sexual harassment, ADCRR Department Order 125. The agency also has policies outlining their to sexual abuse and sexual harassment, 5.1.2, 5.1.2-A and 5.1.2-E. ADCRR Department Order 125 (page 1) and 5.1.2-A (page 5) state the agency/facility has a zero tolerance policy for abuse and sexual harassment. ADCRR Department Order, Glossary of Terms (pages 106-108) and 5.1.2-A (pages 3-5) note the definitions of prohibited behaviors regarding sexual abuse and sexual harassment and pages 2-3 (ADCRR) and page 1 (5.1.2) and pages 10-11 (5.1.2-E) describe sanctions for those found to have participated in prohibited behaviors. In addition to the main policies, the client and agency have other policies that address certain components of the standards including; GEO Policy 10.3.1.4 and ADCRR Department Orders 703, 704, 708, 810, 108, 608, 811, 916, 802, 914, 915, 601 and 801. The policies outline the strategies on preventing, detecting and responding to such sexual abuse and sexual harassment. The policies address "preventing" sexual abuse and sexual harassment through the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim services, medical and mental health services, disciplinary sanctions for staff and inmates, incident reviews and data collection. The policies are consistent with the PREA standards and outlines the agency/facility's approach to sexual safety.

115.11 (b): The PAQ stated the agency employs or designates an upper-level, agency wide PREA Coordinator that has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ further stated that the position of PREA Coordinator within the agency is Senior Director of Compliance. The agency's organizational chart reflects that the PC position is an upper-level agency wide position. The PC is the PREA Director and the position reports to the Vice President of Contract Compliance. The interview with the PC indicated that she has enough time to manage all of her PREA related responsibilities. She stated the corporate PREA team consists of five PREA Compliance Managers and a PREA data specialist. She indicated here are also three regional PREA Coordinators for the Secure Services division and two PREA Coordinators that assist with the Reentry Services division. Furthermore, each of the PREA Compliance Managers on the team have oversight assignments of approximately 20 facilities each and investigative oversight for each facility and serve as the main point of contact for all PREA related questions. The PC stated there are 83 PREA Compliance Managers that report to her, 48 in Secure Services and 35 in Reentry. The PC stated that the agency conducts internal audits to identify any issues with compliance on an annual basis. She stated the results of the internal audits are thoroughly reviewed during the post audit workshop and if an issue is identify they create a corrective action plan. She further stated that in conjunction with the PREA Compliance Mangers, the agency utilizes the PRC for the most up-to- date guidance regarding the standards.

115.11 (c): The facility has designated the Case Manager as the staff member responsible for ensuring PREA compliance (PREA Compliance Manager). The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the PCM reports to the Assistant Warden of Programs. The interview with the PREA Compliance Manager indicated she has enough time to manage all of her PREA related responsibilities. She stated she ensures everyone completes PREA training and that every other month she talks to staff during shift briefings about PREA. The PCM stated she goes over scenarios and what to do. She further stated that she stays late certain times each month to go through the units and talk to all the inmates and she makes sure they know she is the PCM. The PCM stated if she identified an issue complying with a PREA standard she would work with the Warden (referred to as Facility Administrator at this facility) and other leadership staff to come up with a way to handle the situation or to implement strategies to comply.

Based on a review of the PAQ, 5.1.2, 5.1.2-A, 5.1.2-E, ADCRR Department Order 125, 5.1.2-A, GEO Policy 10.3.1.4 and ADCRR Department Orders 703, 704, 708, 810, 108, 608, 811, 916, 802, 914, 915, 601 and 801, the agency's organization chart, the facility's organizational chart and information from the interviews with the PC and PCM, this standard appears to be compliant.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 331 363 353">Documents:</p> <ol data-bbox="242 387 536 470" style="list-style-type: none"> <li data-bbox="242 387 536 414">1. Pre-Audit Questionnaire <li data-bbox="242 443 475 470">2. Statement of Fact <p data-bbox="242 560 483 586">Findings (By Provision):</p> <p data-bbox="242 676 1489 801">115.12 (a): The PAQ and the Statement of Fact indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care.</p> <p data-bbox="242 891 1489 1048">115.12 (b): The PAQ and the Statement of Fact indicated that this standard is not applicable as the agency does not contract for the confinement of its inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.</p> <p data-bbox="242 1137 1461 1164">Based on the review of the PAQ and Statement of Fact, this standard appears to be not applicable and as such compliant.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 703 – Security/Facility Inspections 4. Statement of Fact 5. The Staffing Plan 6. Annual PREA Facility Assessment – Attachment A 7. Minimized Staff Action Plan 8. Daily Staffing Rosters 9. Documentation of Unannounced Rounds 10. Camera Listings/Locations <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with the PREA Coordinator 4. Interview with Intermediate-Level or Higher-Level Facility Staff <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Staffing Levels 2. Video Monitoring Technology or Other Monitoring Devices <p>Findings (By Provision):</p> <p>115.13 (a): 5.1.2-A, page 7 states that each facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect individuals in a GEO facility or program against sexual abuse. The PAQ indicated that the current staffing is based on 519 inmates. The facility employs 91 staff. Security staff mainly make up three shifts, day shift staff work from 6:00am-2:00pm, swing shift works from 2:00pm-10:00pm and graveyard shift works from 10:00pm-2:00am. A review of the 2021 staffing plan indicates that each shift has a Shift Supervisor and numerous Correctional Officers that are assigned to housing units, roving, visitation, yard and central control. Additionally, the staffing plan documents Correctional Officers, medical and mental health care staff, program staff, food service staff and Executive Office staff on day shift and swing shift. The camera listings/locations confirmed that the facility has over 30 cameras strategically placed around the facility. During the tour the auditor confirmed the facility follows the staffing plan. There was one staff member for each of the two general population housing unit as well as staff who were roving and non-security staff. The segregated housing had one staff member and was adequate for the small size of the unit. Program, work and education areas included non-security staff and a roving staff member. In areas where security staff were not directly assigned, routine security checks were required (usually every 30 to 60 minutes). In areas where security staff were</p>

assigned, staff were required to make security checks (rounds) at least once an hour. A review of the video monitoring system confirmed that the facility has cameras monitoring the recreation area, parking lot, back dock and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The interview with the Warden indicated that the facility has a staffing plan and it is created upon initial contract with the client. She stated it considers the inmate by the population, policies and procedures and that it ensures for adequate staffing levels to protect inmates from sexual abuse. She stated it follows American Correctional Association (ACA) standards and PREA standards. The Warden indicated the staffing plan includes video monitoring technology with over 60 cameras. She stated the staffing plan is reviewed each year and she has a copy of the plan as well as the Business Manager, the agency's corporate office and the client (ADCRR). She further stated that they are working on a new staffing plan for the new contract and that the plan will be based on the type of inmate, number of inmates, physical structure of the facility, etc. She stated that the facility has to be in compliance with PREA, ACA, ADCRR and GEO policies and procedures per the contract. She indicated there are more staff on day shift due to transports, programs and peak movement. The Warden indicated that each day they go through the rosters to review and check for compliance with the staffing plan. She stated they have mandatory postings and they go through to make sure they are filled. She stated the supervisors are also required to do a completed roster up to two weeks in advance and they are required to ask for volunteers for overtime for any posts that are vacant. She stated all posts are filled through mandated overtime if people do not volunteer. She further confirmed that the client also checks the rosters each morning and there are financial consequences for any vacant posts or collapsed posts. The PCM stated that she believed that the components were considered in the staffing plan development and review, however she does not really deal with staffing or the shift. She indicated she does not create the plan.

115.13 (b): The PAQ indicated that there were no deviations from the staffing plan and there are never deviations from the staffing plan. Further communication with facility staff indicated that the facility does collapse posts, however they are filled with support staff and other staff member who maintain correctional officer certification. The staff stated they allow up to 32 hours of overtime and that when posts collapsed due to COVID-19 they utilized the minimized staffing action plan. The Statement of Fact confirmed that the facility covers vacancies of security posts by utilizing overtime. 5.1.2-A, page 7 states that in circumstances where the staffing plan is not complied with the facility shall document and justify all deviations from the plan. A review of the minimized staff action plan indicated that the document outlines the staffing plan as well as adjustments that are to be made if staffing is reduced by different percentages. The plan describes how staff will be utilized and how daily operations are affected based on the percentage of staff unavailable. A review of daily rosters for five randomly selected dates confirmed that there were not deviations from the staffing plan as all posts were filled through overtime. The staffing plans documented the staff that were on leave or were unavailable as well as the staff who were working overtime. The interview with the Warden confirmed that they have not had any deviations from the staffing plan and they fill all posts through overtime. She indicated the staffing plan is documented daily on the rosters so all posts, filled or not filled, would be documented on the roster.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 5.1.2-A, page 7 states that facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to: the staffing plan; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. Policy further indicates that the staffing plan, to include all deviations and the Annual PREA Facility Assessment, shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator annually as determined by each division. The staffing plan was most recently reviewed on September 20, 2021 by the PCM, Facility Administrator, Assistant Warden of Programs, Assistant Warden of Operations, Captain and PCM. It was further reviewed on September 29, 2021 by the agency PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. An additional review of the prior staffing plan review indicated it was completed on September 17, 2020. The interview with the PREA Coordinator confirmed the staffing plan is reviewed annually and that she is consulted regarding any necessary adjustments. She stated each facility is required to conduct an annual PREA facility assessment which requires them to review their staffing plan and all components of the physical plant to include blind spots and areas where staff and inmates can be isolated. She indicated that completed assessments are forwarded to her and she reviews and consults with appropriate divisional leadership related to any of the recommendations for equipment, cameras, additional staffing, etc. The PC stated that the staffing plan is then either approved or denied, signed and sent back to the facility.

115.13 (d): 5.1.2-A, page 7 states that the facilities shall implement a policy and practice requiring department heads, facility management staff and supervisors to conduct and document unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. Such policy and practice will be implemented no less than once

per week for U.S. Corrections and Detention and no less than once per month for Residential Reentry for all shifts. Policy further states that employees are prohibited from alerting other employees that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. ADCRR Department Order 703, page 1 states that this Department order ensures that security responsibilities at Department institutions and private prisons include regular inspections of security devices to ensure that they remain in good working condition and that supervisory and other management personnel conduct regular inspections and tours. Page 2 states that Wardens, Deputy Wardens, Associate Deputy Wardens, Majors, Chiefs of Security and Correctional Officer IVs shall conduct frequent formal inspections and that inspections shall not be restricted to certain hours or routines; they shall be unscheduled and unannounced. Policy further states that staff members are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. A review of the PAQ supplemental documentation showed four examples of unannounced rounds being made across the three shifts by Shift Supervisors and four examples of monthly unannounced rounds by Executive Office staff. An additional review of documentation on-site for five days (specific random dates requested by the auditor) of unannounced rounds in the housing units indicated that unannounced rounds were made each day across all three shifts. Additionally, administrative level staff made rounds on four of the five days as well. During the tour the auditor observed housing unit logs which documented the supervisors rounds. Informal conversation with staff confirmed that the staffing during the audit was typical and that supervisors (Sergeants and Lieutenants) make rounds at least once a shift. Informal conversation with inmates also confirmed that staff frequently make rounds and they see supervisor each day on all shifts. Interviews with intermediate-level or higher-level supervisors indicated that they make unannounced rounds daily and that they document them in the logbook/journal. All three staff stated that they ensure staff don't notify other staff of the unannounced rounds by doing them at different times and different locations. One staff stated he does not have a pattern while another stated that he does them randomly when they are doing other duties. The third staff member stated he does them randomly and never lets them get used to a specific time to see him.

Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 703, Statement of Fact, the staffing plan, minimized staffing action plan, daily rosters, the Annual PREA Facility Assessment, documentation of unannounced rounds, the cameras listings/locations, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

115.14	Youthful inmates
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 367 300">Documents:</p> <ol data-bbox="242 329 536 472" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="242 387 475 416">2. Statement of Fact <li data-bbox="242 445 523 474">3. Population Age Report <p data-bbox="242 560 352 589">Interviews:</p> <ol data-bbox="242 618 756 703" style="list-style-type: none"> <li data-bbox="242 618 555 647">1. Interview with the Warden <li data-bbox="242 676 756 705">2. Interview with the PREA Compliance Manager <p data-bbox="242 790 483 819">Findings (By Provision):</p> <p data-bbox="242 904 1484 999">115.14 (a): The PAQ and the Statement of Fact indicated that no youthful inmates are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen. The Warden and PCM stated that the facility has not and does not house inmates under the age of eighteen. As such, this provision is not applicable.</p> <p data-bbox="242 1084 1484 1178">115.14 (b): The PAQ and the Statement of Fact indicated that no youthful inmates are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen. The Warden and PCM stated that the facility has not and does not house inmates under the age of eighteen. As such, this provision is not applicable.</p> <p data-bbox="242 1263 1484 1357">115.14 (c): The PAQ and the Statement of Fact indicated that no youthful inmates are housed at the facility. The population age report further confirmed the facility does not house anyone under the age of eighteen. The Warden and PCM stated that the facility has not and does not house inmates under the age of eighteen. As such, this provision is not applicable.</p> <p data-bbox="242 1449 1484 1509">Based on a review of the PAQ, Statement of Fact, population age report and information from the interviews with the Warden and PCM, this standard appears to be not applicable and as such compliant.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125– Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 704 – Inmate Regulations 5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 708 – Searches 6. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 810 – Management of LGBTI Inmates 7. Statement of Fact 8. Transgender Search Memorandum 9. Limits to Cross Gender Viewing and Searches Curriculum 10. Staff Training Records 11. Photos of Bathroom and Shower Areas <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Privacy in Bathrooms and Showers 2. Observation of Cross Gender Announcement <p>Findings (By Provision):</p> <p>115.15 (a): The PAQ indicated that the facility does not conduct cross gender strip and cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. 5.1.2-A, page 17 states cross-gender strip searches are prohibited except in exigent circumstances. Additionally, it states cross-gender visual body cavity searches are prohibited except in exigent circumstances and shall only be performed by offsite medical practitioners. ADCRR Department Order 708, page 7 states that strip searches shall be performed by a staff member of the same gender and performed in areas designated by the Warden, Deputy Warden or Administrator. The Statement of Fact confirmed that the facility does not house female inmates and to date, there have been zero instances where a female staff member was required to conduct a cross-gender viewing (strip search or body cavity search) of a male inmate.</p> <p>115.15 (b): 5.1.2-A, page 17 states facilities shall not permit cross-gender pat-down searches of female individuals in a GEO facility or program, absent exigent circumstances. It further states that facilities shall not restrict female individuals in a GEO facility or program access to regularly available programming or other outside opportunities in order to comply with this</p>

provision. ADCRR Department Order 708, page 5 states that pat searches shall be performed by staff of the same gender as the subject being searched. Exceptions for inmate searches is listed in section 2.0. Section 2.0 (page 9) indicates that male correctional officers shall not pat search female inmates, except in emergency situations. Pat searches of female inmates by male officers shall be documented in the Correctional Service Log, and shall include the searching officer(s) name and badge number, the inmate(s) name and number, and the reason for the cross gender pat search. Page 7 states that strip searches shall be performed by a staff member of the same gender and performed in areas designated by the Warden, Deputy Warden or Administrator. The PAQ indicated that the facility does not house female inmates and as such this provision does not apply.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross-gender visual body cavity searches be documented. It also confirms that all cross-gender pat searches of female inmates are required to be documented as well. 5.1.2-A, page 17 states that the facilities shall document and justify all cross-gender strip searches and cross gender visual body cavity searches of individuals in a GEO facility or program. The Statement of Fact confirmed that the facility does not house female inmates and to date, there have been zero instances where a female staff member was required to conduct a cross-gender viewing (strip search or body cavity search) of a male inmate. The interview with the transgender inmate advised she has never been restricted from going somewhere due to a female not being able to search her. She advised she does not have a search preference and she is good with male or female staff conducting searches.

115.15 (d): The PAQ indicated that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 5.1.2-A, page 17 states each facility shall implement policies and procedures which allow individuals in a GEO facility or program to shower, change clothes, and perform bodily functions without employees of the opposite gender viewing them, absent exigent circumstances or instances when the viewing is incidental to routine cell checks. Policy further states that facility policies and procedures shall require employees of the opposite gender to announce their presence when entering housing units or any area where individuals in a GEO facility or program are likely to be showering, performing bodily functions or changing clothes. ADCRR Department Order 704, page 5 states that inmates shall be dressed in gym shorts/pants/sweat pant and a shirt, or an appropriate fastened jumpsuit at all times when out of the cell or cubicle. It also states that when in the run or cell, inmates shall not be in any state of undress, unless preparing for bed or immediately upon return from the shower. A review of the Limits to Cross Gender Viewing and Searches curriculum confirms that slides 7-8 discuss the requirement for allowing inmates to shower, change clothes, and perform bodily functions without non-medical staff of the opposite gender viewing them and the opposite gender announcement. During the tour the auditor confirmed that each general population housing unit provides adequate privacy to inmates through doors, curtains and half walls. The showers were at the rear of the restroom and had curtains at the entrance for privacy. The toilets were equipped with raised half walls and doors and the urinals had raised half walls. The segregated housing unit provided privacy through doors with windows and lattice type expanded metal doors. The auditor viewed that each cell door has a window and that the toilet is not visible through the window unless the staff is outside of the cell (which would be incidental to official duties). The showers also had a metal door with a lattice type material window to obstruct viewing. Informal conversation with staff and inmates indicated that inmates have privacy when showering, using the restroom and changing clothes through curtains and walls. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing unit. The intake area provided privacy through a raised half wall. Strip searches for visitation are also conducted in the intake area. Strip searches in the segregated housing units are done in the cells. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. With regard to the opposite-gender announcement, the auditor heard the opposite gender announcement upon entry into each of the housing units. The announcement was done loudly and was done prior to the audit team walking around the housing unit. Informal conversation with staff and inmates confirmed that the opposite gender announcement is made. Interviews with 27 inmates indicated that none of the 27 had ever been naked in front of a female staff member and as such have privacy when showering, using the restroom and changing their clothes. All thirteen staff interviewed confirmed that inmates have privacy when showering, using the restroom and changing their clothes. Additionally, all thirteen staff indicated that an announcement is made when an opposite gender staff member enters a housing unit. 25 of the 27 inmates corroborated that female staff announced prior to entering the housing areas.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 5.1.2-A, page 17 states facilities shall not search or physically examine a transgender or intersex individual in a GEO facility or program solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records, or by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

ADCRR Department Order 810, page 2 states that staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy further states that if the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, learning that information as part of a broader medical examinations conducted in private by a medical practitioner. Interviews with thirteen staff indicated that eleven were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. The interview with the transgender inmate further confirmed that she was never searched for the sole purpose of determining her genital status.

115.15 (f): The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. 5.1.2-A, page 17 states security staff shall be trained to conduct cross-gender pat-down searches and searches of transgender and intersex individuals in a GEO facility or program in a professional and respectful manner. A review of the Limits to Cross Gender Viewing and Searches curriculum confirms that staff are trained on how to conduct searches including using the blade of the hand. The training provides three options for searching transgender or intersex inmate, including; by medical staff only, by female staff only, or by asking the inmate to identify the gender of the staff with whom they would feel most comfortable conducting the search. The training further goes over professionalism during searches. A review of thirteen staff training records indicated that all thirteen have received the search training. Staff receive both the GEO search training and the ADCRR search training. Twelve of the thirteen staff interviewed stated that they had received training on how to conduct cross gender pat searches and searches of transgender inmates.

Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 125, ADCRR Department Order 704, ADCRR Department Order 708, ADCRR Department Order 810, 5.1.2-A, Statement of Fact, Transgender Search memo, Limit to Cross Gender Viewing and Searches curriculum, staff training records, observations made during the tour as well as information from interviews with random staff, random inmates and the transgender inmate indicate this standard appears to be compliant.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 363 297">Documents:</p> <ol data-bbox="240 331 1485 882" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 108 – Americans with Disabilities Act (ADA) Compliance 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 704– Inmate Regulations 5. Language Line Service, Inc. Agreement 6. Staff Translator List 7. Inmate Handbook 8. PREA Posters (Spanish) 9. PREA Reporting Handouts – Attachments A-D (Spanish) <p data-bbox="240 972 352 999">Interviews:</p> <ol data-bbox="240 1032 711 1167" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with LEP Inmates 3. Interview with Random Staff <p data-bbox="240 1256 509 1283">Site Review Observations:</p> <ol data-bbox="240 1317 596 1339" style="list-style-type: none"> 1. Observations of PREA Posters <p data-bbox="240 1429 483 1456">Findings (By Provision):</p> <p data-bbox="240 1545 1493 2141">115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. 5.1.2-A, page 12 states facilities shall ensure that individuals in a GEO facility or program with disabilities have an equal opportunity to participate in or benefit from the company’s efforts to prevent, detect and response to sexual abuse and sexual harassment. Policy further states that GEO shall ensure that all of its facilities provide written materials to every individual in a GEO facility or program in formats or through methods that ensure effective communication with individual with a disability, including those who have intellectual disabilities, limited reading skills or who are blind or have low vision. ADCRR Department Order 108, page 2 states that staff in coordination with the ADA Coordinator shall provide equal opportunity and access through reasonable accommodations in setting that are as integrated as possible, to all recipients of their function’s services, programs and activities, including individuals with disabilities. It also states that staff will permit equal opportunity and access through reasonable accommodation that shall not result in a fundamental alteration of a service, program, activity or undue financial and/or administrative burden. Page 3 states consistent with security requirements, staff shall provide or allow auxiliary aids and services to individuals with a disability to enable them to communicate effectively and to participate in or to receive services, programs and activities. ADCRR Department Order 704, page 24 states the Warden and Deputy Warden shall provide interpreters for inmates in need of such services, which may include interpreters for language, literacy, the deaf and the blind. Policy further states that applicable rules, regulations and Department Orders shall be read aloud during initial orientation for those inmates who are visually impaired or have a language or literacy problem. Hearing impaired inmates shall receive a translation of orientation material in sign language. A review of the inmate</p>

handbook, Attachments A-D and the PREA posters confirmed that PREA information is available in adequate size font and colors. The PREA poster also has corresponding images. The memo on accommodations stated that inmates with disabilities are assigned to dedicated facilities and any inmates with a disability assigned to Phoenix West would be required to sign a waiver to be housed there. The memo further states that inmates with a disability may request reasonable accommodations, such as a sign language interpreter, staff assistance or an assigned inmate-guide, by contacting their Case Manager or other staff. The interview with the Agency Head Designee indicated that in all of GEO's facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to a language line and designated staff interpreters to ensure that effective communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with six LEP inmates confirmed that five had received information in a format that they could understand. There were no disabled inmates identified during the on-site portion of the audit and as such no interviews were conducted. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had a bulletin board with posted PREA information, including the Zero Tolerance poster and Attachments A-E. The posted information included information on reporting, the zero tolerance policy and the facility victim advocates. Posted information was in adequate font (for vision impairment) and was placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. ADCRR Department Order 108, page 3 state that interpreter shall be provided for all processes within the Department when necessary. ADCRR Department Order 704, page 24 states the Warden and Deputy Warden shall provide interpreters for inmates in need of such services, which may include interpreters for language, literacy, the deaf and the blind. The facility has a contract with Language Line Services, Inc. to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The contract was signed on March 3, 2011. Additionally, the facility has a list of staff available to translate six different languages. A review of the inmate handbook, Attachments A-D and the PREA poster confirmed that information is available in English and Spanish. The interview with the Agency Head Designee indicated that in all of GEO's facilities have developed PREA education material in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. He stated that they have developed posters, pamphlets, videos, large print material, etc. as well as provide TTY phones, access to a language line and designated staff interpreters to ensure that effective communication of PREA procedures is available to the housed individuals. The Agency Head Designee stated that GEO also reaches out to community-based resources (i.e. local colleges or organizations) that might be willing to assist. Interviews with six LEP inmates confirmed that five had received information in a format that they could understand. There were no disabled inmates identified during the on-site portion of the audit and as such no interviews were conducted. One LEP inmate indicated that the PREA education was provided to him in English. The auditor advised the facility to send the inmate back through education in Spanish to ensure he understood the information. During inmate interviews the auditor utilized two staff translators for the six LEP inmate interviews. The facility also has a contract with a language translation service (Language Line) and while the auditor did not utilize it for the LEP inmate interviews, the auditor did test the functionality of the service at a prior GEO Group facility. During the tour the auditor observed PREA information posted throughout the facility. Each housing unit had a bulletin board with posted PREA information, including the Zero Tolerance poster and Attachments A-E. The posted information included information on reporting, the zero tolerance policy and the facility victim advocates. Posted information was in adequate font (for vision impairment) and was placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 5.1.2-A, page 12 indicates that individuals in a GEO facility or program shall not be relied on as readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the individual's safety, the performance of first responder duties or the investigation of the individual's allegations. Any use of these interpreters under these circumstances shall be justified and fully documented in the written investigative report. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with thirteen staff indicated that twelve were aware of a policy that prohibited the use of inmate interpreters, translator, readers or other types of inmate assistance for sexual abuse allegations. None of the thirteen were aware of a time that an inmate was utilized to assist another inmate for a sexual abuse allegation. Interviews with six LEP inmates indicated four had the PREA education information translated during the orientation. Two stated the information was translated via a staff member and two stated the information was translated by another inmate. There were no disabled inmates identified during the on-site portion of the audit and as such no interviews

were conducted.

Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 108, ADCRR Department Order 704, 5.1.2-A, the Language Line Service, Inc. Agreement, the staff translator list, PREA Posters, PREA Handouts, observations made during the tour as well as interviews with the Agency Head Designee, random staff and LEP inmates indicates that this standard appears to be compliant.

Recommendation

The auditor recommends that the agency (GEO) update their current policy related to the requirements under this standard to include LEP inmates (policy only addresses inmates with a disability

115.17	Hiring and promotion decisions
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 327 1485 707" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125– Sexual Offense Reporting 4. Employment Questionnaire 5. Personnel Files of Staff 6. Contractor Background Files <p data-bbox="240 797 352 824">Interviews:</p> <ol data-bbox="240 851 667 878" style="list-style-type: none"> 1. Interview with Human Resource Staff <p data-bbox="240 967 483 994">Findings (By Provision):</p> <p data-bbox="240 1084 1493 1783">115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 5.1.2-A, page 8 states that GEO facilities are prohibited from hiring or promoting any anyone (who may have contact with inmates in the facility) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting or in the community. Additionally, page 16 states that GEO facilities are prohibited from contracting with anyone (who may have contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging or sexual abuse in confinement settings or in the community. A review of the Employment Questionnaire confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc.)?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in 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?". A review of personnel files for five staff who were hired in the previous twelve months indicated that all five had a criminal background records check completed prior to hire. All five also had completed the Employment Questionnaire as well. Additionally, a review of the one contractor file indicated that she had a criminal background records check completed prior to enlisting her services.</p> <p data-bbox="240 1872 1493 2132">115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 5.1.2-A, page 8 states facilities shall consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. Page 16 states that the facility shall consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates. The interview with the Human Resource Staff member confirmed that sexual harassment is considered in determining whether to hire or promote anyone, or enlist the services of any contractor who may have contact with inmates. She stated a question related to sexual harassment is asked prior to hire, annually and anytime staff are promoted, demoted or move to a lateral position.</p>

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 5.1.2-A, pages 8 states that each facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. ADCRR Department Order 125, page 15 indicates the Contract Beds Operations Director shall ensure employees of the private prisons undergo required background checks conducted by the Department's Background Investigations Unit. Policy further states that another consideration for employment shall be whether the applicant has ever worked in a Department or other correctional facility, and if so, whether he/she were the subject of investigation(s) and/or allegation(s) of inappropriate staff-inmate relationships. The PAQ indicated that 24 people had a criminal background records check and this confirms that 100% of those hired in the previous twelve months had a criminal background record check completed. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and one had appropriate prior institutional employers contacted. The Human Resource staff member confirmed that a criminal background check is completed for all newly hired employees who may have contact with inmates and that all prior institutional employers are contacted related to incidents of sexual abuse.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. The PAQ further stated that there were six contracts for services where criminal background checks were completed. Further communication with the PCM indicated that the facility has six contractors, not six contracts. Currently the facility has two contracts for service with only one active contractor (medical). ADCRR Department Order 125, page 15 indicates that only those contractors who have direct supervisory responsibilities or who may be involved in one-on-one situations are required to undergo a background investigation. However, policy further states that contractors and service technician who have infrequent access shall be required to have an acceptable result of an ACIC/NCIC check prior to entering the institution. 5.1.2-A, page 16 states that each facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. A review of the one contractor file indicated that she had a criminal background records check completed prior to enlisting her services. The Human Resource staff member confirmed that contractors have a criminal background check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. ADCRR Department Order 125, page 15 states that criminal background checks of current employees and contractors who may have contact with inmate shall be conducted at least every five years. 5.1.2-A, page 8 states that each facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to hiring new employees. Background checks shall be repeated for all employees at least every five years. Additionally, page 16 states that each facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of sexual abuse or any resignation pending investigation of an allegation of sexual abuse, prior to enlisting the services of any contractor. Background checks shall be repeated for all contractors at least every five years. A review of four staff that were hired prior to 2017 indicated that all four had a five year criminal background records check completed. The interview with Human Resources indicated that criminal background records checks are completed through Accurant Career Screening. She stated the client (ADCRR) completes a query through CJIS (Criminal Justice Information System) and that both the client and Accurant query federal, state and county criminal histories. She confirmed the facility conducts background checks at least every five years by sending the staff back through the Accurant background process and by sending the information to the client again for them to query the staff in CJIS.

115.17 (f): 5.1.2-A, page 8 states that GEO shall ask all applicants and employees who may have contact with individuals in a GEO facility or program directly about previous sexual abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current employees. GEO shall impose upon employees a continuing affirmative duty to disclose any such conduct. A review of the Employment Questionnaire confirms that employees are asked to answer yes or no to the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, juvenile facility, or other institution (Please note that sexual abuse in this setting includes sexual acts with the consent of the inmate, detainee, resident, etc.)?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated of engaging in 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?". A review of personnel files indicated that all five new hires, the four with five year backgrounds and the three staff promoted had completed the Employment Questionnaire. The interview with the Human Resource staff confirmed that individuals are asked these questions during the hiring application process and then subsequently every year during their annual review. She also stated the questions are asked anytime a staff member moves internally, such as promotion, demotion or lateral. She indicated there are different forms for new hires, annual reviews and promotions related to these questions. The Human Resource staff member confirmed that employees have a continuing duty to disclose any such previous misconduct.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 5.1.2-A, page 8 states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17 (h): 5.1.2-A, page 8 states that unless prohibited by law, GEO shall 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 the employee has applied to work. The interview with the Human Resource staff member confirmed that information is provided to employers related to a former employee and any substantiated sexual abuse or sexual harassment allegations. She indicated the request goes through the corporate office and any requests she receives she forwards the information to corporate to handle.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, the Employment Questionnaire, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that this standard required appears to be compliant.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents:

1. Pre-Audit Questionnaire

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility or made substantial expansion or modifications to existing facilities the last PREA audit. During the tour, the auditor did not observe any renovations, modifications or expansions. The interview with the Agency Head Designee indicates that GEO is the world leader in providing sound and effective security measures in the facilities it manages and operates. In every facility acquired by the company, GEO thoroughly assess the institutions for needed security enhancements in both physical plant construction and for procedure enhancements in the area of safety and security. He stated enhancements are routinely made by some of the top correctional professionals in the correctional field. When modifications are made by GEO to existing institutions, or when GEO designs and constructs new facilities, GEO's design/construction team work closely with experienced operational personnel to significantly improve the safety of all GEO institutions. GEO has a team who routinely utilize operational expertise when designing/modifying facilities. Security and safety of the inmates and staff is at the forefront of every decision made by the company. The Agency Head Designee confirmed that GEO fully understands the intent and language within the PREA guidelines and does everything possible to design and run facilities which protect inmates from abuse. Since the release of the federal PREA standards GEO has allocated funds for privacy modifications, camera upgrades, etc. and will continue to consider these enhancements during new construction projects as well. The interview with the Warden confirmed that there have not been any substantial expansions or modifications since the last PREA audit.

115.18 (b): The PAQ indicated that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. During the tour the auditor observed cameras in outdoor areas and some common areas. A review of the video monitoring system confirmed that the facility has cameras monitoring the recreation area, parking lot, back dock and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The interview with the Agency Head Designee indicated that GEO routinely uses new technology to assist in better monitoring of the staff and inmates within its facilities. GEO routinely adds or improves camera coverage within its prisons, jails, reentry and youth facilities. New technology is added to screening areas to control contraband and assist in maintaining the safety of our facilities. He further stated that corporate operations' staff routinely meet with vendors to look for more efficient and effective ways to bolster security and safety within our facilities. The Warden further confirmed that when the facility installs or updates video monitoring technology, they consider how the technology will protect inmates from sexual abuse. She stated they have not installed or updated video monitoring technology since the last PREA audit, but they have completed an assessment of the entire facility to determine if there are any blind spots or barriers. She stated they review the staffing plan related to any of these areas and make recommendations related to cameras.

Based on a review of the PAQ, observations during the tour and information from interviews with the Agency Head Designee and Warden indicate that this standard appears to be compliant.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 368 297">Documents:</p> <ol data-bbox="240 331 1426 1167" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 10.3.1.4 – Phoenix West Procedure Manual – Inmate Sexual Assault 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 608 – Criminal Investigations 5. PREA Incident Checklist 6. Zero Tolerance Poster 7. Trained Victim Advocate Memorandum 8. Statement of Fact 9. Forensic Examination Documents 10. Victim Advocate Documents 11. List of Rape Crisis Centers 12. Solicitation Letters to Local Rape Crisis Centers 13. Victim Advocacy Training Curriculum 14. Victim Advocacy Training Records <p data-bbox="240 1256 352 1283">Interviews:</p> <ol data-bbox="240 1317 815 1458" style="list-style-type: none"> 1. Interview with Random Staff 2. Interview with the PREA Compliance Manager 3. Interview with Inmates Who Reported Sexual Abuse <p data-bbox="240 1547 485 1574">Findings (By Provision):</p> <p data-bbox="240 1659 1481 2056">115.21 (a): The PAQ indicated that the agency/facility is not responsible for conducting administrative or criminal investigations. The PAQ further stated that the Arizona Department of Corrections Rehabilitation and Reentry’s Criminal Investigations Unit (CIU) conducts all administrative and criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 10.3.1.4, page 4 states that the Shift Commander shall notify immediately the Department of Corrections, Criminal Investigation Unit. Pages 4-5 outline the facility’s uniform evidence protocol. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. A review of policy confirms that it outlines preservation and well as non-DNA evidence collection (uniform evidence protocol). Interviews with thirteen random staff indicate that all thirteen were aware of and understood the agency’s protocol on obtaining usable physical evidence. Additionally, twelve of the thirteen staff stated they knew the PREA Compliance Manager or the ADCRR Criminal Investigative Unit (CIU) staff member would be responsible for completing sexual abuse investigations.</p>

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. A review of 10.3.1.4 indicates that pages 4-5 describes actions to take in order to preserve and secure evidence. Department Order 125 outlines the duties of staff to ensure appropriate evidence protocol. Forensic examinations are not conducted at the facility and as such the policy outlines preservation and well as non-DNA evidence collection.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside hospital. The PAQ also stated forensic examinations are provided onsite, however further communication confirmed this was incorrect and forensic examinations are only provided at an outside hospital. It further stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ noted that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 10.3.1.4, page 4 states that the agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by SAFE or SANE, when possible. If SAFE or SANE cannot be made available, the examination shall be performed by other qualified medical practitioners and efforts to provide SAFE or SANE shall be documented. ADCRR Department Order 608, page 7 states that the use of outside forensic examinations services are authorized during the course of investigations involving sexual assaults. Additionally, it indicates that costs incurred for outside forensic services are billed in accordance with A.R.S. 13-1414 and any medical services arising out of the need to secure evidence that a person has been the victim of a dangerous crime against a child or a sexual assault shall be paid by the county in which the offense occurred. The PREA Incident Checklist as well as the Statement of Fact confirmed that forensic medical examinations are provided at Scottsdale Osborn Hospital by SAFE/SANE. The facility utilizes the Scottsdale Osborn Hospital for forensic medical examinations. The PAQ stated that there were zero forensic exams conducted in the previous twelve months. During the on-site portion of the audit, the auditor identified that a recent sexual abuse allegation (reported February 25, 2022 - after the PAQ was submitted) involved a forensic medical examination. The documentation confirmed that the inmate was transported to Scottsdale Osborn Hospital on the day of the reported allegation for a forensic medical examination. The auditor contacted Scottsdale Osborn Hospital and the staff member confirmed that they do perform forensic medical examinations. She stated the forensic nurses are employed by Honor Health and that for inmates the examinations are performed at the hospital. She confirmed the nurses are SAFE/SANE and that they also employ two victim advocates that are utilized for hospital accompaniment as well. She indicated that advocates provide services, when needed, as long as they are notified on time. She stated sometimes they are not notified until it is too late and they cannot provide the services.

115.21 (d): The PAQ indicated that the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and efforts are documented. The PAQ further stated that when a rape crisis center is not available, the facility provides a qualified-staff member from a community-based organization or a qualified agency staff member. 10.3.1.4, page 4 states that a designated victim support person shall be notified as soon as possible, but no later than the next business day, that an alleged sexual assault has occurred. This person will consult with the investigators on the case and offer assistance as is appropriate on their training. With the inmate victim's consent, the victim support person may sit in on administrative interviews of the inmate. ADCRR Department Order 125, page 11 states the Correctional Officer III shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility does not have an MOU with a local rape crisis center. The facility provided the auditor with two letters indicating they attempted to partner with the Center for Prevention of Abuse and Violence and the Southwest Family Advocacy Center. The facility staff advised neither organization responded to their letter. As such, the facility utilizes qualified staff member to provide victim advocacy services. Two staff at the facility have been screened for appropriateness by the Warden and have completed eight hours of training through the Arizona Coalition to End Sexual and Domestic Violence. A review of the Zero Tolerance poster confirmed that inmates are advised that victim advocates at the facility are the PCM and the Compliance Manager. The facility had a recent report of sexual abuse (February 25, 2022). A review of documentation confirmed that the inmate was offered victim advocacy services via the qualified staff member. The qualified staff member accompanied the inmate victim during the forensic medical examination and was offered additional services as requested. The interview with the PCM confirmed that if requested by a victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and support the victim through the forensic medical examination and investigatory interviews. She stated she and another staff member are qualified staff members and the other staff member had recently accompanied an inmate during a forensic medical examination. The PCM further stated that the facility has reached out to local rape crisis centers since the standards were released to provide services, but they have not had anyone respond. She indicated because of the lack of response they had facility staff trained as victim advocates through the Arizona Coalition. The one inmate who reported sexual abuse advised that he did not contact anyone after the reported allegation because he wanted it to be confidential. Documentation however indicated that the qualified staff member at the facility

provided services for the inmate victim, which he accepted.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process. 10.3.1.4, page 4 states that a designated victim support person shall be notified as soon as possible, but no later than the next business day, that an alleged sexual assault has occurred. This person will consult with the investigators on the case and offer assistance as is appropriate on their training. With the inmate victim's consent, the victim support person may sit in on administrative interviews of the inmate, and investigatory interviews and provides emotional support, crisis intervention, information and referrals. ADCRR Department Order 125, page 11 states the Correctional Officer III shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. The facility does not have an MOU with a local rape crisis center. The facility provided the auditor with two letters indicating they attempted to partner with the Center for Prevention of Abuse and Violence and the Southwest Family Advocacy Center. The facility staff advised neither organization responded to their letter. As such, the facility utilizes qualified staff member to provide victim advocacy services. Two staff at the facility have been screened for appropriateness by the Warden and have completed eight hours of training through the Arizona Coalition to End Sexual and Domestic Violence. A review of the Zero Tolerance poster confirmed that inmates are advised that victim advocates at the facility are the PCM and the Compliance Manager. The facility had a recent report of sexual abuse (February 25, 2022). A review of documentation confirmed that the inmate was offered victim advocacy services via the qualified staff member. The qualified staff member accompanied the inmate victim during the forensic medical examination and was offered additional services as requested. The PCM stated that the facility has reached out to local rape crisis centers since the standards were released to provide services but they have not had anyone respond. She indicated because of the lack of response they had facility staff trained as victim advocates through the Arizona Coalition. The one inmate who reported sexual abuse advised that he did not contact anyone after the reported allegation because he wanted it to be confidential.

115.21 (f): The PAQ indicated that the agency/facility if the agency is not responsible for investigations administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraph 115.21 (a) through (e) of this standard. The ADCRR investigate sexual abuse and sexual harassment allegations. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 608, page 7 states that the use of outside forensic examinations services are authorized during the course of investigations involving sexual assaults. Additionally, it indicates that costs incurred for outside forensic services are billed in accordance with A.R.S. 13-1414 and any medical services arising out of the need to secure evidence that a person has been the victim of a dangerous crime against a child or a sexual assault shall be paid by the county in which the offense occurred. Additionally, ADCRR Department Order 125, page 11 states the Correctional Officer III shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The facility has two staff that serve as qualified staff member victim advocates. Two staff at the facility have been screened for appropriateness by the Warden and have completed eight hours of training through the Arizona Coalition to End Sexual and Domestic Violence.

Based on a review of the PAQ, 10.3.1.4, Department Order 125, Department Order 608, the PREA Incident Checklist, the Zero Tolerance Poster, the Trained Victim Advocate Memorandum, Statement of Fact, the List of Rape Crisis Centers, the Solicitation Letters to Local Rape Crisis Centers, the Victim Advocacy Training Curriculum, the Victim Advocacy Training Records, forensic examination documents, victim advocacy documents and information from interviews with random staff, the inmate who reported sexual abuse and the PREA Compliance Manager indicates that this standard appears to be compliant.

115.22 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE)
3. GEO Policy 10.3.1.4 – Phoenix West Procedure Manual – Inmate Sexual Assault
4. PREA Incident Checklist
5. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
6. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting
7. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 608 – Criminal Investigations
8. Incident Reports/Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. 5.1.2-E, page 1 states that each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Page 2 further states that an administrative or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment at GEO facilities. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on inmate sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of inmate sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. 10.3.1.4, page 4 states that the Shift Commander shall notify immediately the Department of Corrections, Criminal Investigation Unit. The PAQ indicated that there were zero allegations of sexual abuse and/or sexual harassment reported within the previous twelve months. The interview with the Agency Head Designee indicated that it is a requirement by corporate and by local facility policies to ensure an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. He further stated that based on the client contract requirements, an investigation would be conducted by either the client investigative unit, local law enforcement (if criminal) or a trained GEO facility investigator (administrative only). The Agency Head Designee stated that GEO has designated staff at each facility that have received PREA specialized investigations training. GEO also utilizes local, state or federal agencies to investigate PREA allegations based on client contract requirements. Regardless of who does the investigation, all PREA allegations are documented and referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve criminal behavior. During the on-site

portion of the audit, the auditor was provided documentation of a recent report of sexual abuse (February 25, 2022). The auditor confirmed that the allegation was forwarded to CIU (ADCRR) for investigation.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or made publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 5.1.2-E, page 1 states that each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy states that the facility shall document all referrals. GEO shall publish its corporate investigations policy on its website. 10.3.1.4, page 4 states that the Shift Commander shall notify immediately the Department of Corrections, Criminal Investigation Unit. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on inmate sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of inmate sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>. During the on-site portion of the audit, the auditor was provided documentation of a recent report of sexual abuse (February 25, 2022). The auditor confirmed that the allegation was forwarded to CIU for investigation. The interview with the investigator confirmed that the agency has a policy that requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigation. He stated all sexual abuse allegations at Phoenix West are conducted by ADCRR's Criminal Investigations Unit.

115.22 (c): 5.1.2-E, page 1 states that each facility shall have a policy in place to ensure that all allegations of sexual abuse are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The policy states that the facility shall document all referrals. GEO shall publish its corporate investigations policy on its website. 10.3.1.4, page 4 states that the Shift Commander shall notify immediately the Department of Corrections, Criminal Investigation Unit. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on inmate sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of inmate sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. A review of the GEO Group website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.geogroup.com/PREA>.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-E, 10.3.1.4, 5.1.2-A, Department Order 125, Department Order 608, incident reports, the agency's website and information obtained via interviews with the Agency Head Designee and the investigator, this standard appears to be compliant.

115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Preventing and Responding to Inmate Sexual Abuse (PREA) Training Curriculum 5. Prison Rape Elimination Act (PREA) 2017 Training – Arizona Department of Corrections Rehabilitation and Reentry 6. Staff Training Records <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Random Staff <p>Findings (By Provision):</p> <p>115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. 5.1.2-A, page 13 states all employees, contractors and volunteers shall receive training on GEO's sexually abusive behavior prevention and intervention program prior to assignment. Each facility shall train employees who may have contact with individuals in a GEO facility or program on; its zero tolerance policy; how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures; right to be free from sexual abuse and sexual harassment; right to be free from retaliation from reporting sexual abuse and sexual harassment; dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with individuals in a GEO facility or program; how to communicate effectively and professionally with individuals in a GEO facility or program, including LGBTI or Gender Non-conforming individuals; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. ADCRR Department Order 125, pages 17-19 state the Staff Development and Training Bureau shall conduct pre-service and in-service PREA training classes. All employees, and contractors with inmate contact, shall complete PREA training annually as outlined in the Annual Training Plan, and sign the PREA training Acknowledgment Form 125-3; or if PREA training is a computer-based course, complete the online PREA Training acknowledgment. Training shall include, but is not limited to: what to do when an actual or suspected sexual assault has occurred or been reported; understanding the identification and referral process when an alleged sexual abuse occurs; how to report staff unlawful sexual conduct and sexual harassment, including when, how and to whom it should be reported; recognizing inmates who may be vulnerable to sexual assault and possible intervention strategies; recognizing inmates who appear to be having difficulty or require protection, such as an inmate with injuries or one who suddenly become very quiet and withdrawn; recognizing an inmate who may be, is being, or has been sexually abused or the victim of extortion; recognizing victim who may be at risk for suicide; recognizing the signs of sexual abuse; recognizing inmates who may be prone to victimizing other inmates, especially in regard to sexual behavior; preserving confidentiality regarding investigations and allegations of sexual assault and unlawful sexual conduct; preservation of crime scene and evidence in a sexual assault allegation; basic understanding of sexual abuse prevention and response techniques; recognizing that inmates who are having difficulty adjusting to the institutional environment or who are experiencing specific problems with other inmates may display verbal and non-verbal signs of anxiety or act out aggressively</p>

and methods of intervention; identification of what constitutes staff unlawful sexual conduct and/or staff sexual harassment and how to report such incidents; an explanation of how inmates are harmed by staff unlawful sexual conduct and sexual harassment; descriptions of how the security of the facility is jeopardized by staff unlawful sexual conduct and harassment; a statement of the legal consequences and disciplinary actions of engaging in staff unlawful sexual conduct and/or staff sexual harassment; instruction on supervising, observing and interacting with opposite gender inmates including, where appropriate, knock and announce situations; instruction on the privacy interests that inmates retain while incarcerated; unlawful sexual conduct and inappropriate staff inmate relations for all non-correctional staff including contractors; and instruction on how to conduct cross-gender pat down searches and searches of transgender and intersex inmates, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. A review of the training curriculum confirms that the training includes: the agency's zero tolerance policy (page 5); how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (entire curriculum), the inmates' right to be free from sexual abuse and sexual harassment (page 37), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (page 37), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 10-15), the common reactions of sexual abuse and sexual harassment victims (page 16-17), how to detect and respond to signs of threatened and actual sexual abuse (pages 31, 38-39), how to avoid inappropriate relationship with inmates (pages 18-26), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (pages 29-30) and how to comply with relevant laws related to mandatory reporting. In addition, staff also receive the ADCRR PREA training annual, which also addresses the requirements under this provision. A review of thirteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with thirteen random staff confirmed that all thirteen have received PREA training. Staff stated they receive training each year (near the beginning of the year) and they are also provided a card with PREA information. Staff stated that the training covered topics such as transgender searches, the basics of what to do if an inmate reports sexual abuse, how to report sexual abuse (for both staff and inmates), signs to look for as possible signs of sexual abuse, different situation/scenarios and to keep all information private. All thirteen staff confirmed all required topics under this provision were discussed during the training.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. Further communication with the PCM indicated that all inmates at the facility are male and as such training is tailored toward male inmates and they would not transfer to another facility with female inmates. 5.1.2-A, page 13 states employee training shall be tailored to the gender of the individual in the GEO facility or program at the employee's facility, and employees shall receive additional training if transferring facilities that house individuals of different genders.

115.31 (c): The PAQ stated that staff are trained annually and that in between trainings staff are provided information through briefings, meetings and drills. 5.1.2-A, page 13 states PREA refresher training shall be conducted each year thereafter for all employees. Refresher training shall include updates to sexual abuse and sexual harassment policies. A review of documentation indicated that twelve of the thirteen staff had received training the last two years (the agency conducts training annually). One staff was a new hire and was not yet employed more than a year.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. 5.1.2-A, page 14 states unless client mandate requires electronic verification, employees shall document through signatures on the PREA Basic Training Acknowledgement form and they understand the training they have received. A review of a sample of thirteen staff training records indicated that all thirteen signed the Prison Rape Elimination Act Basic Training Acknowledgement.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, the Sexual Abuse and Assault Prevention & Intervention (PREA) Training Curriculum, the ADCRR PREA training, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility provides sexual abuse and sexual harassment training to all staff annually. The facility provides not only the GEO PREA training but also the client's PREA training. The training includes all the required elements under this standard and is detailed in the explanation of prevention, detection, response, how to avoid inappropriate relationships with inmates, the dynamics of sexual abuse and how to communicate with LGBTI inmates. PREA is also discussed during shift meetings throughout the year.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 331 1485 768" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 389 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 481 1426 542">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 573 1102 600">4. Volunteer Training Volunteer Narratives – What Went Wrong Training Curriculum <li data-bbox="240 631 834 658">5. Prison Rape Elimination Act 2017 Training Curriculum <li data-bbox="240 689 544 716">6. Contractor Training Files <li data-bbox="240 748 536 775">7. Volunteer Training Files <p data-bbox="240 857 352 884">Interviews:</p> <ol data-bbox="240 918 1015 945" style="list-style-type: none"> <li data-bbox="240 918 1015 945">1. Interview with Volunteers or Contractors who have Contact with Inmates <p data-bbox="240 1028 483 1055">Findings (By Provision):</p> <p data-bbox="240 1144 1493 2141">115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. 5.1.2-A, page 13 states all employees, contractors and volunteers shall receive training on GEO’s sexually abusive behavior prevention and intervention program prior to assignment. ADCRR Department Order 125, pages 17-19 state the Staff Development and Training Bureau shall conduct pre-service and in-service PREA training classes. All employees, and contractors with inmate contact, shall complete PREA training annually as outlined in the Annual Training Plan, and sign the PREA training Acknowledgment Form 125-3; or if PREA training is a computer-based course, complete the online PREA Training acknowledgment. Volunteers are required to receive PREA training prior to providing volunteer services. Training shall include, but is not limited to: what to do when an actual or suspected sexual assault has occurred or been reported; understanding the identification and referral process when an alleged sexual abuse occurs; how to report staff unlawful sexual conduct and sexual harassment, including when, how and to whom it should be reported; recognizing inmates who may be vulnerable to sexual assault and possible intervention strategies; recognizing inmates who appear to be having difficulty or require protection, such as an inmate with injuries or one who suddenly become very quiet and withdrawn; recognizing an inmate who may be, is being, or has been sexually abused or the victim of extortion; recognizing victim who may be at risk for suicide; recognizing the signs of sexual abuse; recognizing inmates who may be prone to victimizing other inmates, especially in regard to sexual behavior; preserving confidentiality regarding investigations and allegations of sexual assault and unlawful sexual conduct; preservation of crime scene and evidence in a sexual assault allegation; basic understanding of sexual abuse prevention and response techniques; recognizing that inmates who are having difficulty adjusting to the institutional environment or who are experiencing specific problems with other inmates may display verbal and non-verbal signs of anxiety or act out aggressively and methods of intervention; identification of what constitutes staff unlawful sexual conduct and/or staff sexual harassment and how to report such incidents; an explanation of how inmates are harmed by staff unlawful sexual conduct and sexual harassment; descriptions of how the security of the facility is jeopardized by staff unlawful sexual conduct and harassment; a statement of the legal consequences and disciplinary actions of engaging in staff unlawful sexual conduct and/or staff sexual harassment; instruction on supervising, observing and interacting with opposite gender inmates including, where appropriate, knock and announce situations; instruction on the privacy interests that inmates retain while incarcerated; unlawful sexual conduct and inappropriate staff inmate relations for all non-correctional staff including contractors; and instruction on how to conduct cross-gender pat down searches and searches of transgender and intersex inmates, in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Page 19 further states that all non-correctional staff, including contractors with significant inmate contact and volunteers with inmate contact shall receive pre-service training addressing the topics listed in 10.1.1</p>

through 10.1.21 (indicated above) of this section upon hire or assignment to an institution. A review of the Volunteer Training Volunteer Narratives – What Went Wrong confirmed that it includes; information on the PC, cross gender searches and viewing, training and education, reporting, investigations, discipline, medical and mental health care, grievances, LGBTI inmates, LEP/disabled inmates and the zero tolerance policy. The Prison Rape Elimination Act 2017 training curriculum further includes: the law and policies, definitions, power and control, warning signs, prevention, professional boundaries, effective communication, searches, reporting, first responder duties, inmates rights, confidentiality, investigations and sexual abuse incident reviews. The PAQ indicated that eleven volunteers and contractors had received PREA training, which is equivalent to 100%. A review of the one contractor training record and three volunteer training records indicated that all four had received PREA training. The interviews with the contractor and volunteer confirmed that they had received training on their responsibilities under the agency sexual abuse and sexual harassment prevention, detection and response policies and procedures. It should be noted the auditor attempted to conduct a phone interview with a second volunteer, however the two attempts to contact the volunteer were unsuccessful.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. 5.1.2-A, page 15 states volunteers and contractors who have contact with individuals in a GEO facility or program shall receive annual PREA refresher training. ADCRR Department Order 125, pages 17-19 state the Staff Development and Training Bureau shall conduct pre-service and in-service PREA training classes. All employees, and contractors with inmate contact, shall complete PREA training annually as outlined in the Annual Training Plan, and sign the PREA training Acknowledgment Form 125-3; or if PREA training is a computer-based course, complete the online PREA Training acknowledgment. Volunteers are required to receive PREA training prior to providing volunteer services. Page 19 further states that all non-correctional staff, including contractors with significant inmate contact and volunteers with inmate contact shall receive pre-service training addressing the topics listed in 10.1.1 through 10.1.21 (indicated above) of this section upon hire or assignment to an institution. A review of the one contractor training record and three volunteer training records indicated that all four had received PREA training. The interviews with the contractor and volunteer indicated that the volunteer received the training online and he completed it annually. The contractor confirmed that she received the same training as the staff and that the training went over what to do if an inmate makes an allegation, to take the allegation seriously, to make sure you do not let them shower, brush their teeth or change their clothes, to notify security and medical immediately and to follow all orders given. Both the contractor and volunteer confirmed the training discussed the zero tolerance policy and how and who to report to. It should be noted the auditor attempted to conduct a phone interview with a second volunteer, however the two attempts to contact the volunteer were unsuccessful.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. A review of four training documents for contractors and volunteers indicated that 100% of those reviewed had signed the PREA Basic Training Acknowledgement indicating they received PREA training.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, the Volunteer Training Volunteer Narratives – What Went Wrong Training Curriculum, the Prison Rape Elimination Act 2017 Training Curriculum, a review of a sample of contractor and volunteer training records as well as the interviews with the contractor and volunteer indicates that the facility appears to meet this standard.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 108 – Americans with Disabilities Act (ADA) Compliance 5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 704– Inmate Regulations 6. Language Line Service, Inc. Agreement 7. Staff Translator List 8. PREA Male Prison Inmate Facilitators Guide 9. Orientation Video & PREA What You Need to Know Video 10. Inmate Handbook 11. PREA and Sexual Assault Awareness Brochure 12. Zero Tolerance Poster 13. Inspector General Document (Attachment A) 14. PREA Hotline Document (Attachment B) 15. Inmate Orientation to Prison Rape Elimination Act (Attachment C) 16. Inmate Education Records (PREA Orientation Acknowledgement Form) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Intake Staff 2. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Intake Area 2. Observations of PREA Posters <p>Findings (By Provision):</p> <p>115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 5.1.2-A, page 12 states within 24 hours of arrival, U.S. Corrections and Detention Facilities shall provide each individual in a GEO facility or program with written information on the company’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicion of sexual abuse or sexual harassment. ADCRR Department Order 125, pages 3-4 state that the Assistant Director for Prison</p>

Operations shall ensure every institution, including private prisons, provide the inmates with information on preventing sexual assault during their orientation (Attachment C). All materials shall be made available to inmates and shall, at a minimum, include: oral and written information in English and Spanish; information on prevention, self-protection and avoiding sexual abuse; treatment and counseling for inmate victims of sexual abuse; and a simplified and expedited process for inmates to report sexual assaults. Policy further states that the Department "Sexual Assault Awareness" pamphlet shall be provided to each inmate as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all inmates. Assistance shall be given to inmates who speak languages other than English or who are identified as being unable to understand the materials. A review of the inmate handbook and Attachments A-C confirmed that they include information on the zero-tolerance policy, how to report, definitions, grievance information and what to expect after reporting. Additionally, a review of the PREA Orientation Acknowledgment form indicated that it includes information on the zero-tolerance policy. The PAQ indicated that 637 inmates received information on the zero-tolerance policy and how to report at intake. This is equivalent to 100% of inmates who received this information at intake. A review of 22 inmate files of those received within the previous twelve months indicated that all 22 were documented with receiving PREA information at intake. The auditor observed the intake process through a demonstration. Inmate are provided PREA information at intake via the inmate handbook. The handbook is available in both English and Spanish. PREA information was observed on a bulletin board in intake. The bulletin board contained the PREA pamphlet and Attachments A, B and E. Informal conversation with the intake staff member confirmed the inmate handbook has information on the zero-tolerance policy and how to report and inmates receive the handbook in property. The interview with intake staff confirmed that inmates receive information on the zero-tolerance policy and how to report allegations of sexual abuse upon intake. The staff stated that when new arrival inmates come in they receive the pamphlet and the handbook. She also stated the information is posted everywhere too. 24 of the 27 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies. The inmates stated the information is posted everywhere and it is always being updated on the bulletin boards.

115.33 (b): 5.1.2-A, page 12 states within 30 days of intake, U.S. Corrections, Detention, and Community Confinement facilities shall provide a comprehensive education to all individuals in a GEO facility or program, either in person or through video. Policy further states the comprehensive education shall include information on the individual's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents. ADCRR Department Order 125, pages 3-4 state that the Assistant Director for Prison Operations shall ensure every institution, including private prisons, provide the inmates with information on preventing sexual assault during their orientation (Attachment C). All materials shall be made available to inmates and shall, at a minimum, include: oral and written information in English and Spanish; information on prevention, self-protection and avoiding sexual abuse; treatment and counseling for inmate victims of sexual abuse; and a simplified and expedited process for inmates to report sexual assaults. Policy further states that the Department "Sexual Assault Awareness" pamphlet shall be provided to each inmate as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all inmates. Assistance shall be given to inmates who speak languages other than English or who are identified as being unable to understand the materials. A review of the orientation video indicated that it had facility specific information, but it also had the PREA What You Need to Know video embedded in the orientation video to view. The orientation video has a staff member discuss information during slides. The information includes definitions, ways to avoid sexual abuse and sexual harassment, reporting methods, what happens once information is reported and the zero-tolerance policy. The PAQ indicated that 637 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to over 100% of those that arrived in the previous twelve months and stayed for 30 days or more. The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that inmates are provided comprehensive PREA education via video. The video is facility specific but also has the PREA: What You Need to Know video embedded. The video covers facility specific information such as reporting methods, the facility staff responsible for PREA, definitions, ways to avoid sexual abuse and what happens after sexual abuse is reported. The PREA What You Need to Know video further provides information on the zero-tolerance policy, the inmates' right to be free from sexual abuse and the inmates' right to be free from retaliation for reporting sexual abuse. The video is available in English and Spanish. Informal conversation with staff indicated that education would be tailored to the individual if the inmate had a disability. The staff also stated that they have the ability to utilize the translation line if the inmate does not speak English. A review of 22 inmate files indicated that all 22 were documented with receiving comprehensive PREA education. All 22 were documented as receiving the education within 30 days of intake. The interview with the intake staff indicated that the facility has an orientation video that is shown. She stated it goes over all the information required. She further stated that they also provide a pamphlet and answer any questions that the inmates may have. The staff member stated inmates receive PREA education within a week of arrival. 21 of the 27 inmates interviewed indicated that they were informed of their right to be free from sexual abuse, ways to report sexual abuse and their right to be free from retaliation for reporting sexual abuse. Most inmates indicated they received the information through video during orientation the first week they were at the facility.

115.33 (c): The PAQ indicated that of those who were not educated within 30 days of intake, all inmates were not subsequently educated. Further clarification from the PCM indicated that this provision should have read that all current inmates have received PREA education. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 5.1.2-A, page 12 states individuals in a GEO facility or program shall receive education upon transfer to a different facility if the policy and procedures differ from the previous facility. ADCRR Department Order 125, pages 3-4 state that the Assistant Director for Prison Operations shall ensure every institution, including private prisons, provide the inmates with information on preventing sexual assault during their orientation (Attachment C). All materials shall be made available to inmates and shall, at a minimum, include: oral and written information in English and Spanish; information on prevention, self-protection and avoiding sexual abuse; treatment and counseling for inmate victims of sexual abuse; and a simplified and expedited process for inmates to report sexual assaults. Policy further states that the Department "Sexual Assault Awareness" pamphlet shall be provided to each inmate as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all inmates. Assistance shall be given to inmates who speak languages other than English or who are identified as being unable to understand the materials. A review of the inmate handbook confirmed that it contains information on the zero-tolerance policy, ways to avoid sexual assault, how to report sexual assault and the sexual offense grievance process. A review of the orientation video indicated that it had facility specific information, but it also had the PREA What You Need to Know video embedded in the Orientation video to view. The Orientation video has a staff member discuss information during slides. The information includes definitions, ways to avoid sexual abuse and sexual harassment, reporting methods, what happens once information is reported and the zero-tolerance policy. A review of 30 total inmate files indicated all 30 had received PREA education. There were zero inmates that arrived at the facility prior to 2013. The interview with the intake staff indicated that when new arrivals come in they make sure they receive the pamphlets and the handbook. She stated the information is also posted everywhere. The intake staff also indicated that the facility has an orientation video that is shown. She stated it goes over all the information required. She further stated that they also provide a pamphlet and answer any questions that the inmates may have.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ also stated that the agency has established procedures to provide disabled inmates 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. 5.1.2-A, page 13 states education shall be provided in formats accessible to all individuals in a GEO facility or program, including those with disabilities and those who are limited English proficient. ADCRR Department Order 125, pages 3-4 state that the Assistant Director for Prison Operations shall ensure every institution, including private prisons, provide the inmates with information on preventing sexual assault during their orientation (Attachment C). All materials shall be made available to inmates and shall, at a minimum, include: oral and written information in English and Spanish; information on prevention, self-protection and avoiding sexual abuse; treatment and counseling for inmate victims of sexual abuse; and a simplified and expedited process for inmates to report sexual assaults. Policy further states that the Department "Sexual Assault Awareness" pamphlet shall be provided to each inmate as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all inmates. Assistance shall be given to inmates who speak languages other than English or who are identified as being unable to understand the materials. ADCRR Department Order 108, page 2 states that staff in coordination with the ADA Coordinator shall provide equal opportunity and access through reasonable accommodations in setting that are as integrated as possible, to all recipients of their function's services, programs and activities, including individuals with disabilities. It also states that staff will permit equal opportunity and access through reasonable accommodation that shall not result in a fundamental alteration of a service, program, activity or undue financial and/or administrative burden. Page 3 states consistent with security requirements, staff shall provide or allow auxiliary aids and services to individuals with a disability to enable them to communicate effectively and to participate in or to receive services, programs and activities. ADCRR Department Order 704, page 24 states the Warden and Deputy Warden shall provide interpreters for inmates in need of such services, which may include interpreters for language, literacy, the deaf and the blind. Policy further states that applicable rules, regulations and Department Orders shall be read aloud during initial orientation for those inmates who are visually impaired or have a language or literacy problem. Hearing impaired inmates shall receive a translation of orientation material in sign language. The facility has a contract with Language Line Services, Inc. to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The contract was signed on March 3, 2011. Additionally, the facility has a list of staff available to translate six different languages. A review of the inmate handbook, posters, documents and attachments confirmed that PREA information is available in large font, bright colors, images and in Spanish. A review of documentation for six LEP inmates indicated that they all received comprehensive PREA education. Four of the six had signed English acknowledgment forms though and there was no indication on the form that a translator was utilized or the translation service was utilized. Interviews with six LEP inmates indicated that five had received PREA education in a format that they could understand. Four of the six stated that the information was translated by either a staff member or inmate. While the inmates signed an English acknowledgment, five of the six stated the information was in a format they could

understand. The auditor requested that the facility send the one LEP inmate who indicated he received the information in a format he could not understand back through PREA training in Spanish.

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 5.1.2-A, page 13 states in all facilities, individuals in a GEO facility or program shall sign for receipt of written material and participation in comprehensive education sessions which shall be retained in their individual file. ADCRR Department Order 125, page 4 states Unit Deputy Wardens shall ensure staff conducting the orientation document each inmate's attendance in the Arizona Correctional Information System (ACIS). The entries shall note the written material outlined in 2.2 of this section were provided to each inmate, and if appropriate, oral and written translation were provided. A review of 30 total inmate files indicate that all 30 signed an acknowledgement form indicating that they had received PREA education.

115.33 (f): The PAQ indicated that key information shall be provided to inmates on a continuous basis through readily available handbooks, brochures, or other written materials. 5.1.2-A, page 13 states key information shall be provided to individuals in a GEO facility or programs on a continuous basis through readily available, handbooks, brochures, or other written materials. ADCRR Department Order 125, page 4 states that Wardens shall ensure that information on the prevention of sexual assaults, inmate notification and informative posters are posted on inmate bulletin boards and are accessible to all inmates regardless of their custody level or location. A review of documentation indicates that the facility has PREA information via the inmate handbook, PREA posters and Attachments A-C. The auditor observed PREA information posted throughout the facility. Each housing unit had a bulletin board with posted PREA information, including the Zero Tolerance poster and Attachments A-E. The posted information included information on reporting, the zero-tolerance policy and the facility victim advocates. Posted information was in adequate font (for vision impairment) and was placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. Information was also observed in the intake area, visitation, the front entrance, other common areas and on the PREA bulletin board in the main hallway in the form of Attachments A, B, E and the PREA brochure/pamphlet. In addition to the PREA information being posted, the information is also available to inmates through the inmate handbook. Informal conversation with staff and inmates confirmed that the bulletin boards have had PREA information for a while. Inmates indicated they switch out the bulletin boards occasionally but they always have PREA information. Third party reporting information was observed in the visitation area and in the front lobby via Attachments A, B and E.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Department Order 108, Department Order 704, the Language Line Service Agreement, the staff translator list, the video transcript, the PREA What You Need to Know video, the inmate handbook, the Zero Tolerance poster, the brochure, Attachments A-C, inmate files, observations made during the tour as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 363 297">Documents:</p> <ol data-bbox="240 331 1485 651" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 387 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 479 1426 542">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 571 1206 598">4. National Institute of Corrections' (NIC) Investigating Sexual Abuse in a Confinement Setting <li data-bbox="240 627 588 654">5. Investigator Training Records <p data-bbox="240 741 352 768">Interviews:</p> <ol data-bbox="240 797 616 824" style="list-style-type: none"> <li data-bbox="240 797 616 824">1. Interview with Investigative Staff <p data-bbox="240 913 483 940">Findings (By Provision):</p> <p data-bbox="240 1028 1493 1489">115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Further communication with facility staff indicated this standard is not applicable as the facility/agency does not conduct sexual abuse investigations. All investigations are completed by the client, ADCRR. 5.1.2-A, page 14 states investigators shall be trained in conducting investigations of sexual abuse in a confinement setting. The specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. ADCRR Department Order 125, page 9 states that the CIU investigators shall receive training in conducting sexual abuse investigations in confinement settings. 5.1.2-A, page 14 states that investigators shall be trained in conducting investigations of sexual abuse in confinement settings. The facility does not conduct investigations, rather the client (ADCRR) conducts them. A review of documentation indicated there are five ADCRR staff that complete investigations at the facility and all five had completed the NIC Investigation Sexual Abuse in a Confinement Setting training. The interview with the investigator indicated he received specialized training in conducting sexual abuse investigation in a confinement setting. He stated he completed the NIC PREA training that was online and he does PREA training annually through his agency (ADCRR). He indicated there is a test at the end of the training that you have to pass.</p> <p data-bbox="240 1576 1493 1904">115.34 (b): 5.1.2-A page 14 states that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility does not conduct investigations, rather the client (ADCRR) conducts them. A review of the NIC Investigating Sexual Abuse in a Confinement Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence to substantiate a case for administrative action or prosecution referral. A review of documentation indicated there are five ADCRR staff that complete investigations at the facility and all five had completed the NIC Investigation Sexual Abuse in a Confinement Setting training. The interview with the investigator confirmed that the required topics were covered in the training.</p> <p data-bbox="240 1991 1493 2157">115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that five facility investigators have completed the required training. Further communication with the PCM indicated that this was incorrect and that the facility /agency does not conduct any investigations. She indicated that there are five client (ADRCC) staff who have completed the training. 5.1.2-A, page 14 states facilities shall maintain documentation of this specialized training. A review of documentation indicated there are five ADCRR staff that complete investigations at the</p>

facility and all five had completed the NIC Investigation Sexual Abuse in a Confinement Setting training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, NIC Investigating Sexual Abuse in a Confinement Setting training, investigator training records as well as the interview with the investigator, indicates that this standard appears to be compliant.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 329 1485 562" style="list-style-type: none"> <li data-bbox="240 329 536 356">1. Pre-Audit Questionnaire <li data-bbox="240 387 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 481 895 508">3. GEO PREA Specialized Medical and Mental Health Training <li data-bbox="240 539 791 566">4. Medical and Mental Health Staff Training Records <p data-bbox="240 651 352 678">Interviews:</p> <ol data-bbox="240 710 759 736" style="list-style-type: none"> <li data-bbox="240 710 759 736">1. Interview with Medical and Mental Health Staff <p data-bbox="240 822 483 848">Findings (By Provision):</p> <p data-bbox="240 938 1485 1498">115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 5.1.2-A, page 14 states that each facility shall train all full-time and part-time medical and mental health care practitioners who work regularly in the facility on certain topic areas, including; detecting signs of sexual abuse and sexual harassment; preserving physical evidence of sexual abuse; responding professionally to victims of sexual abuse and sexual harassment; and proper reporting of allegations or suspicion of sexual abuse and sexual harassment. The policy states that training is to be completed during newly hired employee pre-service orientation. The training consists of GEO’s PREA Specialized Medical and Mental Health Training. A review of the curriculum indicated that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment (pages 5-35), how to preserve physical evidence of sexual abuse (pages 37-57), how to respond effectively and professionally to victims of sexual abuse and sexual harassment (pages 59-68) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (pages 70-79). The PAQ indicated that the facility has twelve medical and mental health staff and that 100% of these staff received the specialized training. A review of four medical and mental health training records indicated that all four had received the specialized training. The interviews with medical and mental health care staff indicated that both had received the specialized training for medical and mental health care staff. The staff stated that the training went over first responder duties, getting vitals, not conducting an examination so the inmate can go to the hospital, making sure the inmate receives mental health treatment, making sure the inmates are safe and other general topics. Both staff indicated the required components were covered in the specialized training.</p> <p data-bbox="240 1588 1477 1749">115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. 5.1.2-A, page 14 states that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering. Policy further states that forensic examinations shall be performed by a SANE or SAFE. Interviews with medical and mental health staff confirm that they do not perform forensic medical examinations and that inmates are transported to the local hospital.</p> <p data-bbox="240 1839 1466 1964">115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 5.1.2-A, page 14 states that the facility shall maintain documentation of this specialized training. A review of four medical and mental health training records indicated that all four had received the specialized training and documentation was maintained that the training was completed.</p> <p data-bbox="240 2054 1485 2148">115.35 (d): 5.1.2-AUR, page 14 states that medical and mental health care practitioners shall receive this specialized training in addition to the training mandated for employees or contractors depending upon their status at the facility. A review of four medical and mental health staff training documents indicated that three had received the staff PREA training and one</p>

received the PREA contractor training.

Based on a review of the PAQ, 5.1.2.-A, GEO's PREA Specialized Medical and Mental Health Training curriculum, a review of medical and mental health care staff training records as well as interviews with medical and mental health care staff indicate that this standard appears compliant.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 811 – Individual Inmate Assessments and Reviews 4. PREA Intake Risk Screening Tool 5. PREA Vulnerability Reassessment Questionnaire 6. Inmate Assessment and Reassessment Documents <p>Documents Received During the Interim Report Period:</p> <ol style="list-style-type: none"> 1. PREA/SAAPI Risk Assessment Tool 2. Inmate Assessments <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Random Inmates 3. Interview with the PREA Coordinator 4. Interview with the PREA Compliance Manager <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area 2. Observations of Where Inmate Files are Located <p>Findings (By Provision):</p> <p>115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 5.1.2-A, page 8 states that all individuals in a GEO facility or program shall be assessed during intake and upon transfer for their risk of being sexually abused by another individual in a GEO facility or program or being sexually abusive toward another individual in a GEO facility or program. ADCRR Department Order 811, page 3 states that the PREA Risk Assessment Screening shall be comprised of an approved automated PREA questionnaire and other documented information. Education staff at Reception Center Intake shall administer a PREA questionnaire to all inmates within three workdays of being received. However, a questionnaire may be conducted by an individual interview in a private area in lieu of the Testing Center questionnaire, as needed. Interviews with fifteen inmates that arrived within the previous twelve months indicated that nine were asked the risk screening questions at intake. The auditor was provided a demonstration of the initial risk assessment. The screening is conducted one on one in the CPO office. The initial risk screening is conducted using the paper risk screening form. The auditor reviewed the information on the risk screening. The staff went over the questions that are asked and advised they ask the questions as they are written on the form. The staff indicated that she also reviews the inmates file as well prior to the</p>

inmate's arrival to determine if there is any information that would put the inmate at an increased risk of victimization or abusiveness. The interview with the staff responsible for the risk screening indicated that inmates are screened for their risk of victimization and abusiveness upon admission to the facility.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 5.1.2-A, page 8 states that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. Page 9 further states that in addition to the screening instrument, persons tasked with screening shall conduct a thorough review of any available records which can assist them with risk assessment. ADCRR Department Order 811, page 3 states that the PREA Risk Assessment Screening shall be comprised of an approved automated PREA questionnaire and other documented information. Education staff at Reception Center Intake shall administer a PREA questionnaire to all inmates within three workdays of being received. However, a questionnaire may be conducted by an individual interview in a private area in lieu of the Testing Center questionnaire, as needed. The PAQ stated that 637 inmates, or 100% of those that arrived in the previous twelve months that stayed over 72 hours, were screened for their risk of sexual victimization and risk of sexually abusing other inmates. A review of 22 inmate files of those that arrived within the previous twelve months confirmed that all 22 were screened within 72 hours. Interviews with fifteen inmates that arrived within the previous twelve indicated that nine were asked the risk screening questions when they first arrived. The interview with the staff who perform the risk screening confirmed that inmates are screened for their risk of victimization and abusiveness within 72 hours of arrival at the facility. She stated she actually completes the risk screening within 24 hours.

115.41 (c): 5.1.2-A, page 8 states that this screening shall take place within 24 hours of arrival at all facilities utilizing an objective screening instrument. Unless mandated by client contract, facilities shall use the GEO PREA Risk Assessment Tool to conduct the initial risk screening assessment. The PAQ indicated that the risk assessment is conducted using an objective screening instrument. A review of the PREA Intake Risk Screening Tool indicated it contained eleven questions including demographic information (age, race, sex, height and weight), disabilities, prior incarcerations, violent criminal history, sexual offense history, civil immigration, physical build, LGBTI identify/preference, screeners perception of LGBTI, whether the inmate was ever a victim of sexual abuse, the inmate perception of vulnerability and the inmate's outlook (if fearful or not). The staff member ask the inmates the questions and marks the response, but there was no indication of how the responses were utilized. There was not direction on tallied or weighted factors or any other objective way to determine risk of victimization and abusiveness. During the on-site portion of the audit, the auditor and facility identified that the intake screening that was being utilized was not the approved GEO risk screening tool. The facility obtained a copy of the PREA/SAAPI Risk Assessment which is the approved risk assessment tool. A review of the PREA/SAAPI Risk Assessment confirmed that the assessment includes twelve questions for victimization and six questions for abusiveness. The yes responses are totaled and the number indicates whether the inmate is at risk of victimization or abusiveness. During the interim report period the facility re-screened all current inmates with the PREA/SAAPI Risk Assessment and provided the auditor documentation confirming all inmate were reassessed with the approved objective tool. Additionally, the facility implemented the use of the PREA/SAAPI Risk Assessment for all initial risk screenings and provided the auditor with documentation confirming inmates who arrived at the facility during the interim report period were screened utilizing the appropriate tool.

115.41 (d): 5.1.2-A, page 9 states the intake screening shall consider, at minimum, the following criteria to assess individuals in a GEO facility or program risk for sexual victimization: mental, physical or developmental disability; age; physical build; previous incarcerations; if criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; if perceived to be LGBTI or Gender Nonconforming; if previously experienced sexual victimization; his/her own perception of vulnerability; and whether he or she is detained solely for civil immigration purposes. ADCRR Department Order 811, page 3 states that the PREA Risk Assessment Screening shall consider the following criteria to assess inmates for risk of victimization: whether the inmate has a mental, physical or developmental disability; the age and physical build of the inmate; whether the inmate has previously been incarcerated; whether the inmate's criminal history is exclusively nonviolent, whether the inmate has prior convictions for sex offenses against an adult or child; whether the inmate is or is perceived to be lesbian, gay, bisexual, transgender, intersex or gender nonconforming; whether the inmate has previously experienced sexual victimization; the inmate's own perception of vulnerability and whether the inmate is detained solely for civil immigration purposes. A review of the PREA Intake Risk Screening Tool indicated it contained eleven questions including demographic information (age, race, sex, height and weight), disabilities, prior incarcerations, violent criminal history, sexual offense history, civil immigration, physical build, LGBTI identify/preference, screeners perception of LGBTI, whether the inmate was ever a victim of sexual abuse, the inmate perception of vulnerability and the inmate's outlook (if fearful or not). The staff who perform the risk screening indicated that the initial risk screening is mostly yes or no questions. The staff stated the risk screening considers whether the inmate has been a victim of sexual abuse, the inmate's gender, the

inmate's gender identity, their age, their build, whether they had a prior sexual offense, their mental health score, their criminal history, whether they have a violent history, their weight, their height and their race. During the on-site portion of the audit, the auditor and facility identified that the intake screening that was being utilized was not the approved GEO risk screening tool. The facility obtained a copy of the PREA/SAAPI Risk Assessment, which is the approved risk assessment tool. A review of the PREA/SAAPI Risk Assessment indicated it contained twelve questions including prior sexual victimization, the inmate's perception of vulnerability, age, physical stature (height and weight), disabilities, LGBTI identification, criminal history, prior sex offenses and civil immigration information. A review of the PREA/SAAPI Risk Assessment confirmed that it contains the components requirements under this provision. During the interim report period the facility re-screened all current inmates with the PREA/SAAPI Risk Assessment and provided the auditor documentation confirming all inmate were reassessed with the approved objective tool. Additionally, the facility implemented the use of the PREA/SAAPI Risk Assessment for all initial risk screenings and provided the auditor with documentation confirming inmates who arrived at the facility during the interim report period were screened utilizing the appropriate tool.

115.41 (e): 5.1.2-A, page 9 states the intake screening shall also consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the facility, in assessing the risk of being sexually abusive. ADCRR Department Order 811, page 3 states the PREA Risk Assessment Screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the Department, in assessing the risk of being sexually abusive. A review of the PREA Intake Risk Screening Tool indicated it contained eleven questions including demographic information (age, race, sex, height and weight), disabilities, prior incarcerations, violent criminal history, sexual offense history, civil immigration, physical build, LGBTI identify/preference, screeners perception of LGBTI, whether the inmate was ever a victim of sexual abuse, the inmate perception of vulnerability and the inmate's outlook (if fearful or not). The staff who perform the risk screening indicated that the initial risk screening is mostly yes or no questions. The staff stated the risk screening considers whether the inmate has been a victim of sexual abuse, the inmate's gender, the inmate's gender identity, their age, their build, whether they had a prior sexual offense, their mental health score, their criminal history, whether they have a violent history, their weight, their height and their race. During the on-site portion of the audit, the auditor and facility identified that the intake screening that was being utilized was not the approved GEO risk screening tool. The facility obtained a copy of the PREA/SAAPI Risk Assessment, which is the approved risk assessment tool. A review of the PREA/SAAPI Risk Assessment confirmed that it contains six questions related to the requirements under this provision including: prior sexual offenses, history of domestic violence, violent criminal history, violent offenses while incarcerated, and prior sexual abuse perpetration. During the interim report period the facility re-screened all current inmates with the PREA/SAAPI Risk Assessment and provided the auditor documentation confirming all inmate were reassessed with the approved objective tool. Additionally, the facility implemented the use of the PREA/SAAPI Risk Assessment for all initial risk screenings and provided the auditor with documentation confirming inmates who arrived at the facility during the interim report period were screened utilizing the appropriate tool.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 5.1.2-A, page 9 states facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual's in a GEO facility or program risk for victimization or abusiveness based upon additional, relevant information received by the facility since the intake screening. Unless mandated by client contract, facilities shall use the GEO PREA Vulnerability Reassessment Questionnaire to conduct the reassessment. ADCRR Department Order 811, page 3 states inmates shall, within 30 calendar days from their transfer from the intake facility, be reassessed for risk of victimization or abusiveness based upon any additional relevant information the facility received since the Reception Center Intake Screening. 5.1.2-A, page 9 states that facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual in a GEO facility or program risk for victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. A review of the PREA Vulnerability Reassessment Questionnaire confirmed that it includes questions related to LGBTI and/or gender nonconforming identification/identity, whether the inmate has been beaten up or threatened with being beaten up; whether the inmate has been forced or threatened to engage in sexual activity; and whether the inmate fears general population. Additionally, staff are instructed to complete a file review related to any infractions for sexual misconduct, grievances related to sexual assault and any other new information from external agencies since admission that would increase the likelihood of being vulnerable to victimization. The PAQ indicated that 637, or 100% of inmates entering the facility that stayed over 30 days were reassessed for their risk of sexual victimization and abusiveness within 30 days of their arrival. The interview with the staff responsible for the risk screening indicated the inmates are reassessed within 30 days. A review of 22 inmate files indicated that 21 inmates were reassessed. Of the 21, nineteen were completed within 30 days of the inmates' arrival. One inmate was received within the last 30 days and the reassessment was not yet due. Interviews with fifteen inmates who arrived within the previous twelve months indicated that three had a reassessment. While only three stated they were asked the risk screening question on more than one occasion, all fifteen were documented with a PREA Vulnerability Reassessment Questionnaire. It should be noted that the

reassessment is not the same questionnaire as the initial and this may be attributed to the interview responses.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 5.1.2-A, page 9 states facilities shall ensure that within a set time period, not to exceed 30 days from arrival at the facility, staff shall reassess the individual's in a GEO facility or program risk for victimization or abusiveness based upon additional, relevant information received by the facility since the intake screening. It further states that at any point after the initial intake screening, an individual in a GEO facility or program may be reassessed for risk of victimization or abusiveness. ADCRR Department Order 811, page 4 states that an inmate's risk level shall be reassessed when warranted due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization. A review of documentation for the inmate victim of the sexual abuse allegation indicated that he was reassessed after the reported allegation as part of his 30 day reassessment. A review of documentation for the inmate perpetrator of the sexual abuse allegation indicated he was reassessed as part of a 30 day reassessment months later. The reassessment did not include the information related to the sexual abuse allegation and disciplinary information related to sexual abuse. The staff responsible for the risk screening confirmed that inmates are reassessed when warranted due to request, referral, incident of sexual abuse or receipt of additional information. Interviews with fifteen inmates who arrived within the previous twelve months indicated that three had a reassessment. While only three stated they were asked the risk screening question on more than one occasion, all fifteen were documented with a PREA Vulnerability Reassessment Questionnaire. It should be noted that the reassessment is not the same questionnaire as the initial and this may be attributed to the interview responses.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. 5.1.2-A, page 9 states disciplining individuals in a GEO facility or program for refusing to answer or not providing complete information in response to certain screening questions is prohibited. ADCRR Department Order 811, page 3 states that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked in accordance with 2.10.1.1, 2.10.1.7, 2.10.1.8 and 2.10.1.9. The interview with the staff who conduct the risk screening confirmed that inmates are not disciplined for refusing to answer risk screening questions.

115.41 (i): 5.1.2-A, page 9 states facilities shall implement appropriate controls on dissemination of response to questions asked related to sexual victimization or abusiveness in order to ensure that sensitive information is not exploited by employees or others individuals in a GEO facility or program. ADCRR Department Order 811, page 4 states that staff shall exercise appropriate discretion on the dissemination within the facility of response to questions asked in accordance with Department Order, in order to ensure sensitive information is not exploited to the inmate's detriment by staff or other inmates. Inmate medical, mental health and classification records are paper. During the tour the auditor spoke with health service staff that confirmed medical and mental health care records are paper and are maintained in the medical records room. The medical records room is staffed during administrative hours and is locked after hours. Only medical and mental health care staff have access to medical records and any other staff must request the records through medical or mental health care staff. Classification files are paper, however the risk screening forms are not maintained in the inmate's file. Risk screening forms are maintained in the PCM's office. Her office is only accessible to herself and the Warden. The auditor confirmed that inmate classification files were maintained in inmate records and information in the files had no information related to prior sexual victimization or abusiveness. The PREA Coordinator stated that only those who need to know to make housing, work and programming/education decisions have access to the inmate's risk assessment. The PCM confirmed that the agency has outlined who should have access to the risk screening information in order to ensure sensitive information is not exploited. She stated that is why the information is not in the institutional file. She stated it is located in her office where only she and the Warden have access. The staff who conduct the risk screening indicated the agency has outlined who should have access to the risk screening information so that sensitive information is not exploited. She stated that the documents contain HIPPA and PREA information so appropriate controls are required.

Based on a review of the PAQ, 5.1.2-A, Department Order 811, the PREA Intake Risk Screening Tool, the PREA Vulnerability Reassessment Questionnaire, the GEO PREA Risk Assessment Tool (sent during interim report period), a review of inmate files (on-site and during the interim report period) and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appears require corrective action. While the facility updated their risk screening tool during the interim

report period and completed new assessments on all inmates at the facility, the auditor identified an issue with reassessments due to request, referral, incident of sexual abuse or receipt of additional information. A review of documentation for the inmate victim of the sexual abuse allegation indicated that he was reassessed after the reported allegation as part of his 30 day reassessment. A review of documentation for the inmate perpetrator of the sexual abuse allegation indicated he was reassessed as part of a 30 day reassessment months later. The reassessment did not include the information related to the sexual abuse allegation and disciplinary information related to sexual abuse.

Corrective Action

The facility will need to educate staff on the requirements under provision (g), to include a reassessment for the alleged inmate victim and alleged inmate perpetrator after a reported incident of sexual abuse. Training documentation should be provided to the auditor to confirm applicable staff have been trained on this requirement. The facility should also send any examples, if applicable, during the corrective action period to show this was corrected.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training on Reassessments
2. Reassessment of Inmate Victim

On May 23, 2022 the auditor received a training memorandum with staff signatures related to the requirement of reassessments when warranted due to referral, request, incident of sexual abuse or receipt of additional information. Additionally, the facility completed reassessments of all inmates utilizing the updated risk screening tool and as such the inmate victim of the alleged sexual abuse was re-screened during the interim report period. During the corrective action period the facility was undergoing a mission change and as such the population of the facility was drastically decreased. The facility has only had one sexual abuse allegation reported over the previous twelve months and prior to that the facility had four sexual abuse allegations in 2019 (zero in 2020 and zero in 2021). Due to the mission change and the limited number of sexual abuse allegations, the auditor determined that this standard is corrected with training and re-screening of the inmate victim.

115.42	Use of screening information
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 1485 685" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 810 – Management of LGBTI Inmates 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 811 – Individual Inmate Assessments and Reviews 5. LGBTI Inmate Housing Documents <p data-bbox="240 775 719 801">Documents Received During the Interim Report</p> <ol data-bbox="240 833 1050 913" style="list-style-type: none"> 1. Sample of Housing Determination Documents (GEO Risk Assessment Tool) 2. High Risk Spreadsheet <p data-bbox="240 1003 352 1030">Interviews:</p> <ol data-bbox="240 1061 804 1258" style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with PREA Coordinator 3. Interview with PREA Compliance Manager 4. Interview with Gay, Lesbian and Bisexual Inmates <p data-bbox="240 1348 507 1375">Site Review Observations:</p> <ol data-bbox="240 1406 695 1545" style="list-style-type: none"> 1. Location of Inmate Records. 2. Housing Assignments of LGBTI Inmates 3. Shower Area in Housing Units <p data-bbox="240 1635 483 1662">Findings (By Provision):</p> <p data-bbox="240 1751 1485 2145">115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 5.1.2-A, page 10 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. ADCRR Department Order 811, page 4 states that if the screening instrument indicates an inmate has a high risk of being sexually victimized or being sexually abusive, the Special Review team shall, within one workday, conduct a follow-up interview. The Special Review team shall first determine if the inmate is a high risk of being sexually victimized and/or being sexually abusive. If the inmate is determined to be a high risk for either, the Special Review team shall make individualized determinations about how to ensure the safety of each inmate by using information from the interview and the screening instrument to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The interview with the PREA Compliance Manager indicated that information from the risk screening is utilized to</p>

house inmates appropriately. She stated she reads all the information on the inmate and reviews all documents, including the risk screening, to ensure she keeps victims/potential victims away from predators/potential predators. She stated they try not to put them on the same side or in the same dorm. She further stated this goes for jobs too, they use it to keep victims/potential victims out of jobs with predators/potential predators. The interview with the staff responsible for risk screening indicated that the information from the risk screening is utilized to keep inmate at high risk of victimization from being housed with predators. She stated they use it to make sure inmates are housed in a good environment. The facility utilized the ADCRR's high risk of victimization and abusiveness list. The auditor determined that the list was not based on the risk assessment conducted at the facility, rather it was based on prior assessment through the ADCRR system. As such, the high risk lists were not adequately capturing those at risk based on responses during the risk screening at Phoenix West. During the on-site portion of the audit, the auditor and facility identified that the intake screening that was being utilized was not the approved GEO risk screening tool. The facility obtained a copy of the approved risk assessment tool. During the interim report period the facility re-screened all current inmates with the PREA/SAPPI Risk Assessment and provided the auditor documentation confirming all inmate were reassessed with the approved objective tool. Additionally, the facility implemented the use of the PREA/SAPPI Risk Assessment for all initial risk screenings and provided the auditor with documentation confirming inmates who arrived at the facility during the interim report period were screened utilizing the appropriate tool. After all inmates were re-screened the facility developed a tracking spreadsheet for inmates who scored at high risk of victimization and abusiveness. A review of inmate's PREA/SAPPI Risk Assessment screening and of the high risk spreadsheet confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together and did not work together.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 5.1.2-A, page 10 states screening information from standard section D (1) shall be used to determine housing, bed, work, education, and programming assignments within the facility in order to keep potential victims away from potential abusers. ADCRR Department Order 811, page 4 states that if the screening instrument indicates an inmate has a high risk of being sexually victimized or being sexually abusive, the Special Review team shall, within one workday, conduct a follow-up interview. The Special Review team shall first determine if the inmate is a high risk of being sexually victimized and/or being sexually abusive. If the inmate is determined to be a high risk for either, the Special Review team shall make individualized determinations about how to ensure the safety of each inmate by using information from the interview and the screening instrument to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The facility utilized the ADCRR's high risk of victimization and abusiveness list. The auditor determined that the list was not based on the risk assessment conducted at the facility, rather it was based on prior assessment through the ADCRR system. As such, the high risk lists were not adequately capturing those at risk based on responses during the risk screening at Phoenix West. The interview with the staff responsible for risk screening indicated that the information from the risk screening is utilized to keep inmate at high risk of victimization from being housed with predators. She stated they use it to make sure inmates are housed in a good environment. During the on-site portion of the audit, the auditor and facility identified that the intake screening that was being utilized was not the approved GEO risk screening tool. The facility obtained a copy of the approved risk assessment tool. During the interim report period the facility re-screened all current inmates with the PREA/SAPPI Risk Assessment and provided the auditor documentation confirming all inmate were reassessed with the approved objective tool. Additionally, the facility implemented the use of the PREA/SAPPI Risk Assessment for all initial risk screenings and provided the auditor with documentation confirming inmates who arrived at the facility during the interim report period were screened utilizing the appropriate tool. After all inmates were re-screened the facility developed a tracking spreadsheet for inmates who scored at high risk of victimization and abusiveness. A review of inmate's PREA/SAPPI Risk Assessment screening and of the high risk spreadsheet confirmed that inmates at high risk of victimization and inmates at high risk of being sexually abusive were not housed together and did not work together. The PREA/SAPPI Risk Assessment and the newly created housing assignment spreadsheet confirmed that the risk assessment outcome is now utilized to make individualized housing determinations.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 5.1.2-A, page 10 states in making housing and programming assignments for transgender or intersex individuals in a GEO facility or program, the facility shall consider on a case-by-case basis whether the placement would present management or security problems. ADCRR Department Order 810, page 1 states the Assistant Director for Medical Services shall establish and chair the Committee for the purpose of reviewing placements, security concerns, overseeing gender related accommodation needs, and overall health-related treatment plans of inmates identified as transgender or intersex. The Policy further states that the Committee shall make recommendations for those inmates who are identified as transgender or intersex to be housed in units conducive to their needs. ADCRR Department Order 811, page 4 states in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the Department shall consider on a case by case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The interview with the PCM indicated that transgender and intersex inmates fill out a form on where they want to be housed and their search preference. She stated they determine housing on an individual basis and they make appropriate

accommodations if an inmate does not feel safe. She further stated that transgender and intersex inmates are not segregated on one specific wing. The PCM confirmed that the transgender or intersex inmates' placement would consider his/her health and safety and would also consider whether the placement would present any security or management problems. The interview with the transgender inmate indicated that she has been asked about how she feels about her safety with regard to housing and programming assignments. She stated staff are always checking on her and asking if she feels safe in the dorm. She further stated that she did not feel she or other LGBTI inmates are placed in one dedicated housing unit, wing or facility and that everyone is spread out all over the facility.

115.42 (d): 5.1.2-A, page 11 states in all facilities, housing and programming assignments for each transgender and intersex individuals shall be reassessed every six months to determine any threats to safety experienced by the individual. ADCRR Department Order 810, page 4 states each inmate will be reviewed at least twice each year to review any threats to safety experienced by the inmate or any concerns with the inmate population. ADCRR Department Order 811, page 4 states placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The interview with the PCM indicated that transgender and intersex inmate assessments are supposed to be done every six months. She stated it is done by ADCRR and they do it over the phone with the inmate. She further stated that now that she is aware that it has to be done at the facility she will be doing it every six months. The interview with the staff responsible for the risk screening indicated transgender and intersex inmates are reviewed at least twice a year. She stated she knew there was a call with the inmate twice a year. A review of documentation indicated that the one transgender inmate was not documented with biannual review. Further communication with the PCM indicated that biannual reviews are completed by the ADCRR. She stated that the ADCRR calls every six months and speaks to the inmate on the phone. She confirmed that she is not on the phone nor does she participate in these biannual reviews. The auditor advised that because the facility is not conducting the reviews and are unaware of the inmate's responses this was not adequate to fulfill this provision.

115.42 (e): 5.1.2-A, page 11 states serious consideration shall be given to the individual's own views with respect to his/her own safety. ADCRR Department Order 810, page 3 states that the Committee shall consider the inmate's own views with respect to his or her safety when determining placement and programming assignments for inmates identified as transgender or intersex. ADCRR Department Order 811, page 4 states a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. The interviews with the PCM and the staff responsible for risk screening confirmed that the inmates' own views with respect to his/her safety would be given serious consideration. The interview with the transgender inmate confirmed that she has been asked about how she feels with regard to her safety with regard to housing and programming assignments. She stated staff are always checking on her and asking if she feels safe in the dorm.

115.42 (f): 5.1.2-A, page 11 states transgender and intersex individuals in a GEO facility or program shall be given an opportunity to shower separately from other individuals. ADCRR Department Order 810, page 4 states that transgender and intersex inmates shall be offered the opportunity to shower privately. ADCRR Department Order 811, page 5 states transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The interview with the PCM and the staff responsible for risk screening confirmed that transgender and intersex inmates are provided the opportunity to shower separately. The PCM stated that transgender and intersex inmates are given a time to shower separately. She stated that the other inmates are not authorized to go in the shower during that time. During the tour it was observed that the showers were group style in the rear of the restroom. The entrance to the showers had curtains to provide privacy once in the shower area. With the ability for transgender inmates to shower at a separate time, the auditor observed that adequate privacy was available. The interview with the transgender inmate confirmed that she is given the opportunity to shower separately and that they ensure only one person is in the shower at a time.

115.42 (g): 5.1.2-A, page 11 states that LGBTI individuals in a GEO facility or program shall not be placed in housing units solely based on their identification as LGBTI, unless such a dedicated unit exists in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such individuals. ADCRR Department Order 811, page 5 states lesbian, gay, bisexual, transgender or intersex inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. ADCRR Department Order 810, page 1 states that at no time will identification of LGB be the sole factor in determining placement. A review of housing assignments for the LGBTI inmates confirmed that they were housed across five of the eight housing units. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that no GEO facilities are under a consent decree or other legal judgment. She stated this practice is prohibited by policy and the facility considers each individual's own views

about their safety as part of the initial PREA risk screening assessment. The interview with the PREA Compliance Manager further confirmed the agency is not subject to a consent decree. Interviews with the five LGB inmates and one transgender inmate confirmed that all six did not feel that LGBTI inmates are placed in any specific facility, unit or wing based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 5.1.2-A, Department Order 810, Department Order 811, a sample of housing determinations, the high risk spreadsheet, LGBTI inmate housing documents and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard appears to require corrective action. The interview with the PCM indicated that transgender and intersex inmate assessments are supposed to be done every six months. She stated it is done by ADCRR and they do it over the phone with the inmate. She further stated that now that she is aware that is had to be done at the facility she will be doing it every six months. The interview with the staff responsible for the risk screening indicated transgender and intersex inmates are reviewed at least twice a year. She stated she knew there was a call with the inmate twice a year. A review of documentation indicated that the one transgender inmate was not documented with biannual review. Further communication with the PCM indicated that biannual reviews are completed by the ADCRR. She stated that the ADCRR calls every six months and speaks to the inmate on the phone. She confirmed that she is not on the phone nor does she participate in these biannual reviews. The auditor advised that because the facility is not conducting the reviews and are unaware of the inmate's responses this was not adequate to fulfill this provision.

Corrective Action

The facility will need to ensure they develop their own process to conduct biannual assessments for transgender and intersex inmates. The facility will need to provide the auditor with a memo indicating who will conduct the biannual screening and how it will be completed. The facility will need to provide the auditor with documentation of the biannual assessment.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Staff Training on Biannual Assessments
2. Biannual Assessment Meeting Log Form

On May 23, 2022 the auditor received a training memorandum with staff signatures related to the requirement of biannual assessments for transgender and intersex inmates. The training memo described that the PCM at the facility would be responsible for conducting the biannual assessments and documenting them in the online system and tracking log. The facility was unable to conduct an assessment on the one transgender inmate at the facility during the corrective action period due to the inmate being transferred from the facility. During the corrective action period the facility was undergoing a mission change and as such the population of the facility was drastically decreased. The facility housed only one transgender inmate over the previous three years. Due to the mission change and the limited number of transgender inmates at the facility during the auditor period, the auditor determined that this standard is corrected with staff training.

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Housing Assignments of Inmates at High Risk of Victimization <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden 2. Interview with Staff who Supervise Inmates in Segregated Housing 3. Interviews with Inmates in Segregation for their Risk of Victimization <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations in the Segregation Unit <p>Findings (By Provision):</p> <p>115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The PAQ further stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. 5.1.2-A, pages 18 state that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility or program. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. Facilities shall utilize the “Sexual Assault/Abuse Alternatives Assessment” form to document the assessment. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. ADCRR Department Order 125, page 4 states that inmates at high risk for sexual victimization shall not be placed in Protective Custody involuntarily unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Page 8 further states that an inmate may be placed in investigative detention, in accordance with the appropriate Department Order(s) as part of an active investigation. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>115.43 (b): 5.1.2-A, pages 18 states if segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. ADCRR Department Order 125, page 11 states that staff member shall take all reasonable measures to ensure inmates so confined are afforded all privileges, in accordance with Department Order 804, Inmate Behavior Control. All restrictions or deviations shall be authorized by the Duty Officer and shall be documented by on-duty staff using an information report. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate was placed in involuntary segregated housing due to their risk of sexual victimization they would be provided access to program, privileges, education and work</p>	

opportunities to the extent possible. The staff member stated any restrictions would be documented. During the tour the observed that the segregated housing unit had a small outdoor recreation area for the inmates. The inmates had access to the telephone and to their tablets while in segregated housing. They also had access to locked drop boxes through a staff member making rounds. The PREA information was observed on the bulletin board, which inmates have access to when outside the cell.

115.43 (c): 5.1.2-A, pages 18 state that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility or program. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while completing the assessment. Facilities shall utilize the "Sexual Assault/Abuse Alternatives Assessment" form to document the assessment. Policy further states that involuntary segregated housing shall not ordinarily exceed a period of 30 days. ADCRR Department Order 125, page 11 states unless exceptional circumstances apply, detention is limited to 30 calendar days. Extensions shall be requested in accordance with Department Order 804, Inmate Behavior Control. Any extensions shall be requested, in writing, from the Assistant Director for Prison Operations and approved in writing. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. She stated the inmate would only remain in involuntary segregated housing until they could get one of the inmates transferred or they could find another housing option. She stated that the client helps with housing transfers and they are usually pretty fast, so the inmate would not remain in involuntary segregated housing longer than 72 hours. The interview with the staff who supervise inmates in segregated housing confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. The staff member stated they would only be placed in segregated housing for their own safety. He indicated that it would not take long to find alternative housing and that they have only had one inmate segregated since he has been at the facility and that was the inmate who was placed on observation due to having suicidal thoughts. He stated in that instance the inmate perpetrator was moved within two days so once the inmate was released from observation he was able to go back to general population. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): The PAQ stated there have been zero inmates at risk of sexual victimization who were held in involuntary segregated housing in the past twelve months for one to 24 hours awaiting completion of an assessment. As such there were zero case files of inmates at risk of sexual victimization who were held in involuntary segregated housing that included both a statement of the basis for the facility's concern for the inmate's safety and the reason why alternative means of separation could not be arranged. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 5.1.2-A, pages 18 states that in cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed. The interview with the staff who supervise inmates in segregated housing confirmed that any inmate that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, housing assignments for inmates at high risk of victimization, observations from the facility tour and information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 916 – Staff – Inmate Communication 5. Inmate Handbook 6. Inspector General Information Document (Attachment A) 7. PREA Hotline Information Document (Attachment B) 8. PREA Third Party Reporting Contact Information (Attachment E) 9. Zero Tolerance Poster 10. Employee Handbook <p>Documents Received During the Interim Report</p> <ol style="list-style-type: none"> 1. Town Hall Meeting Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the PREA Compliance Manager 2. Interview with Random Staff 3. Interview with Random Inmates <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observation of PREA Reporting Information in all Housings Units <p>Findings (By Provision):</p> <p>115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 5.1.2-A, page 19 states each facility shall provide multiple ways for individuals in a GEO facility or program to privately report sexual abuse and sexual harassment, retaliation by other individuals in a GEO facility or program or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. It further states facilities shall provide contact information to individuals detained solely for civil immigration purposes for relevant consular officials and officials at Department of Homeland Security. ADCRR Department Order 125, page 4 states that in the event an inmate is sexually assaulted, the inmate shall notify a staff member that a sexual assault has occurred. An inmate may report such occurrences at any time to any staff member. ADCRR Department</p>

Order 916, page 1 states that communication methods between staff and inmates shall include, but not be limited to: inter/intra-institutional inmate letter system, inmate grievance system, community forums/meetings, inmate newsletters and publications, informal staff/inmate contact, individual and/or group counseling sessions, inmate notifications and other methods as approved. A review of the Inmate Handbook and Attachments A, B and E confirm that inmates can report multiple ways, including: to any staff member, by filing a grievance, by sending an inmate letter, by calling the PREA hotline, by writing to the Inspector General and by writing to the Arizona Department of Juvenile Corrections (outside reporting entity). The auditor observed PREA information posted throughout the facility. Each housing unit had a bulletin board with posted PREA information, including the Zero Tolerance poster and Attachments A-E. The posted information included information on reporting, the zero tolerance policy and the facility victim advocates. The auditor called the PREA hotline (7732) and left a message to test functionality. The auditor received confirmation the same day the call was placed (March 29, 2022) that the call was received, and the information was provided from ADCRR to the facility. Inmates have access to the phones anytime they are outside of their cell. All inmates have access to tablets. During the tour the auditor had an inmate illustrate how to submit information on the tablet. Inmate can submit a request to a staff member on the tablet and can report PREA within the request. Inmates in segregated housing have access to phones and tablets. All inmates, including those in segregated housing are able to submit a written report by placing a grievance or request in one of the drop boxes. Informal conversation with inmates indicated they can report to the numbers on the wall or to staff. Staff stated inmates can report through the posted number or they can come to them. Inmates can report to an outside reporting mechanism through the U.S. mail. The auditor did not send a letter to the outside reporting mechanism but did observe the mail process. During the tour the auditor observed that the inmates are able to place outgoing mail in any of the drop boxes around the facility. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. All drop boxes were locked and staff confirmed that only specific individuals have keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if indigent. Inmates in segregated housing are provided out of cell time and a staff member also comes through the unit to collect mail. When information is sent to the outside reporting entity or a local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail. Interviews with 27 inmates indicated that all 27 knew at least one method to report an allegation of sexual abuse or sexual harassment. Most inmates indicated that they would report through the phone, through their tablet, through a letter or by telling staff. Interviews with thirteen staff confirm that inmates can report through the hotline, to any staff member, through their tablet, through letters and via a third party.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. The PAQ and Statement of Fact further indicate that the facility does not house inmates detained solely for civil immigration purposes. 5.1.2-A, page 19 states that facilities shall provide individuals in a GEO facility or program contact information on how to report abuse or harassment to a public or private entity or office that is not part of GEO and that is able to receive and immediately forward reports of sexual abuse and sexual harassment to agency officials, allowing the reporting individual to remain anonymous upon request. ADCRR Department Order 125, page 4 states that in the event an inmate is sexually assaulted, the inmate shall notify a staff member that a sexual assault has occurred. An inmate may report such occurrences at any time to any staff member. ADCRR Department Order 916, page 1 states that communication methods between staff and inmates shall include, but not be limited to: inter/intra-institutional inmate letter system, inmate grievance system, community forums/meetings, inmate newsletters and publications, informal staff/inmate contact, individual and/or group counseling sessions, inmate notifications and other methods as approved. A review of Attachment E indicates that inmates are advised they have the ability to report allegations of sexual abuse and/or sexual harassment to an entity that is not connected with the ADCRR. It further states that inmates can write to the Arizona Department of Juvenile Corrections in the form of official correspondence through the US mail. The document includes the mailing address and advises inmates that they have the right to remain anonymous upon request. The auditor observed PREA information posted throughout the facility. Each housing unit had a bulletin board with posted PREA information, including the Zero Tolerance poster and Attachments A-E. The posted information included information on reporting, the zero tolerance policy and the facility victim advocates. Inmates can report to an outside reporting mechanism through the U.S. mail. The auditor did not send a letter to the outside reporting mechanism but did observe the mail process. During the tour the auditor observed that the inmates are able to place outgoing mail in any of the drop boxes around the facility. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. All drop boxes were locked and staff confirmed that only specific individuals have keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if indigent. Inmates in segregated housing are provided out of cell time and a staff member also comes through the unit to collect mail. When information is sent to the outside reporting entity or a local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail. The interview with the PCM indicated that inmates can report to constituent services and they can also report to the juvenile detention agency, both of which are outside entities. She confirmed that once the information is received it is provided to ADCRR who in turn contacts the facility and provides the information for the facility to investigate. Interviews with 27 inmates indicated that five were

aware of the outside reporting mechanism and sixteen knew they could report anonymously. While the auditor observed that Attachment E was posted in all housing units around the facility and the information was discussed in the orientation video which is shown during the comprehensive PREA education, the auditor requested that the facility conduct a town hall meeting to reiterate the information to the inmates (due to lack of inmates advising they were aware during interviews). During the interim report period the facility provided the auditor with confirmation that the town hall meetings were conducted as well as confirmation (through signature) that inmates received and understood the information.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 5.1.2-A, page 19 states employees shall accept reports made verbally, in writing, anonymously and from third parties and shall properly document any verbal reports. ADCRR Department Order 125, pages 4-5 states that staff who observe or become aware (i.e. verbally, in writing, anonymously or from a third party) of a sexual assault, sexual conduct or sexual harassment shall immediately notify the Shift Commander by telephone or have another staff member make the notification and complete an information report, Form 105-2. Page 8 further states that incidents of sexual conduct by staff and/or sexual assault by an inmate shall be reported and investigated as outlined in Department Order 608, Criminal Investigations. Interviews with 27 inmates confirmed that all 27 knew they could report verbally or in writing to staff and 26 were aware that they could report through a third party. Interviews with thirteen staff indicate inmates can report verbally, in writing, anonymously and through a third part. All thirteen staff stated that if they received a verbal report they would document it immediately/as soon as possible. Staff stated they are required to complete an incident report before the end of their shift. A review of the one reported incident indicated it was reported through a third party and staff completed an incident report. Additionally, the auditor reviewed a sample of incident reports and confirmed that staff complete written reports for any issues or reported serious incidents at the facility. During the tour the auditor also asked staff to advise how they submit a written report. Staff indicated they would fill out an incident report and submit it to their supervisor. Informal conversation with inmates indicated they can report to the numbers on the wall or to staff.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated that staff can report privately through the staff hotline. 5.1.2-A, page 21 states employees reporting sexual abuse or sexual harassment shall be afforded the opportunity to report such information to the Chief of Security or Facility management privately, if requested. Page 13 of the Employee Handbook states that staff may make a complaint directly to the employee hotline through the internet at www.reportlineweb.com/geogroup or the toll free number 866-568-5425. Interviews with thirteen staff indicate that all thirteen were aware that they can privately report sexual abuse and sexual harassment of inmates. Staff stated they can report through the GEO hotline, over the phone to a supervisor or in person to a supervisor.

Based on a review of the PAQ, 5.1.2.A-AUR, Department Order 125, Department Order 916, the inmate handbook, Attachments A, B and E, the employee handbook, the Zero Tolerance Poster, documents received related to town hall meetings during the interim report, observations from the facility tour and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 367 297">Documents:</p> <ol data-bbox="240 331 1485 595" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 387 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 479 1453 542">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 802 – Inmate Grievance Procedure <li data-bbox="240 571 475 598">4. Inmate Handbook <p data-bbox="240 685 483 712">Findings (By Provision):</p> <p data-bbox="240 799 1442 893">115.52 (a): The PAQ indicated that the agency is not exempt from this standard. 5.1.2-A, pages 19-20 outline the sexual abuse grievance process. ADCRR Department Order 802 pages 6-8 describe the requirements for sexual offense grievances and the Inmate Handbook page 9 also directs inmates on the sexual offense grievance process.</p> <p data-bbox="240 981 1490 1408">115.52 (b): The PAQ indicated that the agency has a policy that allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident alleged to have occurred. Additionally, it states that the policy does not require an inmate to use an informal grievance process. 5.1.2-A, page 19 states there is no time limit on when an individual in a GEO facility or program may submit a grievance regarding an allegation of sexual abuse. Page 20 further states individuals in a GEO facility or program are not required to use any informal grievance process or attempt to resolve with employees in an alleged incident of sexual abuse. ADCRR Department Order 802 page 6 states the Department shall not impose a time limit when an inmate may submit a grievance regarding an allegation of sexual abuse. The Department may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. Policy also states that the Department shall not require an inmate to use any informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse. It further states that nothing in this section of the Department Order shall restrict the ability of the Department to defend against an inmate’s lawsuit on the ground that the applicable statute of limitation has expired. A review of the inmate handbook confirmed page 9 has information directing inmates on sexual abuse grievances, including the information under this provision.</p> <p data-bbox="240 1496 1490 1825">115.52 (c): The PAQ indicated that agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitted it to the staff member who is the subject of the complaint. It further stated that agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. 5.1.2-A, page 19 states that individuals in a GEO facility or program have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. Such grievance is also not referred to a staff member who is the subject of the complaint. ADCRR Department Order 802 page 6 stats the complex Grievance Coordinator shall ensure an inmate who alleges sexual abuse may submit a grievance without submitting it to the staff member who is the subject of the complaint; and such grievances is not referred to a staff member who is the subject of the complaint. A review of the inmate handbook confirmed page 9 has information directing inmates on sexual abuse grievances, including the information under this provision.</p> <p data-bbox="240 1912 1490 2141">115.52 (d):The PAQ indicated that the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PAQ also stated he agency always notifies the inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. 5.1.2-A, page 20 states a final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. If further states facilities may claim an extension of time to respond, of up to 70 days and shall notify the individual of the extension in writing. It also states that at any level of the administrative process, including the final level, if the individual does not receive a response within the time allotted for a</p>

reply, including any properly noticed extension, the individual may consider the absence of a response to be a denial at that level. ADCRR Department Order 802 page 7 states that the Warden or designee shall issue a final decision on the merits of any portion of the grievance alleging sexual abuse within 90 workdays of the initial filing of the grievance. Computation of the 90 workday time period shall not include time consumed by the inmate in preparing any administrative appeal. The policy further states that the complex Grievance Coordinator may claim an extension of time to respond, of up to 70 workdays, if the normal time period of 90 workdays for response is insufficient to make an appropriate decision. The Department shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. Policy also states that at any level of the administrative process, including the final level, if the inmate does not receive a response within the allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level. The PAQ indicated that there were zero grievances of sexual abuse filed in the previous twelve months. A review of the grievance log and the three grievances confirmed none of the three were grievances alleging sexual abuse.

115.52 (e): The PAQ stated that agency policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. It also stated agency policy and procedure requires that if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. 5.1.2-A, page 19 states third parties may assist individuals in a GEO facility or program in filing request for administrative remedies related to allegations of sexual abuse and may file such requests on behalf of individuals in a GEO facility or program. Policy further states the alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. ADCRR Department Order 802 page 7 states that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies related to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the inmate. The policy further states that if a third party files such a request on behalf of an inmate, the facility may require as a condition of processing 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. If the inmate declines to have the request processed on his or her behalf, the Department shall document the inmate's decision. The PAQ indicated that there have not been any third-party grievances filed where the inmate declined to process it, in the previous twelve months. A review of the grievance log and the three grievances confirmed there were no third-party grievances of sexual abuse filed within the previous twelve months.

115.52 (f): The PAQ stated the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. It further stated that agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. 5.1.2-A, page 20 states individuals in a GEO facility or program may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision shall be provided within five calendar days. ADCRR Department Order 802 page 7 states that the Grievance Coordinator or staff member receiving an emergency grievance or an informal complaint alleging an inmate is subject to a substantial risk of imminent sexual abuse shall forward the grievance or complaint to a level of review at which immediate corrective action may be taken. An initial response shall be provided to the inmate within 48 hours, and the Warden or designee shall issue a final decision within five calendar days. Policy states that Warden or designee shall document the initial response and final decision, the determination whether the inmate is in substantial risk of imminent sexual abuse, and the action taken in response to the emergency grievance. The PAQ indicated that there have been zero emergency grievances alleging substantial risk of imminent sexual abuse filed in the previous twelve months. A review of the grievance log and the three grievances confirmed there were no grievances of imminent risk of sexual abuse filed within the previous twelve months.

115.52 (g): 5.1.2-A, page 20 states individuals in a GEO facility or program may receive a disciplinary report for filing a grievance relating to alleged sexual abuse in bad faith. ADCRR Department Order 802 page 7 states that the Department may discipline an inmate for filing a grievance related to alleged sexual abuse only where the Department can demonstrate the inmate filed the grievance with malicious intent. The PAQ indicated that zero inmates have been disciplined for filing a grievance in bad faith in the previous twelve months.

Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 802, the inmate handbook, the grievance log and sample grievances, this standard appears to be compliant.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 331 1485 882" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 914 – Inmate Mail 5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 915 – Inmate Phone Calls 6. Statement of Fact 7. Inmate Handbook 8. Correspondence with Local Rape Crisis Centers 9. Zero Tolerance Poster <p data-bbox="240 972 352 999">Interviews:</p> <ol data-bbox="240 1032 608 1059" style="list-style-type: none"> 1. Interview with Random Inmates <p data-bbox="240 1149 483 1176">Findings (By Provision):</p> <p data-bbox="240 1265 1485 1989">115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations. The PAQ and the Statement of Fact confirmed that the facility does not detain inmates solely for civil immigration purposes. 5.1.2-A, pages 25-26 state facilities shall provide individuals in a GEO facility or program who allege sexual abuse while in GEO custody with access to outside victim advocates and provide, post, or otherwise make accessible specific contact information for victim advocacy or rape crisis organization It further states that facilities shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. ADCRR Department Order 125, page 11 states the Correctional Officer III shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse. A review of the inmate handbook shows that it includes the Zero Tolerance Poster which states that help is available to recover from the emotional effects of sexual assault and that mental health staff is available and victim advocates will also be made available upon request. The poster states that the victim advocates at the facility are the PCM and Compliance Manager. The facility provided the auditor with a document titled Arizona Rape Crisis Centers, which provided contact information for rape crisis center by location. The document included phone numbers, services available, website addresses and cost of services. This document was not provided to the inmate population, but was available upon request. The auditor observed PREA information posted throughout the facility. Each housing unit had a bulletin board with posted PREA information, including the Zero Tolerance poster and Attachments A-E. The posted information included information on reporting, the zero tolerance policy and the facility victim advocates. Interviews with 27 inmates indicated three were provided a mailing address and phone number to a local, state or national rape crisis center. The one inmate who reported sexual abuse indicated he was not provided contact information for a local, state or national rape crisis center.</p> <p data-bbox="240 2078 1485 2136">115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory</p>

reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 5.1.2-A, page 26 states that facilities shall enable reasonable communication between individuals in a GEO facility or program and these organizations as well as inform individuals in a GEO facility or program of the extent to which GEO policy governs monitoring of their communication and when reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. ADCRR Department Order 914, page 3 states that designated staff at each unit/complex is authorized to open, inspect and read incoming mail to prevent criminal activity and prevent inmates from receiving contraband or any other material that may be detrimental to the safe and orderly operation of the institution. Page 4 further states that incoming legislative correspondence shall be opened in the presence of the inmate to whom it is addressed and may only be inspected to the extent necessary to establish the presence of contraband. Page 9 indicates that all outgoing inmate mail shall include on the envelope the inmate's complete first and last name, ADCRR inmate number, and full return address, including the name of the complex, unit and bed location. Page 10 further states that unsealed outgoing mail, for the below listed recipients, shall be brought to the mail room for inspection and processing. Mail room staff shall inspect the unsealed envelope for contraband, but shall not read the contents of the enclosed correspondence (inmate's attorney, judge, or court; publishers or editor of a newspaper, news magazine or periodical of general distribution; the Directory, Deputy Director or Assistant Director of the Department and elected or appointed public officials). The policy also states that outgoing inmate mail is subject to being opened and read by staff when there is a reasonable belief that the inmate is using the mail to further a crime or circumvent Department regulations or written instructions. ADCRR Department Order 915, page 5 states that personal and emergency calls made on inmate pay phones and on phones other than the designated inmate phone system are subject to monitoring and recording. A review of the inmate handbook shows that it includes the Zero Tolerance Poster which states that help is available to recover from the emotional effects of sexual assault and that mental health staff is available and victim advocates will also be made available upon request. The poster states that the victim advocates at the facility are the PCM and Compliance Manager. The facility provided the auditor with a document titled Arizona Rape Crisis Centers, which provided contact information for rape crisis center by location. The document included phone numbers, services available, website addresses and cost of services. This document was not provided to the inmate population, but was available upon request. The auditor observed PREA information posted throughout the facility. Each housing unit had a bulletin board with posted PREA information, including the Zero Tolerance poster and Attachments A-E. The posted information included information on reporting, the zero tolerance policy and the facility victim advocates. During the tour the auditor observed that the inmates are able to place outgoing mail in any of the drop boxes around the facility. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment allegations or information. All drop boxes were locked and staff confirmed that only specific individuals have keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if indigent. Inmates in segregated housing are provided out of cell time and a staff member also comes through the unit to collect mail. When information is sent to the outside reporting entity or a local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail. Interviews with 27 inmates indicated three were provided a mailing address and phone number to a local, state or national rape crisis center. The one inmate who reported sexual abuse indicated he was not provided contact information for a local, state or national rape crisis center. The three inmates who indicated they were provided contact information advised they did not know when they could call, whether the calls were free and whether what they said was confidential. Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply.

115.53 (c): The PAQ indicated that the agency or facility does not maintain a memorandum of understanding or other agreement with community service providers that are able to provide inmates with emotional services related to sexual abuse. It stated that the agency or facility had documented their attempts to enter into an MOU. A review of documentation confirmed the facility sent correspondence in November 2021 to Center for Prevention of Abuse and Violence (CASA) requesting resources to comply with this Standard. The facility also sent correspondence in January 2022 to Southwest Family Advocacy Center requesting a partnership for services as well. The auditor attempted to contact CASA however at the time of this report the auditor has not received a response. The Southwest Family Advocacy Center advised that they only deal with child sexual abuse cases and as such they would not provide services for adults or inmates. The auditor also reached out to the City of Phoenix Family Advocacy Center (another one of the local rape crisis centers on the Arizona Rape Crisis Center document). The staff member advised they have a hotline, email and a place for forensic medical examinations but that they do not really provide services to inmate.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Department Order 914, Department Order 915, the inmate handbook, State of Fact, correspondence with local rape crisis, Zero Tolerance poster, observations from the facility tour as well as information from interviews with random inmates, and inmates who reported sexual abuse indicates that the standard appears to be require corrective action. The facility does not have an MOU with a local victim advocate. The only attempts provided were from 2022. When the auditor contacted one of the agencies they advised they did not offer those types of services. Additionally, the facility has not provided inmates with contact information to local, state or national rape crisis

centers and had not advised them how to contact, the extent the communication would be monitored and the information related to mandatory reporting for victim advocates if they were to disclose sexual abuse to them.

Corrective Action

The facility will need to do some research with regard to the local victim advocacy centers in the Phoenix area. They will need to attempt to enter into an MOU with a center that provides services under this provision. Documentation will need to be provided to the auditor confirming these actions. In addition, the facility will need to provide the inmate population with contact information for local, state or national rape crisis centers. The facility will need to ensure inmates have reasonable communication with the organization(s). Inmates will need to be educated on the organization(s), how they can contact them, the level of confidentiality in the contact and mandatory reporting laws related to the organization(s). Confirmation of the distributed information and education will need to be provided to the auditor.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Correspondence with Rape, Abuse & Incest National Network (RAINN)
2. Bulletin Related to Victim Advocacy Services
3. Updated Inmate Handbook
4. Confirmation of Information Distributed through Inmate Tablet System

On June 7, 2022 the auditor received documents for corrective action related to this standard. The facility provided correspondence between facility staff and RAINN staff related to the potential for an MOU for services. The correspondence further details a meeting that was set up between the facility and the organization. The result of the meeting was the ability for the inmate population to utilize the 24 hour hotline, however the other services the facility requested were unable to be met by RAINN. The facility provided documentation that they were utilizing the National Sexual Violence Resource Center to assist with the written mailing address requirements, as RAINN does not provide a mailing address or deal with written correspondence. A bulletin on the victim advocacy information was posted in all the inmate housing areas and was also sent out through the inmate tablet system. The bulletin provided inmates the telephone number to RAINN as well as the mailing address to the National Sexual Violence Resource Center. The memo advised that the services were for an outside victim advocate for emotional support services related to sexual abuse and that calls were free and confidential. The bulletin further directed the inmates to contact their Case Manager to make a call to the number in a private setting (staff will not be present in the room). The bulletin also indicated that mail to the National Sexual Violence Resource Center should be marked as "Legal" and would remain strictly confidential and treated like legal mail. In addition, the bulletin stated that the information is posted in each dorm and is located in the inmate handbook. The bulletin also advised on Arizona State Law mandatory reporting related to victim advocates. A review of the updated inmate handbook confirmed the bulletin with the mailing address and telephone number was placed on the last page (page 23) of the document. The facility provided confirmation via a screen shot of the inmate tablet system that the bulletin was distributed to the inmate population on June 7, 2022. Based on the information provided, the auditor determined that the facility has corrected this standard.

115.54	Third-party reporting
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 329 1485 595" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="242 387 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="242 479 1426 542">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="242 571 895 600">4. Reporting Inmate Sexual Abuse/Sexual Harassment Bulletin <p data-bbox="242 683 483 712">Findings (By Provision):</p> <p data-bbox="242 795 1497 1429">115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated that a third party can report in person, over the phone, in writing and/or anonymously. The PAQ stated that the information on how to report is found publicly on the agency website. 5.1.2-A, page 20 states that GEO shall post publicly, third party reporting procedures on its public website to show its method of receiving third party reports of sexual abuse and sexual harassment on behalf of individuals in a GEO facility or program. ADCRR Department Order 125, page 8 states that Constituent Services shall ensure the Department internet website, under the Family Assistance and Other Useful Links, provides an avenue for family and friends to report an incident by providing a list of the Criminal Investigations Unit Supervisor and their office numbers as the respective complexes. The Reporting Inmate Sexual Abuse/Sexual Harassment Bulletin advises individuals that they can report sexual abuse or sexual harassment of an incarcerated family member or friend by contacting the assigned CIU Supervisor. The Bulletin provides names and phone numbers to the corresponding CIU Supervisors and their institutions. A review of the agency’s website confirms that third parties can report to the PREA Coordinator via phone, in writing or by email. Contact information and reporting direction are found at https://www.geogroup.com/prea. The auditor sent an email to the provided email address on March 26, 2022 in order to test the functionality of the third party reporting method. The auditor received confirmation on April 27, 2022 that the test was received. Additionally, on May 11, 2022 the auditor contacted the PREA number on the public website. A live person answered the “PREA hotline” and advised she would take the information from the caller and would send an email to the Facility Administrator (Warden) at the facility where the incident took place. She stated she would also copy the PC and the PREA analyst responsible for that facility.</p> <p data-bbox="242 1514 1445 1610">Based on a review of the PAQ, 5.1.2-A, ADCRR Department Order 125, the Reporting Inmate Sexual Abuse/Sexual Harassment Bulletin, the agency’s website and the functional tests of the third party reporting mechanisms, this standard appears to be compliant.</p> <p data-bbox="242 1695 421 1724">Recommendation</p> <p data-bbox="242 1809 1246 1839">The auditor recommends that the agency develop a timely method to respond to emailed allegations.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 300">Documents:</p> <ol data-bbox="240 329 1485 595" style="list-style-type: none"> <li data-bbox="240 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 387 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 479 1426 542">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 571 459 600">4. Incident Reports <p data-bbox="240 683 352 712">Interviews:</p> <ol data-bbox="240 741 759 943" style="list-style-type: none"> <li data-bbox="240 741 576 770">1. Interview with Random Staff <li data-bbox="240 799 759 828">2. Interview with Medical and Mental Health Staff <li data-bbox="240 857 555 887">3. Interview with the Warden <li data-bbox="240 916 660 945">4. Interview with the PREA Coordinator <p data-bbox="240 1028 483 1057">Findings (By Provision):</p> <p data-bbox="240 1144 1493 1771">115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 5.1.2-A, page 20 states employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or program or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. ADCRR Department Order 125, page 4 states staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of any sexual assault, sexual conduct or sexual harassment shall immediately notify the Shift Commander by telephone or have another staff member make the notification. Page 9 states that healthcare and mental health staff member are required to report sexual abuse in accordance with section 3.0 (previous policy language above). Additionally, page 3 states that retaliation against inmates or staff by other inmates or staff for reporting sexual conduct or harassment and inmate on inmate sexual assault is prohibited. Staff members who observe or have knowledge of shall immediately report any retaliation against inmates or staff who report sexual abuse or sexual harassment and any staff neglect or violations of responsibilities that may have contributed to an incident of retaliation. Interviews with thirteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. All thirteen staff stated they would immediately report the information to their supervisor or Chief of Security.</p> <p data-bbox="240 1861 1493 2157">115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 5.1.2-A, page 21 states apart from reporting to designated supervision or officials, employees shall not reveal any information related to a sexual abuse report to anyone. ADCRR Department Order 125, page 17 states that except as required for investigation and criminal prosecution, any information relating to data collection, inmate and staff reports, oral or written, including all records and information associated with claims of unlawful sexual conduct, information reports, investigation reports, inmate information, case disposition and medical and counseling evaluation findings shall be treated as confidential. Interviews with thirteen staff confirm that policy requires staff to report any knowledge, suspicion or information regarding an incident of</p>

sexual abuse and/or sexual harassment, retaliation from reporting an allegation of sexual abuse and/or any staff neglect. All thirteen staff stated they would immediately report the information to their supervisor or Chief of Security.

115.61 (c): 5.1.2-A, page 20 states employees are required to immediately report any of the following: knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is a GEO facility; retaliation against individual in a GEO facility or program or employees who reported such an incident; and any employee neglect or violation of responsibilities that may have contributed to an incident or retaliation. ADCRR Department Order 125, page 4 states staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of any sexual assault, sexual conduct or sexual harassment shall immediately notify the Shift Commander by telephone or have another staff member make the notification. Page 9 states that healthcare and mental health staff member are required to report sexual abuse in accordance with section 3.0 (previous policy language above). Additionally, page 3 states that retaliation against inmates or staff by other inmates or staff for reporting sexual conduct or harassment and inmate on inmate sexual assault is prohibited. Staff members who observe or have knowledge of shall immediately report any retaliation against inmates or staff who report sexual abuse or sexual harassment and any staff neglect or violations of responsibilities that may have contributed to an incident of retaliation. Interviews with medical and mental health care staff confirm that they would immediately report any allegation of sexual abuse or sexual harassment that occurred within a confinement setting and that they notify inmates on their limitations of confidentiality and their duty to report. One of staff stated that inmates sign a limits to confidentiality form upon intake.

115.61 (d): 5.1.2-A, page 21 states unless precluded by federal, state or local law, medical and mental health practitioners are required to report allegations of sexual abuse in which the alleged victim is under the age of eighteen or considered a vulnerable adult to designated state or local service agencies under applicable mandatory reporting laws. ADCRR Department Order 125, page 9 states that healthcare and mental health staff members are required to report sexual abuse in accordance with section 3.0. Section 3.0 (page 6) states staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of any sexual assault, sexual conduct or sexual harassment shall notify the CI. If the victim is under the age of eighteen, the CIU investigator shall notify the Arizona Department of Economic Security, Child Protective Services. If the victim is considered a vulnerable adult under Arizona Vulnerable Adult Act, the CIU investigator shall notify the Arizona Department of Economic Security, Adult Protective Services. The interview with the PC indicated that unless precluded by federal, state or local law, staff and contractors are required to report allegations of sexual abuse for alleged victims under the age of 18 or those considered a vulnerable adult to designated state or local services agencies under applicable mandatory reporting laws. The Warden stated the facility does not house anyone under eighteen. She stated any reports though, including vulnerable adults would be reported to local law enforcement. She confirmed that there are mandatory reporting laws and that the information would be reported to the Department of Child Security.

115.61 (e): 5.1.2-A, page 21 states facilities shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility designated investigator or outside agency responsible for investigating these type incidents. ADCRR Department Order 125, page 4 states staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of any sexual assault, sexual conduct or sexual harassment shall immediately notify the Shift Commander by telephone or have another staff member make the notification. Page 6 further states that staff shall notify the CIU as outlined in Department Order 608, Criminal Investigations. The interview with the Warden confirmed that all allegations of sexual abuse or sexual harassment are reported to the CIU investigator assigned to the facility. A review of the one reported sexual abuse allegation confirmed that it was reported to CIU for investigation.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, incident reports and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

115.62	Agency protection duties
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 329 1485 539" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="242 387 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="242 479 1426 539">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <p data-bbox="242 624 352 654">Interviews:</p> <ol data-bbox="242 683 711 824" style="list-style-type: none"> <li data-bbox="242 683 711 712">1. Interview with the Agency Head Designee <li data-bbox="242 741 555 770">2. Interview with the Warden <li data-bbox="242 799 576 828">3. Interview with Random Staff <p data-bbox="242 913 483 943">Findings (By Provision):</p> <p data-bbox="242 1028 1485 1458">115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 5.1.2-A, page 21 states when a facility learns that an individual in a GEO facility or program is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the alleged victim. ADCRR Department 125, page 4 states that when any staff member learns that an inmate is subject to substantial risk of imminent sexual abuse, immediate action to protect the inmate shall be initiated. The PAQ stated that there have been zero inmates who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that GEO takes immediate action protect the victim from further harm and refer him or her for necessary services (medical, mental health, etc.). The Warden stated that if an inmate was at imminent risk of sexual abuse they would bring the inmate to a private area to be interviewed. She stated the inmate would be separated from the suspect/perpetrator and they would look for alternative housing for the inmate. She stated they would try to get the perpetrator transferred out of the facility and as a last resort they can utilize segregated housing. The interviews with thirteen staff confirmed that staff would protect the inmate by isolating him or taking him to medical. Staff also stated they would immediately notify a supervisor.</p> <p data-bbox="242 1545 1461 1606">Based on a review of the PAQ, 5.1.2-A and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 331 1485 651" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 392 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 483 1426 542">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 575 459 602">4. Incident Reports <li data-bbox="240 636 555 663">5. Inmate Risk Assessments <p data-bbox="240 741 352 768">Interviews:</p> <ol data-bbox="240 801 711 882" style="list-style-type: none"> <li data-bbox="240 801 711 828">1. Interview with the Agency Head Designee <li data-bbox="240 862 555 889">2. Interview with the Warden <p data-bbox="240 972 483 999">Findings (By Provision):</p> <p data-bbox="240 1088 1493 1480">115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 5.1.2-A, page 24 states in the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. ADCRR Department Order 125, page 8 states that upon receiving an allegation that an inmate was sexually assaulted while confined at another facility, the Warden or designee that received the allegation shall notify the appropriate agency where the alleged abuse occurred. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were sexually abused while confined at another facility. A review of the incident report log and a sample of risk screening assessments confirmed there were zero inmates who reported sexual abuse at another facility.</p> <p data-bbox="240 1570 1493 1895">115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 5.1.2-A, page 24 states in the event that an individual in a GEO facility or program alleges that sexual abuse occurred while confined at another facility, the facility shall document those allegation and the facility administrator or in his/her absence, the Assistant Facility Administrator where the allegation was made shall contact the Facility Administrator or designee where the abuse is alleged to have occurred as soon as possible, but no later than 72 hours after receiving the notification. ADCRR Department Order 125, page 8 states that upon receiving an allegation that an inmate was sexually assaulted while confined at another facility, the Warden or designee that received the allegation shall notify the appropriate agency where the alleged abuse occurred. Such notifications shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. A review of the incident report log and a sample of risk screening assessments confirmed there were zero inmates who reported sexual abuse at another facility.</p> <p data-bbox="240 1984 1493 2145">115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 5.1.2-A, page 25 states the facility shall maintain documentation that it has been provided such notification and all actions taken regarding the incident. ADCRR Department Order 125, page 8 states that upon receiving an allegation that an inmate was sexually assaulted while confined at another facility, the Warden or designee that received the allegation shall notify the appropriate agency where the alleged abuse occurred. The Warden or designee shall document</p>

they have provided such notifications with the Significant Information Report (SIR). A review of the incident report log and a sample of risk screening assessments confirmed there were zero inmates who reported sexual abuse at another facility.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 5.1.2-A, page 25 states any facility that receives notification of alleged sexual abuse is required to ensure that the allegation is investigated in accordance with PREA standards. ADCRR Department Order 125, page 8 states that upon receiving a notification from another agency involving an allegation of sexual assault or sexual harassment, the Department shall ensure the allegation is investigated in accordance with this Department Order. The PAQ indicated there have been zero inmates who reported to another facility that they were abused while housed at Phoenix West. A review of the sexual abuse allegation indicated that it was reported through a third party at Phoenix West. The interview with the Agency Head Designee indicated that PREA allegations should be reported to the Warden of the facility where the allegation is alleged to have occurred. He further stated that regardless of how one of our facilities receives a PREA allegation that abuse occurred in one of our facilities, the allegation will be referred to designated investigators (internal or external) for investigation. The PREA Coordinator is also informed of all allegations of this type via email. The Agency Head Designee stated that according to the PREA coordinator, GEO receives PREA notifications from other confinement facilities. Facilities are required to enter these allegations on their monthly PREA report submissions and into the PREA Database where they can be tracked. The interview with the Warden indicated that when an allegation is reported to the facility they immediately take action. She stated they would get with the PCM to review report to determine if it was previously reported and they would notify CIU for investigation.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, incident reports, inmate risk assessments and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 331 1485 651" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 392 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 483 1426 542">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 575 612 602">4. Sexual Assault Prevention Card <li data-bbox="240 636 459 663">5. Incident Reports <p data-bbox="240 741 352 768">Interviews:</p> <ol data-bbox="240 801 608 882" style="list-style-type: none"> <li data-bbox="240 801 608 828">1. Interview with First Responders <li data-bbox="240 862 587 889">2. Interviews with Random Staff <p data-bbox="240 972 483 999">Findings (By Provision):</p> <p data-bbox="240 1088 1485 2145">115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 5.1.2-A, pages 21-22 state upon receipt of a report that an individual in a GEO facility or program was sexually abused, or if the employee sees abuse, the first security staff member to respond to the report shall: separate the alleged victim and abuse; immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and not let the alleged victim or abuser take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. ADCRR Department Order 125, pages 4-5 state that staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of a sexual assault, sexual conduct or sexual harassment shall, if appropriate, intervene, isolate the inmate and, if necessary, initiate the Incident Command System (ICS). When a sexual assault has been reported, staff shall isolate the victim from other inmates for protection and preserve the evidence as outlined in 3.1.1 of this section. Section 3.1.1 states that to preserve evidence, the victim should be requested not to wash, brush their teeth, shower, urinate, defecate, smoke, eat, drink, or change clothing prior to notify mental health staff, investigators, facility change of command or receiving a medical evaluation. Page 6 further states staff should remove any suspect(s) from the area and isolate them until questioned by the investigator. Staff are also to ensure the suspect(s) do not wash, brush his/her teeth, shower, urinate, defecate, smoke, eat, drink or change clothes. A review of the Sexual Assault Prevention Card confirms that first responder duties are outlined for staff reference. The PAQ indicated that during the previous twelve months, there have been zero allegations of sexual abuse and a such none required the separation of alleged victim and abuser or the preservation of the crime scene or evidence. Just prior to the on-site portion of the audit the facility received an allegation of sexual abuse. A review of documentation (incident reports) confirmed this was the only reported sexual abuse allegation during the audit period. A review of the incident report confirmed that the inmate victim was immediately separated and transported to the local hospital. The allegation was reported within a timeframe that still allowed for evidence collection and documentation confirmed that the scene was secured and the inmate was advised not to take any action to destroy any evidence. Interviews with first responders indicated that the security staff member would separate the victim and abuser, collect all evidence, tell the inmates not to shower, secure the scene and notify the supervisor. The non-security first responder stated she would activate the incident command system (ICS), keep the inmate with her and call for the supervisor. The interview with the inmate who reported sexual abuse confirmed that he did not report the allegation but that he prayed that they would just pull him out, which the next day they did. He stated he was not sure how they found out but that they brought him to the office and talked to him and</p>

then took him to the hospital. He stated when he returned from the hospital he was placed in a different housing unit. He stated he was on observation status.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 5.1.2-A, page 22 states if the first responder is not a security staff member, the responder shall be required to request that the alleged victim not take any action that could destroy physical evidence, remain with the alleged victim and notify security staff. ADCRR Department Order 125, pages 4-5 state that staff who observe or become aware (i.e. verbally, in writing, anonymously, or from a third party) of a sexual assault, sexual conduct or sexual harassment shall, if appropriate, intervene, isolate the inmate and, if necessary, initiate the Incident Command System (ICS). When a sexual assault has been reported, staff shall isolate the victim from other inmates for protection and preserve the evidence as outlined in 3.1.1 of this section. Section 3.1.1 states that to preserve evidence, the victim should be requested not to wash, brush their teeth, shower, urinate, defecate, smoke, eat, drink, or change clothing prior to notify mental health staff, investigators, facility change of command or receiving a medical evaluation. Page 6 further states staff should remove any suspect(s) from the area and isolate them until questioned by the investigator. Staff are also to ensure the suspect(s) do not wash, brush his/her teeth, shower, urinate, defecate, smoke, eat, drink or change clothes. A review of the Sexual Assault Prevention Card confirms that first responder duties are outlined for staff reference. The PAQ indicated that during the previous twelve months, there were zero allegations of sexual abuse and as such there were none that involved a non-security first responder. Just prior to the on-site portion of the audit the facility received an allegation of sexual abuse. A review of documentation (incident reports) confirmed this was the only reported sexual abuse allegation during the audit period. A review of the incident report confirmed that the inmate victim was immediately separated and transported to the local hospital. The allegation was reported within a timeframe that still allowed for evidence collection and documentation confirmed that the scene was secured and the inmate was advised not to take any action to destroy any evidence. Interviews with first responders indicated that the security staff member would separate the victim and abuser, collect all evidence, tell the inmates not to shower, secure the scene and notify the supervisor. The non-security first responder stated she would activate the incident command system (ICS), keep the inmate with her and call for the supervisor. Interviews with thirteen random staff indicated staff were knowledgeable on their first responder duties. Staff stated they would isolate the inmate, escort the victim to medical, advise the inmate not to destroy any evidence and notify the supervisor.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, the First Responder Card, incident reports and interviews with random staff, staff first responders and the inmate who reported abuse indicate this standard appears to be compliant.

115.65	<p>Coordinated response</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. ASP – Phoenix West PREA Coordinated Response Plan <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Warden <p>Findings (By Provision):</p> <p>115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the ASP – Phoenix West PREA Coordinated Response Plan confirms that the plan has sections outlining duties for first responders (initial response), shift supervisors, medical staff and mental health care staff, investigators and facility leadership. The Warden confirmed that the facility has a response plan to coordinate actions among facility leadership, staff first responder, medical, mental health and investigators. She stated the facility has a PREA response plan with a checklist and that the client also has a policy and a checklist. She indicated the checklist lists out each person/area's responsibilities and others can see what each person/area is responsible for.</p> <p>Based on a review of the PAQ, ASP – Phoenix West PREA Coordinated Response Plan and the interview with the Warden, this standard appears to be compliant.</p>
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115.66	<p>Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. Statement of Fact <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with the Agency Head Designee <p>Findings (By Provision):</p> <p>115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed a collective bargaining agreement or other agreement since the last PREA audit. The Statement of Fact confirmed that Phoenix West has not entered into or renewed any collective bargaining agreements or other agreements from 2019-2021. The interview with the Agency Head Designee indicated that GEO has a small number of facilities that have collective bargaining agreements. He further stated none of the collective bargaining agreements prohibit GEO from removing staff from contact with inmates pending the outcome of an investigation for alleged sexual abuse or harassment.</p> <p>115.66 (b): The auditor is not required to audit this provision.</p> <p>Based on a review of the PAQ, Statement of Fact and the interview with the Agency Head Designee, this standard appears to be compliant.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 368 297">Documents:</p> <ol data-bbox="240 331 1485 741" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 811 – Individual Inmate Assessments and Reviews 5. Incident Reports 6. Monitoring Documentation <p data-bbox="240 831 352 857">Interviews:</p> <ol data-bbox="240 891 1054 1088" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the Warden 3. Interview with Designated Staff Member Charged with Monitoring Retaliation 4. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 1178 485 1205">Findings (By Provision):</p> <p data-bbox="240 1294 1481 1653">115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 5.1.2-A, page 26 states facilities shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation by other individuals in a GEO facility or program or employee. ADCRR Department Order 125, page 3 states that retaliation against inmates or staff by other inmates or staff for reporting staff sexual conduct or harassment and inmate on inmate sexual assaults is prohibited. All acts of retaliation shall be investigated. If an act of retaliation is proven, the perpetrator(s) shall be subject to disciplinary action. Department Order further states that staff member who observe or have knowledge of shall report any retaliation against inmates or staff who report sexual abuse or sexual harassment and staff neglect or violations of responsibilities that may have contributed to an incident of retaliation. The PAQ indicated that the facility PREA Compliance Manager and/or Case Manager is responsible for monitoring for retaliation.</p> <p data-bbox="240 1742 1485 2134">115.67 (b): 5.1.2-A, pages 26-27 states facilities have multiple protective measures, such as housing changes, or transfers for victims or abusers and removal of alleged staff or abusers from contact with the victims. ADCRR Department Order 125, page 3 states that retaliation against inmates or staff by other inmates or staff for reporting staff sexual conduct or harassment and inmate on inmate sexual assaults is prohibited. All acts of retaliation shall be investigated. If an act of retaliation is proven, the perpetrator(s) shall be subject to disciplinary action. Department Order further states that staff member who observe or have knowledge of shall report any retaliation against inmates or staff who report sexual abuse or sexual harassment and staff neglect or violations of responsibilities that may have contributed to an incident of retaliation. A review of incident reports indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated that when a PREA incident is reported, management staff consider the best option for the victim. Things like housing changes or transfers from the facility, removal of alleged abusers (staff or inmate) and emotional support</p>

services are considered on a case-by-case basis. He further stated that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a monthly for at least 90 days. The interview with the Warden indicated that protective measures for inmates who report sexual abuse include following-up with them. She stated there will be a tracking list for staff and inmates who report sexual abuse. She stated staff would follow-up with them every 30 days to see how they are doing and see if there are any reports or issues. The Warden confirmed that they would utilize housing changes, transfers and placing staff on no inmate contact to protect inmates and staff from retaliation. The staff responsible for monitoring indicated she monitors for retaliation through monitoring at the ten, 30, 60 and 90 day mark. She stated if it involves a staff member she gets Human Resources involved as well. She indicated that she would take talk to the individual being monitored to see how things are going and that they have the ability to move the inmate from the housing unit or have one of the inmates transferred out. She stated if it was staff they can have the staff moved from the floor and can have the staff member placed on no inmate contact. The staff responsible for monitoring stated that she typically calls the inmate to her officer on the tenth day, 30th day, 60th day and 90th day. She stated she tries to do this after hours so the other inmates don't know what she is talking to the person about. The one inmate who reported sexual abuse stated that he felt safe and protected from retaliation because the inmate perpetrator was gone and that staff and other inmates are supportive of him. A review of documentation indicated after the allegation was reported the inmate was transported to the local hospital and upon return from the hospital he was placed in a different housing unit and was under observation status.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 5.1.2-A, page 27 states for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of the individuals in a GEO facility or program or the employee to see if there are changes that may suggest possible retaliation by others, and shall act promptly to remedy such retaliation. Items to be monitored include disciplinary reports, housing changes, program changes, employee negative performance reviews and employee reassignments. ADCRR Department Order 811, page 5 states for a minimum of 90 calendar days following a report of sexual abuse, the assigned CO III or CO IV shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. If there are changes that suggest possible retaliation by inmates or staff, the assigned CO III or CO IV shall act promptly to remedy any such retaliation. The assigned CO III or CO IV shall monitor: inmate disciplinary reports; housing or program changes and/or negative performance reviews or reassignments of staff. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Warden indicated that if an allegation of retaliation was reported or suspected that they would immediately start an investigation into the allegation. She stated that they would also take measures such as alternative housing or transfers to protect the individual. The staff responsible for monitoring stated that she monitors for 90 day, but she would go further for another 60 days if needed. She indicated that she reviews job changes, attitude, staffing, commissary purchases, recreation time and anything else that deals with the inmate. She stated she looks at things that she feels may illustrate retaliation. She additional stated she would look at visitation, phone calls, disciplinary reports and housing changes. The facility had one reported allegation of sexual abuse just prior to the on-site portion of the audit. The auditor reviewed documentation and confirmed that the inmate was monitored once (March 1, 2022) since the report (February 25, 2022). A review of documentation confirmed that the facility completed monitoring from February until current. The facility documented four in-person status checks as well as documentation of any housing changes.

115.67 (d): 5.1.2-A, page 26 states facilities shall implement procedures to protect individuals in a GEO facility or program and employees who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation by other individuals in a GEO facility or program or employee. ADCRR Department Order 811, page 5 states that monitoring shall continue beyond 90 calendar days if the initial monitoring indicates a continuing need. In the case of inmates, such monitoring shall also include periodic status checks. The facility had one reported allegation of sexual abuse just prior to the on-site portion of the audit. The auditor reviewed documentation and confirmed that the inmate was monitored once (March 1, 2022) since the report (February 25, 2022). The contact on March 1, 2022 involved an in-person status check. A review of documentation confirmed that the facility completed monitoring from February until current. The facility documented four in-person status checks as well as documentation of any housing changes.

115.67 (e): 5.1.2-A, page 27 states if any other individual expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual as well. ADCRR Department Order 125, page 3 states that if any other individual/witness

who cooperates with an investigation and express a fear of retaliation; the Department shall take appropriate measures to protect that individual/witness against retaliation. The interview with the Agency Head Designee indicated that designated staff at each facility are assigned to monitor inmates who reported the allegation for possible retaliation. They meet with the individual in private once weekly for at least 90 days and if any issues are discovered, they are required to ensure immediate corrective action is taken to correct this issue. These meetings and any corrective actions taken are documented. Designated staff also monitor employees who report staff sexual misconduct for possible retaliation. Employees are monitored once a month for at least 90 days. The interview with the Warden indicated that protective measures for inmates who report sexual abuse include following-up with them. She stated there will be a tracking list for staff and inmates who report sexual abuse. She stated staff would follow-up with them every 30 days to see how they are doing and see if there are any reports or issues. The Warden confirmed that they would utilize housing changes, transfers and placing staff on no inmate contact to protect inmates and staff from retaliation. The Warden further stated that if an allegation of retaliation was reported or suspected that they would immediately start an investigation into the allegation. She stated that they would also take measures such as alternative housing or transfers to protect the individual.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, Department Order 811, incident reports, monitoring documents and interviews with the Agency Head Designee, Warden, staff responsible for monitoring for retaliation and the inmate who reported sexual abuse, this standard appears to be compliant.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 365 293">Documents:</p> <ol data-bbox="240 329 1485 595" style="list-style-type: none"> <li data-bbox="240 329 536 351">1. Pre-Audit Questionnaire <li data-bbox="240 387 1485 448">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 479 1426 539">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 571 639 593">4. Inmate Victim Housing Documents <p data-bbox="240 683 352 705">Interviews:</p> <ol data-bbox="240 741 959 882" style="list-style-type: none"> <li data-bbox="240 741 552 763">1. Interview with the Warden <li data-bbox="240 795 959 817">2. Interview with Staff who Supervise Inmates in Segregated Housing <li data-bbox="240 853 751 875">3. Interview with Inmates in Segregated Housing <p data-bbox="240 969 509 992">Site Review Observations:</p> <ol data-bbox="240 1028 707 1050" style="list-style-type: none"> <li data-bbox="240 1028 707 1050">1. Observations of the Special Housing Unit <p data-bbox="240 1144 483 1167">Findings (By Provision):</p> <p data-bbox="240 1256 1493 2152">115.68 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero inmates who reported sexual abuse who were involuntarily segregated. 5.1.2-A, page 25 states an use of segregated housing to protect an individual in a GEO facility or program who is alleged to have suffered sexual abuse shall be subject to the requirements of Section K(1) Protective Custody. Section K(1) (page 18) states that involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the individual in a GEO facility or program. If the facility cannot conduct such assessment immediately, the individual may be placed in involuntary segregated housing for no more than 24 hours while competing the assessment. Facilities shall utilize the "Sexual Assault/Abuse Alternatives Assessment" form to document the assessment. Policy states if segregated housing is used, the individuals shall have all possible access to programs and services which he/she is otherwise eligible and the facility shall document and justify any restrictions imposed. Policy further indicates that involuntary segregated housing shall not ordinarily exceed a period of 30 days. Additionally, it states that in cases where involuntary segregated housing is needed for longer than the initial 30 days, the facility shall review the status every 30 days to determine if ongoing involuntary segregated housing is needed. ADCRR Department Order 125, page 8 states that an inmate may be placed in investigative detention, in accordance with the appropriate Department Order(s) as part of an active investigation. Page 11 indicates that staff member shall take all reasonable measures to ensure inmates so confined are afforded all privileges, in accordance with Department Order 804, Inmate Behavior Control. All restrictions or deviations shall be authorized by the Duty Officer and shall be documented by on-duty staff using an information report. Department Order further states unless exceptional circumstances apply, detention is limited to 30 calendar days. Extensions shall be requested in accordance with Department Order 804, Inmate Behavior Control. Any extensions shall be requested, in writing, from the Assistant Director for Prison Operations and approved in writing. During the tour the observed that the segregated housing unit had a small outdoor recreation area for the inmates. The inmates had access to the telephone and to their tablets while in segregated housing. They also had access to locked drop boxes through a staff member making rounds. The PREA information was observed on the bulletin board, which inmates have access to when outside the cell. A review of documentation indicated there was one</p>

sexual abuse allegation reported just prior to the on-site portion of the audit. This was the only reported allegation over the previous twelve months. A review of documentation indicated that the inmate victim was transported to the local hospital and upon return was placed in the observation unit due to his mental health. The Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. She indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation could be arranged. The Warden stated the inmate would only remain in involuntary segregated housing until they could get one of the inmates transferred or they could find another housing option. She further stated that the client helps with housing transfers and they are usually pretty fast, so the inmate would not remain in involuntary segregated housing longer than 72 hours. The Warden stated they have not had any examples where involuntary segregated housing was used, but they did have an inmate who was placed on observation related to suicide risk. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate was placed in involuntary segregated housing due to their risk of sexual victimization they would be provided access to program, privileges, education and work opportunities to the extent possible. The staff member stated any restrictions would be documented. He further confirmed any use of involuntary segregated housing would only be made after an assessment of all available alternatives has been made and there are no other alternatives for separation from likely abusers. He stated they would only be placed in segregated housing for their own safety. He indicated that it would not take long to find alternative housing and that they have only had one inmate segregated since he has been at the facility and that was the inmate who was placed on observation due to having suicidal thoughts. He stated in that instance the inmate perpetrator was moved within two days so once the inmate was released from observation he was able to go back to general population. The staff who supervise inmates in segregated housing confirmed that any inmate that was involuntarily segregated would be reviewed at least every 30 days for continued need of placement in segregated housing. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, the housing assignment for the inmate victim of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be compliant.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 365 297">Documents:</p> <ol data-bbox="240 327 1426 797" style="list-style-type: none"> <li data-bbox="240 327 536 353">1. Pre-Audit Questionnaire <li data-bbox="240 383 927 409">2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) <li data-bbox="240 439 1426 506">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 535 1406 602">4. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 601– Administrative Investigations and Employee Discipline <li data-bbox="240 631 1353 698">5. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 608 – Criminal Investigations <li data-bbox="240 728 588 754">6. Investigator Training Records <li data-bbox="240 784 459 810">7. Incident Reports <p data-bbox="240 891 352 918">Interviews:</p> <ol data-bbox="240 947 810 1193" style="list-style-type: none"> <li data-bbox="240 947 616 974">1. Interview with Investigative Staff <li data-bbox="240 1003 555 1030">2. Interview with the Warden <li data-bbox="240 1059 660 1086">3. Interview with the PREA Coordinator <li data-bbox="240 1115 756 1142">4. Interview with the PREA Compliance Manager <li data-bbox="240 1171 810 1198">5. Interview with Inmates who Reported Sexual Abuse <p data-bbox="240 1290 483 1317">Findings (By Provision):</p> <p data-bbox="240 1408 1490 2134">115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 5.1.2-E, page 2 states when the facility conducts its own investigation into an allegation of sexual abuse and sexual harassment, it shall do so promptly, thoroughly and objectively for all allegations, including third party and anonymous reports. ADCRR Department Order 106, page 3 states the Assistant Director of Prison Operations shall contact the Inspector General Bureau to request an investigation when there is apparent inmate activity that could lead to criminal charge, staff activity involving inmates which could lead to criminal charges and/or other activity requiring investigation in accordance with the contract or applicable Department policy. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on inmate sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of inmate sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. 10.3.1.4, page 4 states that the Shift Commander shall notify immediately the Department of Corrections, Criminal Investigation Unit. Department Order 601 and Department Order 608 outline and direct staff on completing administrative and criminal investigations. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. A review of the incident report log indicated there were two sexual harassment allegations reported, one involved an inmate who denied the allegation (victim) and one that was not repeated and as such neither of these allegations rose to the level of PREA. The interview with the investigator confirmed that an investigation is initiated immediately upon notification of an allegation of sexual abuse. He stated that they make every effort to identify the third party, if reported that</p>

way. He stated if the third party names a victim he would go straight to the victim to confirm or refute the allegation.

115.71 (b): 5.1.2-A page 14 states that the specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility does not conduct investigations, rather the client (ADCRR) conducts them. A review of the NIC Investigating Sexual Abuse in a Confinement Setting training curriculum confirms that the training includes information on techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement setting and the criteria and evidence to substantiate a case for administrative action or prosecution referral. A review of documentation indicated there are five ADCRR staff that complete investigations at the facility and all five had completed the NIC Investigation Sexual Abuse in a Confinement Setting training. The interview with the investigator confirmed that the required topics were covered in the training.

115.71 (c): 5.1.2-E, page 4 states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, shall interview alleged victims, suspected perpetrators and witnesses, and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. ADCRR Department Order 125, page 12 states in every case, investigators shall interview all potential witnesses, the victim and the suspect identified. Department Order 601 and Department Order 608 describe the interview process and components of crime scenes. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. The incident report confirmed that the scene was secured, the inmate victim was advised not to take any action to destroy any evidence, the inmate was transported to the hospital for a forensic medical examination, evidence was collected and video was reviewed. A review of the incident report log indicated there were two sexual harassment allegations reported, one involved an inmate who denied the allegation (victim) and one that was not repeated and as such did not rise to the level of PREA. The interview with the investigator indicated that upon notification of an allegation he would meet with the victim and make sure everything is okay and that the inmate was seen by medical and mental health. He stated he would then assess the inmate related to physical injury and determine if a forensic medical examination is necessary. The investigator stated that the investigative process would involve interviewing the victim, identifying witnesses and reviewing camera footage or any other evidence to determine if it corroborates the victim's statement. He further stated there would be a forensic medical examination and he would interview the perpetrator, collect evidence and refer the case for prosecution if necessary. The investigation confirmed that he would be responsible for collecting evidence including: testimony, physical evidence (clothing, DNA), video, statements, emails, phone calls and any other evidence that can support the allegation.

115.71 (d): ADCRR Department Order 125, page 12 states that when the quality of evidence appears to support criminal prosecution, investigators shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. The interview with the investigator indicated that Maricopa County prosecutor's office is very large, and he worked in a prosecutor's office previously. He stated he would do a custodial interview if necessary but there would be times he would consult with the prosecutor first.

115.71 (e): 5.1.2-E, page 4 states no agency shall require an individual in a GEO facility or program who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such allegation. Page 4 further states that the credibility of the alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as individual in a GEO facility or program or staff. ADCRR Department Order 125, page 12 states that the credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff member. It further states that an inmate who alleges sexual abuse shall not be requested to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. The interview with the investigator confirmed that he would not require an inmate victim to take a polygraph or truth telling device test. He further stated that credibility is based upon interviews and corroboration, whether through witnesses, video or other evidence. The interview with the inmate who reported sexual abuse confirmed that he was not required to take a polygraph or truth telling device test as part of the investigation.

115.71 (f): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse,

and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. Page 4 further states that administrative investigations shall include an effort to determine whether staff action or failure to act contributed to the abuse and shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind the credibility assessment and investigative facts and findings. ADCRR Department Order 125, page 12 states administrative investigations shall include making the determination whether staff actions, negligence or failures to act are contributing factors to the abuse. This shall be documented in the investigation report and include a description of the physical and testimonial evidence, and investigative facts and findings. The interview with the investigator confirmed that administrative investigations would be documented in written reports and include witness statements, reports of staff, a copy of all video footage, lab reports, a summary of all the information and attachments. He further stated that he would review policies and procedures and articulate in the report any findings that staff actions or failure to act contributed to the abuse. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open.

115.71 (g): 5.1.2-E, page 4 states an investigative reports shall be written for all investigations of allegations of sexual abuse, and sexual harassment. Facilities shall utilize the investigative report template for all PREA investigations unless another format is required by the contracting agency. ADCRR Department Order 125, page 12 states criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence when feasible. There have been no criminal investigations completed related to sexual abuse within the previous twelve months. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. The interview with the investigator confirmed that criminal investigations would be documented in written reports and include witness statements, reports of staff, a copy of all video footage, lab reports, a summary of all the information and attachments.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. The PAQ indicated there were zero allegations referred for prosecution since the last PREA audit. 5.1.2-E, page 4 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. ADCRR Department Order 608, page 4 states sexual offense cases require review/consideration for submission for prosecutorial review/prosecution. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. The interview with the investigator indicated that he submits cases for prosecution upon completion of the criminal investigation. He stated he submits the review regardless of the investigative finding.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. 5.1.2-E, page 5 states that GEO shall retain all written reports referenced in this section (investigations) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. ADCRR Department Order 125, page 12 states the Inspector General shall retain all written reports referenced in 6.3.1 and 6.3.2 of this section in accordance with Department Order 103, Correspondence/Records Control. A review of three historical investigations confirmed investigations are retained appropriately.

115.71 (j): 5.1.2-E, page 4 states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. ADCRR Department Order 106, page 3 states the Assistant Director of Prison Operations shall contact the Inspector General Bureau to request an investigation when there is apparent inmate activity that could lead to criminal charge, staff activity involving inmates which could lead to criminal charges and/or other activity requiring investigation in accordance with the contract or applicable Department policy. ADCRR Department Order 125, page 1 states that all allegations and incidents of sexual conduct shall be investigated as outlined in Department Order 608, Criminal Investigations, and Department Order 601, Administrative Investigations and Employee Discipline. ADCRR Department Order 125, page 11 indicates that Wardens shall request investigations as outlined in Department Order 608, Criminal Investigations, and provide written notification to the Assistant Director of Prison Operations through the appropriate Regional Operations Director when an investigation involving a staff on inmate sexual assault allegation is opened. Once the criminal investigation is initiated, an administrative investigation shall be initiated as outlined in Department Order 601, Administrative Investigations and Employee Discipline. Page 12 further states investigations of inmate sexual assault shall be actively investigated and closed upon exhaustion of all evidence processes and investigative leads. 10.3.1.4, page 4 states that the Shift Commander shall notify immediately the Department of Corrections, Criminal

Investigation Unit. Department Order 601 and Department Order 608 outline and direct staff on completing administrative and criminal investigations. The investigator stated that the departure of the victim or abuser does not negate the investigation. He stated he would complete the investigation.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): 5.1.2-E, page 3 outlines numerous responsibilities for GEO when an outside agency investigates an allegation of sexual abuse or sexual harassment. These include requesting documentation from the agency that the investigators have completed the training, cooperate with the outside investigators by providing requested information, remain informed about the progress of the investigation at least one monthly by contacting the individuals and requesting copies of completed investigations. The Arizona Department of Corrections Rehabilitation and Reentry's Criminal Investigations Unit (CIU) conducts all administrative and criminal investigations. The PC stated that facilities are instructed to request an update from the outside law enforcement entity at least once a month in order to track the status of the investigation. The investigative outcome affects monitoring for retaliation, inmate notices of outcomes and after-action reviews. She stated generally, the facility administrators/directors have developed great working relationships with these entities so there is regular dialog about the status of outstanding investigations. The interview with the Warden indicated that the facility remains informed of the progress of the investigation through the CIU investigator via emails and phone calls. She stated she also keeps an updated monthly PREA status report through him (CIU investigator). The interview with the PCM indicated that when an outside agency investigates she will contact them, either via phone or email. She stated that ADCRR investigators come to the facility sometimes and she also can contact them through the ADCRR monitors. The investigator confirmed that ADCRR conducts all investigation for the facility.

Based on a review of the PAQ, 5.1.2-E, Department Order 125, Department Order 608, Department Order 601, investigator training records, incident reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager and the investigator, this standard appears to be compliant.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 329 1426 562" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="242 387 927 416">2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) <li data-bbox="242 445 1426 506">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="242 535 459 564">4. Incident Reports <p data-bbox="242 651 352 680">Interviews:</p> <ol data-bbox="242 710 616 739" style="list-style-type: none"> <li data-bbox="242 710 616 739">1. Interview with Investigative Staff <p data-bbox="242 822 483 851">Findings (By Provision):</p> <p data-bbox="242 938 1497 1265">115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 5.1.2-E, pages 4-5 state that facilities shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or harassment are substantiated. ADCRR Department Order, page 14 states that there shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse are substantiated. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. A review of the incident report log indicated there were two sexual harassment allegations reported, one involved an inmate who denied the allegation (victim) and one that was not repeated and as such did not rise to the level of PREA. The interview with the investigator indicated that the evidence required to substantiate a case is the weight of evidence, 51% moreover the opposite.</p> <p data-bbox="242 1352 1469 1413">Based on a review of the PAQ, 5.1.2-E, Department Order 125, incident reports and information from the interview with the investigator indicates that this standard appears to be compliant.</p>

115.73	Reporting to inmates
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 1353 564" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 389 927 416">2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) <li data-bbox="240 448 1353 506">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 608 – Criminal Investigations <li data-bbox="240 537 459 564">4. Incident Reports <p data-bbox="240 654 352 680">Interviews:</p> <ol data-bbox="240 712 616 792" style="list-style-type: none"> <li data-bbox="240 712 552 739">1. Interview with the Warden <li data-bbox="240 770 616 797">2. Interview with Investigative Staff <p data-bbox="240 887 483 913">Findings (By Provision):</p> <p data-bbox="240 994 1497 1626">115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 5.1.2-E, pages 9-10 state at the conclusion of an investigation, the facility investigator or staff member designated by the facility administrator shall inform the victim of the allegation in writing, whether the allegation the allegation has been substantiated, unsubstantiated, unfounded or deemed not-PREA. ADCRR Department Order 608, page 7 states that following an investigation into an inmate’s allegation that he or she suffered sexual abuse in a Department facility, the CIU shall inform the inmate victim at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were no investigations completed within the previous twelve months and as such no notifications were required A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. A review of historical (2019-2020) investigations confirmed that inmate victims were notified and the notification was documented in the investigative report. The interviews with the Warden indicated that the facility does not notify the inmate but rather CIU notifies them and they put the notification in the report. She further stated that the inmates are provided a letter. The interview with the investigator confirmed that they send a letter to the victim regarding the outcome of the investigation. The interview with the inmate who reported sexual abuse indicated that the investigator told him that he would notify him (the inmate) of the outcome. The inmate stated the investigator told him this at the hospital. He further stated he was not sure when he would be notified. A review of documentation indicated the allegation was reported February 25, 2022 and the investigation was still open.</p> <p data-bbox="240 1715 1497 2074">115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. The PAQ indicated that there were zero investigations completed within the previous twelve months and as such no notifications were required. 5.1.2-E, page 10 states if the facility did not conduct the investigation, it shall request the relevant information from the investigating agency in order to inform the individual. ADCRR Department Order 608, page 7 states that following an investigation into an inmate’s allegation that he or she suffered sexual abuse in a Department facility, the CIU shall inform the inmate victim at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. A review of historical (2019-2020) investigations confirmed that inmate victims were notified and the notification was documented in the investigative report.</p>

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 10 states if the alleged abuser was an employee, the victim shall also be informed whenever: the employee no longer posted within the victim's housing unit/area; the employee is no longer employed at the facility; the facility learns that the employee has been indicated on a charge related to the sexual abuse within the facility; or the facility learns that the employee has been convicted on a charge related to sexual abuse within the facility. ADCRR Department Order 608, page 7 states the CIU shall subsequently inform the inmate victim (unless the investigation determines the allegation is unfounded) whenever the staff member is: no longer posted at the inmate's unit; no longer employed at the facility; indicated on a sexual offense and/or convicted of a sexual offense. The PAQ indicated that there have been no substantiated or unsubstantiated allegations of sexual abuse committed by a staff member against an inmate in the previous twelve months. Additionally, the PAQ indicated that the agency informs inmates of the required components under this provision if applicable. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. The allegation involved another inmate and as such notification under this provision were not applicable. The interview with the inmate who reported sexual abuse confirmed that his allegation was against another inmate.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 5.1.2-E, page 10 states if the alleged abuser was another individual in a GEO facility, the victim shall also be informed whenever: the facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility ADCRR Department Order 608, page 7 states following an inmate's allegation of a sexual offense by another inmate, the ICU shall subsequently inform the alleged victim whenever the suspect inmate has been indicated on the sexual offense or convicted of the alleged sexual offense. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. The interview with the inmate who reported sexual abuse indicated he was not informed of anything related to the perpetrator but he knew he was transferred from the facility.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 5.1.2-E, page 10 states the individual shall receive the original completed Notification of Outcome of Allegation form in a timely manner and a copy of the form shall be retained as part of the investigative file. ADCRR Department Order 608, page 7 states the CIU shall document the case status and inmate victim notification(s) or attempted notifications accordingly in the CIU database. It further states that CIU shall document any and all staff movement, court actions and inmate victim notifications or attempted notifications accordingly in the CIU database. Additionally, it states the CIU shall document any and all court actions and inmate victim notifications or attempted notifications accordingly in the CIU database. The PAQ stated that there were zero notifications made pursuant to this standard. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open. A review of historical (2019-2020) investigations confirmed that inmate victims were notified and the notification was documented in the investigative report.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 5.1.2-E, Department Order 608, incident reports, and information from interviews with the Warden, investigator and the inmate who reported sexual abuse, this standard appears to be compliant.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 367 300">Documents:</p> <ol data-bbox="240 329 1426 618" style="list-style-type: none"> <li data-bbox="240 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 387 927 416">2. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) <li data-bbox="240 445 1426 510">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 539 560 568">4. GEO Employee Handbook <li data-bbox="240 598 459 627">5. Incident Reports <p data-bbox="240 707 483 736">Findings (By Provision):</p> <p data-bbox="240 822 1489 1283">115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 5.1.2-E, page 10 states employees may be subject to significant disciplinary sanctions for substantiated violations of sexual abuse and harassment policies, up to and including termination for any employee found guilty of sexual abuse.. Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. ADCRR Department Order 125, page 1 states staff sexual harassment and any sexual contact or conduct between staff and inmates or offenders is strictly prohibited. No sexual contact between staff and inmates or offenders shall be considered consensual. A staff member who engages in unlawful sexual conduct is subject to state and/or federal prosecution. Page 2 further states that following an investigation, a person found to have engaged in unlawful sexual conduct with an inmate or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution.</p> <p data-bbox="240 1373 1489 1798">115.76 (b): The PAQ indicated there were zero staff members who violated the sexual abuse and sexual harassment policies and zero staff members who was terminated for violating the sexual abuse or sexual harassment policies. 5.1.2-E, page 10 states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Additionally, page 27 of the GEO Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. ADCRR Department Order 125, page 1 states staff sexual harassment and any sexual contact or conduct between staff and inmates or offenders is strictly prohibited. No sexual contact between staff and inmates or offenders shall be considered consensual. A staff member who engages in unlawful sexual conduct is subject to state and/or federal prosecution. Page 2 further states that following an investigation, a person found to have engaged in unlawful sexual conduct with an inmate or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution.</p> <p data-bbox="240 1888 1489 2145">115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. 5.1.2-E, page 10 states disciplinary sanction for violations of agency policies relating to sexual abuse or sexual harassment shall be 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. Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or</p>

physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. ADCRR Department Order 125, page 1 states staff sexual harassment and any sexual contact or conduct between staff and inmates or offenders is strictly prohibited. No sexual contact between staff and inmates or offenders shall be considered consensual. A staff member who engages in unlawful sexual conduct is subject to state and/or federal prosecution. Page 2 further states that following an investigation, a person found to have engaged in unlawful sexual conduct with an inmate or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of incident reports indicated there were zero staff-on-inmate sexual abuse allegations reported during the audit period. Additionally a review of incident reports indicated there were two sexual harassment allegations reported, however the one the inmate victim denied it occurred and the other was not repeated and did not rise to the level of PREA.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 5.1.2-E, page 10 states all terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity is clearly not criminal. Additionally, page 27 of the Employee Handbook states that sexual abuse or sexual harassment of any individual lawfully housed in a GEO facility or program or otherwise served by GEO is strictly prohibited and will not be tolerated. Unwelcome sexual advances, request for sexual favors and other verbal or physical contact of a sexual nature with any individual lawfully housed in a GEO facility or otherwise served by GEO will subject you to immediate disciplinary action up to and including termination. ADCRR Department Order 125, page 1 states staff sexual harassment and any sexual contact or conduct between staff and inmates or offenders is strictly prohibited. No sexual contact between staff and inmates or offenders shall be considered consensual. A staff member who engages in unlawful sexual conduct is subject to state and/or federal prosecution. Page 2 further states that following an investigation, a person found to have engaged in unlawful sexual conduct with an inmate or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution. Page 12 state that all employee termination or resignations tendered by staff arising from the violations of Department sexual abuse or sexual harassment policies shall be reported to the CIU, unless activity was clearly not criminal, and to any relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months and zero staff member were reported to law enforcement or relevant licensing bodies.

Based on a review of the PAQ, 5.1.2-E, Department Order 125, the Employee Handbook and incident reports, indicates that this standard appears to be compliant.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 327 1485 595" style="list-style-type: none"> <li data-bbox="240 327 536 353">1. Pre-Audit Questionnaire <li data-bbox="240 387 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 477 1426 539">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 566 459 593">4. Incident Reports <p data-bbox="240 685 352 712">Interviews:</p> <ol data-bbox="240 739 555 766" style="list-style-type: none"> <li data-bbox="240 739 555 766">1. Interview with the Warden <p data-bbox="240 857 483 884">Findings (By Provision):</p> <p data-bbox="240 969 1485 1400">115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 5.1.2-A, pages 15 and 16 states any volunteer or contractor who engages in sexual abuse or sexual harassment shall be prohibited from contact with individuals in a GEO facility or program and shall be reported to law enforcement and relevant licensing bodies, unless activity was not clearly not criminal. ADCRR Department Order 125, page 2 states that following an investigation, a person found to have engaged in unlawful sexual conduct with an inmate or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution. Page 1 states that “person” is defined as any employee, contractors, official visitor, volunteer or representative of the Department of Corrections, private prison or contracted city or county jail. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of incident reports confirmed there were zero allegations of sexual abuse or sexual harassment reported against a contractor or volunteer.</p> <p data-bbox="240 1487 1485 1917">115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 5.1.2-A, pages 15 and 16 state in the case of any violation of GEO sexual abuse or sexual harassment policies by the volunteer or contractor, the facility shall notify the applicable GEO contracting authority who will take remedial measures and shall consider whether to prohibit further contact with individuals in a GEO facility or program. ADCRR Department Order 125, page 2 states that following an investigation, a person found to have engaged in unlawful sexual conduct with an inmate or offender is subject to disciplinary action including dismissal as outlined in Department Order 601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution. Page 1 states that “person” is defined as any employee, contractors, official visitor, volunteer or representative of the Department of Corrections, private prison or contracted city or county jail. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies by a volunteer or contractor would result in the client being notified because the clearance of the individual to enter the facility is revoked. She confirmed the contractor or volunteer would no longer be allowed in the facility and the information would be sent to CIU for investigation.</p> <p data-bbox="240 2004 1469 2067">Based on a review of the PAQ, 5.1.2-A, Department Order 125, incident reports and information from the interview with the Warden, this standard appears to be compliant.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 363 297">Documents:</p> <ol data-bbox="240 331 1469 562" style="list-style-type: none"> <li data-bbox="240 331 927 358">1. GEO Policy 5.1.2-E PREA Investigations Procedures (non-ICE) <li data-bbox="240 392 1426 450">2. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting <li data-bbox="240 483 1469 510">3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 801- Inmate Classification <li data-bbox="240 544 459 571">4. Incident Reports <p data-bbox="240 651 352 678">Interviews:</p> <ol data-bbox="240 712 759 792" style="list-style-type: none"> <li data-bbox="240 712 555 739">1. Interview with the Warden <li data-bbox="240 772 759 799">2. Interview with Medical and Mental Health Staff <p data-bbox="240 880 483 907">Findings (By Provision):</p> <p data-bbox="240 994 1485 1559">115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 5.1.2-E, pages 10-11 state individuals in a GEO facility who are found guilty of engaging in sexual abuse involving other individuals in a GEO facility shall be subject to formal disciplinary sanctions. ADCRR Department Order 125, page 2 state that abusive sexual contact and any sexual contact (consensual or nonconsensual sex acts) between inmates are strictly prohibited. Policy further states that an inmate who sexually assaults another inmate is subject to disciplinary action as outlined in Department 803, Inmate Disciplinary Procedure. All such disciplinary actions shall be treated as major violations with the sternest sanctions imposed. The inmate shall be classified to the highest custody level in accordance with Department Order 801, Inmate Classification. Page 3 further states that following an investigation, an inmate who is identified as sexually assaulting another inmate may be referred for criminal charges as outlined in Department Order 608, Criminal Investigations. If found or pled guilty following criminal prosecution, the sexually assaultive inmate may receive an additional prison sentence and may be required to register as a sex offender upon release, in accordance with statutory mandate. Department Order 801, Attachment A indicates that sexual assault is a Class A violation. Attachment B outlines the penalties for Class A violations which include: time loss, parole class, restitution, loss of privileges, extra duty and forfeit of contraband property. The PAQ indicated there has been zero administrative and criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of incident reports indicated there was one inmate-on-inmate sexual abuse allegation reported and the investigation was still open.</p> <p data-bbox="240 1646 1493 2141">115.78 (b): 5.1.2-E, page 11 states sanctions shall commensurate with the nature and circumstances of the abuse committed, the individual's disciplinary history, and the sanctions imposed for comparable offenses by other individuals with similar histories. ADCRR Department Order 801, page 1 states that penalties imposed on inmates shall be fair, reasonable and approximate to community standards. As a foundational element of inmate rehabilitation, the Department operations prisons with consequences for criminal violations as those in free society. To this end, rule violations are aligned with applicable criminal code so that the seriousness of the violation reflect underlying community norms and values and results in comparable consequences. Attachment A of the Department Order indicates that sexual assault is a Class A violation. Attachment B outlines the penalties for Class A violations which include: time loss, parole class, restitution, loss of privileges, extra duty and forfeit of contraband property. The interview with the Warden indicated that if an inmate is found to have violated the sexual abuse or sexual harassment policies they would go through the disciplinary process. She indicated sanctions at the facility level could include loss of privileges, reclassification to a higher custody and transfer to a higher custody facility. She stated CIU may press criminal charges as well. The Warden confirmed that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates. A review of incident reports indicated there was one inmate-on-inmate sexual abuse allegation reported and the investigation was still open.</p>

115.78 (c): 5.1.2-E, page 11 states the disciplinary process shall consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanctions, if any should be imposed. ADCRR Department Order 125, page 2 state that abusive sexual contact and any sexual contact (consensual or nonconsensual sex acts) between inmates are strictly prohibited. Policy further states that an inmate who sexually assaults another inmate is subject to disciplinary action as outlined in Department 803, Inmate Disciplinary Procedure. All such disciplinary actions shall be treated as major violations with the sternest sanctions imposed. The inmate shall be classified to the highest custody level in accordance with Department Order 801, Inmate Classification. Page 3 further states that following an investigation, an inmate who is identified as sexually assaulting another inmate may be referred for criminal charges as outlined in Department Order 608, Criminal Investigations. If found or pled guilty following criminal prosecution, the sexually assaultive inmate may receive an additional prison sentence and may be required to register as a sex offender upon release, in accordance with statutory mandate. Department Order 801, Attachment A indicates that sexual assault is a Class A violation. Attachment B outlines the penalties for Class A violations which include: time loss, parole class, restitution, loss of privileges, extra duty and forfeit of contraband property. The interview with the Warden confirmed that an inmates' mental disability or mental illness would be considered in the disciplinary process. A review of incident reports indicated there was one inmate-on-inmate sexual abuse allegation reported and the investigation was still open.

115.78 (d): 5.1.2-E, page 11 states if the facility offers therapy, counseling or other interventions designed to address the reasons or motivations for the abuse, the facility shall consider require the offending individual to participate. The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. The interview with the mental health staff member confirmed that they offer therapy, counseling and other intervention services designed to address and correct underlying reason or motivations for sexual abuse to the perpetrator. She stated that they do not require participation in the services in order to gain access to other programs and services.

115.78 (e): 5.1.2-E, page 11 states disciplining an individual in a GEO facility for sexual contact with an employee is prohibited unless it is found that the employee did not consent to the contact. ADCRR Department Order 125, page 2 state that abusive sexual contact and any sexual contact (consensual or nonconsensual sex acts) between inmates are strictly prohibited. Policy further states that an inmate who sexually assaults another inmate is subject to disciplinary action as outlined in Department 803, Inmate Disciplinary Procedure. All such disciplinary actions shall be treated as major violations with the sternest sanctions imposed. The inmate shall be classified to the highest custody level in accordance with Department Order 801, Inmate Classification. Page 3 further states that following an investigation, an inmate who is identified as sexually assaulting another inmate may be referred for criminal charges as outlined in Department Order 608, Criminal Investigations. If found or pled guilty following criminal prosecution, the sexually assaultive inmate may receive an additional prison sentence and may be required to register as a sex offender upon release, in accordance with statutory mandate. Department Order 801, Attachment A indicates that sexual assault is a Class A violation. Attachment B outlines the penalties for Class A violations which include: time loss, parole class, restitution, loss of privileges, extra duty and forfeit of contraband property. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 5.1.2-E, page 11 states a report of sexual abuse made in good faith by an individual in a GEO facility, based upon a reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying. ADCRR Department Order 125, page 3 states inmates who knowingly or intentionally make false accusations of sexual assault shall receive disciplinary action as outlined in Department Order 803, Inmate Disciplinary Procedure and may be criminally prosecuted under the applicable statute.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. 5.1.2-E, page 11 states facilities may not deem that sexual activity between individuals in a GEO facility is sexual abuse unless it is determined that the activity was coerced. ADCRR Department Order 125, page 2 state that abusive sexual contact and any sexual contact (consensual or nonconsensual sex acts) between inmates are strictly prohibited.

Based on a review of the PAQ, 5.1.2-E, Department Order 125, Department Order 801, incident reports and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.



115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Secondary Medical/Mental Health Documents <p>Documents Received During the Interim Report Period</p> <ol style="list-style-type: none"> 1. PREA/SAAPI Risk Assessment 2. High Risk/Prior Sexual Abuse Disclosure Tracking Spreadsheet 3. Secondary Medical/Mental Health Documents <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Staff Responsible for Risk Screening 2. Interview with Medical and Mental Health Staff 3. Inmates who Disclosed Prior Victimization During the Risk Screening <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Risk Screening Area <p>Findings (By Provision):</p> <p>115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, page 9 states in during the intake assessment, person tasked with screening determine that an individual in a GEO facility or program is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. Pages 9-10 states any individual in a GEO facility or program who is identified who has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with medical or mental health practitioner within fourteen days of the initial risk screening. ADCRR Department Order 125, page 10 states that during the initial mental health assessment, inmate who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be scheduled to meet with the Qualified Mental Health Practitioner (QMHP) within fourteen workdays of the assessment being completed. The PAQ indicated that 1% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. Further communication with the PCM indicated that this was incorrect and should have been 100%. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the supplemental PAQ documentation indicated that the risk screening tool instructed staff to offer a follow-up with mental health for any inmates who said yes to question nine (prior sexual victimization). The form had a selection at the bottom for the staff to document whether the inmate accepted or declined the mental health follow-up. The three samples provided documented all prior sexual victimization reported was during childhood and all three inmates declined the mental health follow-up. During the on-site portion of the audit the facility indicated that</p>

they do not track inmates who disclose prior sexual victimization and as such they could not produce a list of inmates who disclosed prior victimization to the auditor. During documentation review, the auditor identified two inmates who disclosed prior sexual victimization that occurred in childhood. Both inmates were documented with being offered a follow-up with mental health, however both declined. During the interim report period the facility changed their risk screening tool and initiated a tracking spreadsheet that includes inmates who disclose prior sexual victimization during the risk screening. A sample of risk screening documents were provided and four had disclosed prior sexual victimization during the risk screening. A review of documents confirmed that all four were offered a mental health follow-up. Two advised they did not need additional services as they were already receiving services. The other two simply declined. All four documents had the inmate's signature confirming they declined the services. The auditor reviewed additional documentation provided by the facility and determined that the original forms provided did not have the information related to the inmates declining services. As such, the auditor requires additional documentation to confirm compliance. The interview with staff responsible for the risk screening indicated that if an inmate discloses prior sexual victimization during the risk screening they are offered a follow-up with mental health that that same day. The staff member stated that the mental health staff member typically sees the inmate that same day, or the next day she is at the facility. The interviews with the inmate who disclosed prior victimization during the risk screening indicated that both were offered a follow-up with mental health care staff but both declined the services.

115.81 (b): The PAQ indicated all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, pages 9-10 states any individual in a GEO facility or program who is identified who has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with medical or mental health practitioner within fourteen days of the initial risk screening. ADCRR Department Order 125, page 10 states that during the initial mental health assessment, inmate who have perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, shall be scheduled to meet with the Qualified Mental Health Practitioner (QMHP) within fourteen workdays of the assessment being completed. The PAQ indicated that 100% of those inmates who were identified to have prior sexual abusiveness were seen within fourteen days by medical or mental health staff. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the risk screening tool indicated that the only prior abusiveness questions on the risk screening form dealt with whether the inmate had a prior sexual offense. During the on-site portion of the audit, the auditor and facility identified that the intake screening that was being utilized was not the approved GEO risk screening tool. The facility obtained a copy of the PREA/SAAPI Risk Assessment, which is the approved risk assessment tool. A review of the PREA/SAAPI Risk Assessment indicated it contained six questions related to risk of abusiveness, including prior sexual abusiveness. During documentation review on-site the auditor reviewed the old risk screening tool for the inmates and did not identify any that had a prior sexual offense (was the only question contained on the old form related to prior sexual abusiveness). The facility switched to the PREA/SAAPI Risk Assessment during the interim report period and reassessed all inmates at the facility. A sample of documents were provided and two inmates were identified with prior sexual abusiveness. The facility provided documentation confirming both inmates were offered a follow-up with mental health and both declined. The auditor reviewed additional documentation provided by the facility and determined that the original forms provided did not have the information related to the inmates declining services. As such, the auditor requires additional documentation to confirm compliance. The interview with staff responsible for the risk screening indicated that if an inmate is identified with prior sexual abusiveness they would be offered a follow-up with mental health the same day.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 5.1.2-A, page 9 states in during the intake assessment, person tasked with screening determine that an individual in a GEO facility or program is at risk for either sexual victimization or abusiveness, the individual shall be referred to mental health for further evaluation. Pages 9-10 states any individual in a GEO facility or program who is identified who has previously experienced prior sexual victimization or has previously perpetrated sexual abuse, whether in an institutional setting or the community shall be offered a follow-up meeting with medical or mental health practitioner within fourteen days of the initial risk screening. ADCRR Department Order 125, page 10 states that during the initial mental health assessment, inmate who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be scheduled to meet with the Qualified Mental Health Practitioner (QMHP) within fourteen workdays of the assessment being completed. The PAQ indicated that 1% of the inmates who reported prior victimization were offered a follow-up with medical and/or mental health within fourteen days. Further communication with the PCM indicated that this was incorrect and should have been 100%. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of the supplemental PAQ documentation indicated that the risk screening tool instructed staff to offer a follow-up with mental health for any inmates who said yes to question nine (prior sexual victimization). The form had a selection at the bottom for the staff to document whether the inmate accepted or declined the mental health follow-up. The three samples provided documented all prior sexual victimization reported was during childhood

and all three inmates declined the mental health follow-up. During the on-site portion of the audit the facility indicated that they do not track inmates who disclose prior sexual victimization and as such they could not produce a list of inmates who disclosed prior victimization to the auditor. During documentation review, the auditor identified two inmates who disclosed prior sexual victimization that occurred in childhood. Both inmates were documented with being offered a follow-up with mental health, however both declined. During the interim report period the facility changed their risk screening tool and initiated a tracking spreadsheet that includes inmates who disclose prior sexual victimization during the risk screening. A sample of risk screening documents were provided and four had disclosed prior sexual victimization during the risk screening. A review of documents confirmed that all four were offered a mental health follow-up. Two advised they did not need additional services as they were already receiving services. The other two simply declined. All four documents had the inmate's signature confirming they declined the services. The auditor reviewed additional documentation provided by the facility and determined that the original forms provided did not have the information related to the inmates declining services. As such, the auditor requires additional documentation to confirm compliance. The interview with staff responsible for the risk screening indicated that if an inmate discloses prior sexual victimization during the risk screening they are offered a follow-up with mental health that that same day. The staff member stated that the mental health staff member typically sees the inmate that same day, or the next day she is at the facility. The interviews with the inmate who disclosed prior victimization during the risk screening indicated that both were offered a follow-up with mental health care staff but both declined the services.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, but rather with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. 5.1.2-A, page 10 states information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform treatment plans, security and management decisions or otherwise required by federal, state or local law. During the tour the auditor observed that risk screening forms are separated from the inmate's central file. The risk screening forms are maintained in the PCM's office. Access to the PCM's office is restricted to her and the Warden. A review of inmate files confirmed that risk screening information is not maintained in the files. Additionally, the files do not contain any prior sexual abuse investigations, incident reports or other documents related to the allegation.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. 5.1.2-A, page 10 states medical and mental health practitioners are required to obtain informed consent for individuals in a GEO facility or program before reporting information about prior sexual victimization that did not occur in an institutional setting (unless the individual is under the age of eighteen). ADCRR Department Order 125, page 9 states that healthcare and mental health members are required to report sexual abuse in accordance with section 3.0. Healthcare and mental health staff shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. The interview with the mental health staff member indicated that she would obtain informed consent prior to reporting sexual abuse that did not occur in a correctional setting. She further stated that they do not house inmates under eighteen.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, secondary medical and mental health documents, documents received during the interim report period and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed victimization during the risk screening, this standard appears to require corrective action. The facility was previously utilizing a risk screening form that did not address prior sexual abusiveness. After the on-site portion of the audit the facility started utilizing the PREA/SAAPI. The facility reassessed all inmates with the new form and sent the auditor a sample of the reassessments. During the interim report period the facility changed their risk screening tool and initiated a tracking spreadsheet that includes inmates who disclose prior sexual victimization during the risk screening. A sample of risk screening documents were provided and four had disclosed prior sexual victimization during the risk screening. A review of documents confirmed that all four were offered a mental health follow-up. Two advised they did not need additional services as they were already receiving services. The other two simply declined. All four documents had the inmate's signature confirming they declined the services. The auditor reviewed additional documentation provided by the facility and determined that the original forms provided did not have the information related to the inmates declining services. As such, the auditor requires additional documentation to confirm compliance. A sample of documents were provided and two inmates were identified with prior sexual abusiveness. The facility provided documentation confirming both inmates were offered a follow-up with mental health and both declined. The auditor reviewed additional documentation provided by the facility and determined that the original forms provided did not have the information related to the inmates declining services. As such, the auditor requires additional documentation to confirm compliance.

Corrective Action

The facility will need to ensure all inmates who disclose prior sexual victimization and/or are identified with prior sexual abusiveness are offered a follow-up with mental health. The facility will need to conduct risk assessments during the corrective action period and forward any that have prior sexual victimization or prior sexual abusiveness as well as the secondary medical and mental health documents related to the mental health follow-up.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Inmate Risk Assessments

On June 22, 2022 the facility provided the auditor five inmate risk assessments for inmates that arrived at the facility. None of the five were documented with prior sexual victimization or sexual abusiveness. The facility has had a mission change and during that process they have not received any inmates. The documentation provided was the first set of new arrivals since the on-site portion of the audit. On June 28, 2022 the facility provided seventeen more examples of risk assessments for inmates that arrived at the facility during the corrective action period. One of the seventeen had an inmate that disclosed prior sexual victimization during the risk screening. The inmate was offered a follow-up with mental health on the same date of the risk assessment and signed a refusal of treatment related to the mental health follow-up on the same date as well.

~~Based on the information provided the auditor determined that the facility has corrected this standard.~~

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Medical and Mental Health Documents (Primary and Secondary) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Interview with Medical and Mental Health Staff 2. Interview with First Responders <p>Site Review Observations:</p> <ol style="list-style-type: none"> 1. Observations of Medical and Mental Health Areas <p>Findings (By Provision):</p> <p>115.82 (a): The PAQ indicated that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 5.1.2-A, page 25 states victims of sexual abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by medical and mental health practitioners. ADCRR Department Order 125, page 5 states that the Shift Commander shall ensure the inmate victim is immediately escorted to the Health Unit for examination, treatment and evaluation, and if determined appropriate by the investigator and/or qualified health care professional and/or QMHP, transported to the hospital emergency room for the collection of forensic evidence and medical treatment. The Shift Commander shall also immediately contact mental health staff to provide assessment and intervention. Page 9 further states that when the inmate victim arrives at the Health Unit, Qualified Health Care Professionals (QHCP) shall assess and provide any necessary emergency care and treatment and ensure emergency treatment of the inmate is not delayed for any administrative reason. During the tour the auditor noted that the medical area consisted of a waiting area, exam rooms, treatment rooms, optometry, dental and a pharmacy. Exam and treatment rooms provided privacy through a solid door with a security window. A review of medical and mental health documentation for the one inmate victim of sexual abuse indicated that he was provided medical and mental health services. The inmate was transported to the local hospital for a forensic medical examination and was also provided medical and mental health services at the facility. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. Medical staff stated they provide services as soon as they are notified and mental health stated that they provide services within 24 hours. Both staff confirmed the services they provide are based on their professional judgment and what the inmate tells them. The interview with the inmate who reported sexual abuse confirmed that he was provided medical and mental health services.</p> <p>115.82 (b): Phoenix West is staffed 24 hours a day, seven days a week. Inmate are treated at the facility unless they are required to be transported to a local hospital. Interviews with first responders indicated that the security staff member would separate the victim and abuser, collect all evidence, tell the inmates not to shower, secure the scene and notify the supervisor. The non-security first responder stated she would activate the incident command system (ICS), keep the inmate with her and call for the supervisor. A review of documentation related to the reported sexual abuse confirmed that security</p>

staff notified medical staff of the sexual abuse victim. The inmate was transported to the hospital for a forensic medical examination and was also seen by medical and mental health staff upon return to the facility.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. 5.1.2-A, page 25 states this access includes offering timely information about and timely access to emergency contraception and sexually transmitted infection prophylaxis, where medically appropriate. ADCRR Department Order 125, page 9 states the Contracted Facility Health Administrator shall provide timely information and access to emergency contraception in accordance with professionally accepted standard of care, when medically appropriate. Policy further states that health care and mental health staff members will explain to the inmate the necessity of the physical exam, including blood drawings and specimen collection as well as the necessity to check for sexually transmitted diseases and sexually transmitted infection prophylaxis. There was one inmate victim of sexual abuse. A review of documentation related to the reported sexual abuse confirmed that security staff notified medical staff of the sexual abuse victim. The inmate was transported to the hospital for a forensic medical examination and was also seen by medical and mental health staff upon return to the facility. The documentation further confirmed that sexually transmitted infection prophylaxis was ordered and administered the following day after the reported sexual abuse. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. The inmate who reported sexual abuse confirmed that he was provided sexually transmitted infection prophylaxis at the hospital. He further stated he was provided medication and testing as well.

115.82 (d): 5.1.2-A, page 25 states all services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. ADCRR Department Order 125, page 9 states that treatment services will be provided to the victim without financial cost, regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, a review of medical and mental health documents (primary and secondary), observations made during the tour and information from interviews with medical and mental health care staff, first responders and the inmate who reported sexual abuse, the facility appears to meet this standard.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents:

1. Pre-Audit Questionnaire
2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting
4. Medical and Mental Health Documents (Primary and Secondary)

Interviews:

1. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. 5.1.2-A, page 26 states each facility shall offer medical and mental health evaluations to all victims of sexual abuse that occurs in any prison, jail, lockup or juvenile facility. ADCRR Department Order 125, page 5 states that the Shift Commander shall ensure the inmate victim is immediately escorted to the Health Unit for examination, treatment and evaluation, and if determined appropriate by the investigator and/or qualified health care professional and/or QMHP, transported to the hospital emergency room for the collection of forensic evidence and medical treatment. The Shift Commander shall also immediately contact mental health staff to provide assessment and intervention. Page 9 further states that when the inmate victim arrives at the Health Unit, Qualified Health Care Professionals (QHCP) shall assess and provide any necessary emergency care and treatment and ensure emergency treatment of the inmate is not delayed for any administrative reason. Page 10 of the Department Order also states that during the initial mental health assessment, inmate who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, shall be scheduled to meet with the Qualified Mental Health Practitioner (QMHP) within fourteen workdays of the assessment being completed. During the tour the auditor noted that the medical area consisted of a waiting area, exam rooms, treatment rooms, optometry, dental and a pharmacy. Exam and treatment rooms provided privacy through a solid door with a security window. Medical services are provided 24/7. Inmates have access to routine medical services on-site and any emergency services are provided at the local hospital.

115.83 (b): 5.1.2-A, page 26 states the evaluation and treatment should include follow-up services, treatment plans and (when necessary) referrals for continued care following a transfer or release. ADCRR Department Order 125, page 10 states ongoing medical and mental health evaluation, and as appropriate, treatment shall be offered to all ADCRR inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans and referrals for continued care following their transfer to, or placement in, other facilities, or release from custody. A review of medical and mental health documentation for the one inmate victim of sexual abuse indicated that he was provided medical and mental health services. The inmate was transported to the local hospital for a forensic medical examination and was also provided medical and mental health services at the facility upon return. Interviews with medical and mental health care staff confirmed that inmates are offered follow-up services. A few of the services include blood draws for testing, medication, medical follow-up services, ongoing mental health evaluation, mental health follow-ups, etc. The interview with the inmate who reported sexual abuse confirmed that he was provided medical and/or mental health follow-up services. He stated the services were good and that it has

slowly started to help him get his "regular him" back.

115.83 (c): 5.1.2-A, page 26 states services shall be provided in a manner that is consistent with the level of care the individual would receive in the community. ADCRR Department Order 125, page 10 states that the institution shall provide such victims with medical and mental health services consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensure. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation for the one inmate victim of sexual abuse indicated that he was provided medical and mental health services. The inmate was transported to the local hospital for a forensic medical examination and was also provided medical and mental health services at the facility. Interviews with medical and mental health care staff confirm that medical and mental health services are consistent with the community level of care.

115.83 (d): 5.1.2-A, page 26 states services shall include pregnancy tests and all lawful pregnancy related medical services, when applicable. ADCRR Department Order 125, page 10 states inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. It further states that victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The PAQ indicated that the facility does not house female inmates and as such this provision does not apply.

115.83 (e): 5.1.2-A, page 26 states services shall include pregnancy tests and all lawful pregnancy related medical services, when applicable. ADCRR Department Order 125, page 10 states inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. It further states that victims shall receive timely and comprehensive information about and timely access to all lawfully pregnancy-related medical services. The PAQ indicated that the facility does not house female inmates and as such this provision does not apply.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. 5.1.2-A, page 26 victims shall also be offered test for sexually transmitted infections as medically appropriate. ADCRR Department Order 125, page 9 states the Contracted Facility Health Administrator shall provide timely information and access to emergency contraception in accordance with professionally accepted standard of care, when medically appropriate. Policy further states that health care and mental health staff members will explain to the inmate the necessity of the physical exam, including blood drawings and specimen collection as well as the necessity to check for sexually transmitted diseases and sexually transmitted infection prophylaxis. There was one inmate victim of sexual abuse. A review of documentation related to the reported sexual abuse confirmed that security staff notified medical staff of the sexual abuse victim. The inmate was transported to the hospital for a forensic medical examination and was also seen by medical and mental health staff upon return to the facility. The documentation further confirmed that labs were drawn for HIV/STIs two days after the reported sexual abuse. The inmate who reported sexual abuse confirmed that he received medication and testing.

115.83 (g): The PAQ stated that treatment services are provided to the inmate victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 5.1.2-A, page 26 states all services shall be provided without financial cost to the victim. ADCRR Department Order 125, page 9 states that treatment services will be provided to the victim without financial cost, regardless whether the victim names the abuser or cooperates with any investigation arising out of the incident. The inmate who reported sexual abuse confirmed that he did not have to pay for his medical and mental health services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 5.1.2-A, page 26 states the facility shall attempt to conduct a mental health evaluation on all known inmate on inmate abusers or resident on resident abusers within 60 days of learning of such abuse history and offered treatment deemed appropriate by mental health practitioners. ADCRR Department Order 125, page 11 states the institution shall conduct a mental health evaluation on all known inmate on inmate abusers within 60 calendar days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There was one inmate-on-inmate sexual abuse allegations made in the previous twelve months. The investigation is still open and the inmate was transferred from the facility. A review of documentation indicated that the inmate perpetrator was seen by mental health on the day of the reported

allegation, prior to transfer. The interview with mental health indicated that an evaluation would be offered to the inmate perpetrator within 24 hours of learning of the allegation.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, a review of medical and mental health documents, observations made during the tour and information from interviews with medical and mental health care staff and the inmate who reported sexual abuse, this standard appears to be compliant.

115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 327 1485 654" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. Arizona Department of Corrections Rehabilitation and Reentry (ADCRR) Department Order 125 – Sexual Offense Reporting 4. Incident Reports/Investigative Reports 5. Sexual Abuse Incident Reviews (Historical) <p data-bbox="240 739 352 766">Interviews:</p> <ol data-bbox="240 792 756 936" style="list-style-type: none"> 1. Interview with the Warden 2. Interview with the PREA Compliance Manager 3. Interview with Incident Review Team <p data-bbox="240 1025 483 1052">Findings (By Provision):</p> <p data-bbox="240 1142 1477 1469">115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 5.1.2-A, page 28 states facilities are required to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation in which the allegation has been determined substantiated or unsubstantiated. ADCRR Department Order 125, page 14 indicates that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse and sexual harassment investigation, where the final outcome was determined to be substantiated or unsubstantiated. The PAQ indicated that zero reviews were completed within the previous twelve months. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open and as such did not yet require a sexual abuse incident review. The facility provided examples of completed sexual abuse incident reviews from 2019 and 2020 to illustrate the completion of the reviews.</p> <p data-bbox="240 1559 1485 1818">115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 5.1.2-A, page 28 states such reviews shall occur within 30 days of the conclusion of the investigation. ADCRR Department Order 125, page 14 indicates that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse and sexual harassment investigation, where the final outcome was determined to be substantiated or unsubstantiated. The sexual abuse incident review shall occur within 30 workdays of the conclusion of the investigations. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open and as such did not yet require a sexual abuse incident review.</p> <p data-bbox="240 1908 1477 2136">115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 5.1.2-A, page 28 states the review team shall consist of upper-level management officials and the local PCM, with input from the supervisors, investigators and medical and mental health practitioners. ADCRR Department Order 125, page 14 indicates that the sexual abuse incident review team shall include the unit Deputy Warden, Chief of Security, and Correctional Officer IV, with input from the line supervisor, investigators, and medical and mental health practitioners. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to</p>

CIU for investigation and was currently open and as such did not yet require a sexual abuse incident review. The 2019 and 2020 sexual abuse incident reviews included the Warden, Assistant Warden, PCM and Captain. The form also indicated input was also included from the investigator and medical and mental health care staff. The interview with the Warden confirmed that sexual abuse incident reviews are completed and the reviews include upper level management officials, line supervisors, investigators and medical and mental health care staff. She stated the team gets feedback and includes them in the review.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 5.1.2-A, page 28 unless mandated by client contract, a "PREA After Action Review Report" of the team's findings shall be completed and submitted to the Corporate PREA Coordinator no later than 30 working days after the review via the GEO PREA Database. ADCRR Department Order 125, pages 14-15 indicates that the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification, status or perceived status, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare the Sexual Abuse Incident Review, Form 125-2, and report the findings and any recommendations for improvement. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open and as such did not yet require a sexual abuse incident review. The 2019 and 2020 reviews (Form 125-2) included a box for each area of these topics with a yes or no checkbox. The box includes an area for any comments. Interviews with the Warden, PCM and incident review team member confirmed that the facility conducts sexual abuse incident reviews and the reviews include the requirements under this provision. The Warden stated that the sexual abuse incident reviews are done to look at policies to see if there is anything that needs changed. She stated they review staffing, the area where it occurred and cameras in the area to see if any adjustments are needed. She confirmed that they make recommendations as well. The PCM indicated the facility conducts sexual abuse incident reviews and that the reviews include the requirements under this provision. She stated that she sits on the sexual abuse incident review team and that she has not noticed any trends from the reviews. The PCM further stated that once the sexual abuse incident reviews are submitted, actions would depend on the responses. She stated that if there was something that reflected a real issue they would follow-up with anything that is necessary. The sexual abuse incident review team member stated that they go to the area where it occurred to see if staff is visible and they also look at cameras in the area and request any additional that are needed.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 5.1.2-A, page 28 states the facility shall implement recommendations for improvement or document its reasons for not doing so. ADCRR Department Order 125, page 15 indicates the Warden shall implement the recommendations for improvement or shall document the reasons for not doing so. A review of documentation indicated there was one sexual abuse allegation reported just prior to the on-site portion of the audit. The allegation was referred to CIU for investigation and was currently open and as such did not yet require a sexual abuse incident review. The 2019 and 2020 sexual abuse incident reviews included recommendations for additional cameras. The camera recommendations were based on funding and would only be fulfilled when funding became available.

Based on a review of the PAQ, 5.1.2-A, Department Order 125, historical sexual abuse incident reviews and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, this standard appears to be compliant.

115.87	Data collection
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 1485 506" style="list-style-type: none"> <li data-bbox="240 331 536 358">1. Pre-Audit Questionnaire <li data-bbox="240 389 1485 452">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="240 483 517 510">3. PREA Annual Reports <p data-bbox="240 595 483 622">Findings (By Provision):</p> <p data-bbox="240 707 1485 904">115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.</p> <p data-bbox="240 990 1485 1187">115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 5.1.2-A, page 28 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of the GEO Group Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.</p> <p data-bbox="240 1272 1485 1563">115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, across all GEO Group facilities.</p> <p data-bbox="240 1648 1485 1845">115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 5.1.2-A, page 28 states that each facility shall collect and retain data related to sexual abuse as directed by the Corporate PREA Coordinator. This data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="240 1930 1485 2029">115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency does not contract for the confinement of its inmates. The agency is a private for profit agency and houses other agency's inmates.</p> <p data-bbox="240 2114 1485 2141">115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year</p>

upon request. 5.1.2-A, page 28 states that data shall be aggregated at least annually and is required to include, at minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS). Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

Based on a review of the PAQ, 5.1.2-A and the GEO Group Annual PREA Reports, this standard appears to be compliant.

115.88	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 363 300">Documents:</p> <ol data-bbox="240 331 1485 506" style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities 3. PREA Annual Reports <p data-bbox="240 595 352 622">Interviews:</p> <ol data-bbox="240 654 756 792" style="list-style-type: none"> 1. Interview with the Agency Head Designee 2. Interview with the PREA Coordinator 3. Interview with the PREA Compliance Manager <p data-bbox="240 882 483 909">Findings (By Provision):</p> <p data-bbox="240 999 1493 1989">115.88 (a): The PAQ indicated that the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 5.1.2-A, pages 28-29 state that GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training, including by: identifying problems areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. The policy further states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. A review of PREA Annual Reports indicates that the reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The reports also includes definitions and program enhancements. The reports compares the data from the current year with the previous year. The interview with the Agency Head Designee indicated that facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified or corrective actions needed are documented and forwarded to the corporate PREA coordinator to review. In 2015, GEO designed a secure PREA Portal with restricted access to retain all of the PREA data. Every incident is entered into the portal by the PREA managers at each facility and annually, our corporate PREA team reviews this data to determine what improvements are needed to enhance the PREA program. These recommended improvements are submitted to the appropriate divisional authority for Secure Services, Reentry and Youth Services annually for review and approval. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. She stated that all of the agency's clients, except USMS, include GEO PREA data in their annual PREA reports as well. She confirmed the agency takes corrective action on an ongoing basis and that historical annual PREA data reports are available on GEO's website. She stated GEO has implemented several corrective actions since the PREA program's inception in 2012. The PC further confirmed that the agency prepares an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. She stated GEO publishes a PREA report annually and the current and historical reports on available on the agency website. The PCM stated that the facility data is utilized for the overall agency data and that the overall data is utilized to improve GEO facilities, including Phoenix West. She stated the data is used to recommend and implement changes to make things better.</p> <p data-bbox="240 2078 1493 2141">115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 5.1.2-A, page 29 states</p>

that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse. A review of PREA Annual Reports indicate that reports include allegation data for the agency and also each facility. The data is broken down by incident type and includes investigative outcomes. The reports also includes definitions and program enhancements. The reports compare the data from the current year with the previous year.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 5.1.2-A, page 29 states that the annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEOs website or the client's website as required by contract. The interview with the Agency Head Designee confirmed that the annual PREA report is approved by the appropriate divisional authority for Secure Services, Reentry Youth Service and the CEO. The report is published online at <https://www.geogroup.com/prea>.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 5.1.2-A, page 29 states that GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. A review of the PREA Annual Reports confirms that no personal identifying information is included in the reports nor any security related information. The reports did not contain any redacted information. The interview with the PC confirmed that GEO only reports numbers and incident types; personally, identifiable information is omitted for confidentiality purposes.

Based on a review of the PAQ, 5.1.2-AUR, the GEO Group Annual PREA Reports, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

115.89	Data storage, publication, and destruction
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 365 300">Documents:</p> <ol data-bbox="242 329 1485 504" style="list-style-type: none"> <li data-bbox="242 329 536 358">1. Pre-Audit Questionnaire <li data-bbox="242 387 1485 450">2. GEO Policy 5.1.2-A – Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities <li data-bbox="242 479 517 508">3. PREA Annual Reports <p data-bbox="242 591 352 620">Interviews:</p> <ol data-bbox="242 649 660 678" style="list-style-type: none"> <li data-bbox="242 649 660 678">1. Interview with the PREA Coordinator <p data-bbox="242 761 483 790">Findings (By Provision):</p> <p data-bbox="242 880 1485 1207">115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. The interview with the PREA Coordinator indicated that all facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. She stated any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the corporate PREA Coordinator to review. The PC further stated in 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. These recommended improvements are submitted to the appropriate divisional authority annually for review and approval.</p> <p data-bbox="242 1294 1485 1422">115.89 (b): The PAQ states that the agency will 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 through other means. A review of the website: https://www.geogroup.com/prea confirmed that the current PREA Annual Report, which includes aggregated data for all GEO facilities, is available to the public online.</p> <p data-bbox="242 1509 1485 1637">115.89 (c): 5.1.2-A, page 29 indicates that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. It further states that before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed. A review of the PREA Annual Report, which contains the aggregated data, confirms that no personal identifiers were publicly available.</p> <p data-bbox="242 1724 1485 1816">115.89 (d): 5.1.2-A, page 29 and the PAQ indicate that data collected pursuant to this procedure shall be securely retained for at least ten years or longer, if required by state statute. A review of historical PREA Annual Reports indicated that aggregated data is available from 2013 to present.</p> <p data-bbox="242 1904 1485 1966">Based on a review of the PAQ, 5.1.2-A, PREA Annual Reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 271 483 297">Findings (By Provision):</p> <p data-bbox="244 387 1430 450">115.401 (a): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that all GEO facilities have had a completed PREA audit.</p> <p data-bbox="244 539 1489 629">115.401 (b): The facility is a private for profit company. A review of the list of facilities and audit reports available on the agency website indicates that at least one third of the agency's facilities are audited each year. The facility is being audited in the third year of the three-year cycle.</p> <p data-bbox="244 719 1385 808">115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.</p> <p data-bbox="244 898 1473 1028">115.401 (n): The auditor observed the audit announcement in each housing unit on yellow paper. The audit noticed advised the inmates that correspondence with the auditor would remain confidential unless the inmate reported information such as sexual abuse, harm to self or harm to others. Inmate were able to mail correspondence to the auditor by placing a letter in the U.S. mail box. The outgoing letters were not screened or opened.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Findings (By Provision):</p> <p>115.403 (a): The facility was previously audited on March 13-15, 2019. The final audit report is publicly available via the agency website. A review of the website confirmed that the agency has uploaded final reports for audited facilities.</p>

Appendix: Provision Findings		
115.11 (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
115.11 (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 facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.13 (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 inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	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
115.13 (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? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (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 inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (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 inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates 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 with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates 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 inmates 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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (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 inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (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 inmates?	yes
115.17 (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 inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (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
115.17 (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
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (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.)	na
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (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
115.21 (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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (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
115.21 (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.)	yes
115.21 (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 always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (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

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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
115.22 (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 criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates 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
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	na
115.34 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.35 (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
115.35 (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 medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (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
115.35 (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 §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (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 inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates 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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (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 inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	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

115.52 (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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	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 inmate 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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate 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 inmates 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
115.54 (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 an inmate?	yes
115.61 (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 inmates 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
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (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
115.61 (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
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (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
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (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
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (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
115.65 (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
115.66 (a)	Preservation of ability to protect inmates 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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (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
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (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 115.21(a).)	na
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	na

115.71 (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 115.34?	yes
115.71 (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
115.71 (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
115.71 (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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (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
115.71 (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
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (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 agency does not provide a basis for terminating an investigation?	yes
115.71 (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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (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
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate'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
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (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
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (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
115.76 (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
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	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
115.77 (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 inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	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
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (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 § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (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
115.83 (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 inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (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
115.83 (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
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate 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 inmates 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
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates 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
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (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
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (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
115.86 (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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (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
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (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
115.87 (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
115.87 (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 inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (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.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.88 (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
115.88 (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
115.88 (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
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (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
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
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 inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
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