

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

Interim Final

Date of Report 5/28/2019

Auditor Information

Name: David Andraska

Email: [REDACTED]

Company Name: Andraska Consulting, LLC

Mailing Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone: [REDACTED]

Date of Facility Visit: 3/11-13/2019

Agency Information

Name of Agency:

The GEO Group Inc.

Governing Authority or Parent Agency (If Applicable):

Physical Address: 4955 Technology Way

City, State, Zip: Boca Raton, Florida 33487

Mailing Address:

City, State, Zip:

Telephone: 561 999-5827

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Website with PREA Information: <https://www.geogroup.com/PREA>

Agency Chief Executive Officer

Name: George C. Zoley

Title: Chairman of the Board, CEO and Founder

Email: [REDACTED]

Telephone: [REDACTED]

Agency-Wide PREA Coordinator

Name: Phebia L. Moreland	Title: Director, Contract Compliance, PREA Coordinator
Email: [REDACTED]	Telephone: [REDACTED]
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President, Contract Compliance	Number of Compliance Managers who report to the PREA Coordinator 108

Facility Information

Name of Facility: Arizona State Prison- Florence West			
Physical Address: 915 East Diversion, Dam Road, Florence, AZ 85132			
Mailing Address (if different than above): PO Box 1599, Florence, AZ 85132-1599			
Telephone Number: 520 868-4251			
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: In partnership with our Corporate Office and our customer, Arizona State Prison – Florence West will provide a meaningful public service by providing the highest quality security, basic education programs, substance abuse counseling, mental health counseling, and job seeking skills to prepare offenders for release and reintegration into our communities.			
Facility Website with PREA Information: www.azcorrections.gov and https://www.geogroup.com/PREA			

Warden/Superintendent

Name: Rick Maudlin	Title: Warden
Email: [REDACTED]	Telephone: [REDACTED]

Facility PREA Compliance Manager

Name: Randy Ibarra	Title: Correctional Program Manager
Email: [REDACTED]	Telephone: [REDACTED]

Facility Health Service Administrator

Name: Sumi Erno	Title: Health Services Administrator
Email: [REDACTED]	Telephone: [REDACTED]

Facility Characteristics

Designated Facility Capacity: 750	Current Population of Facility: 700
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Number of inmates admitted to facility during the past 12 months		1017	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1017	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		1017	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18 and older	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		60-90 days	
Facility security level/inmate custody levels:		Minimum	
Number of staff currently employed by the facility who may have contact with inmates:		166	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		27	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		5	
Physical Plant			
Number of Buildings: 5		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		11	
Number of Open Bay/Dorm Housing Units:		12	
Number of Segregation Cells (Administrative and Disciplinary):		12	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): ASP-Florence West employs a video camera system for video surveillance. Cameras are placed strategically throughout the institution to ensure the safety and security of both inmates and staff. The facility currently has 30 cameras.			
Medical			
Type of Medical Facility:		On site 24/7 medical unit	
Forensic sexual assault medical exams are conducted at:		Scottsdale Osborn Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		4	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		10 ADC Investigators	

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Arizona State Prison-Florence West (ASP-Florence West) owned and operated by The GEO Group Inc. (GEO) was conducted on March 11-13, 2019 by Department of Justice (DOJ) Certified PREA Auditor David Andraska. This was the second PREA audit for the facility. ASP-Florence West contracts with the Arizona Department of Corrections (ADC). A line of communication was developed between the GEO PREA Coordinator, ASP-Florence West Compliance Manager and the auditor to discuss the posting of audit notice, Pre-Audit Questionnaire (PAQ), internal review and logistics.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility to include the PAQ, agency and ADC policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The auditor also viewed the GEO and ADC websites. The auditor contacted Just Detention International (JDI) in reference to any information previously submitted by inmates. Prior to the onsite audit, ASP-Florence West conducted an internal review (mock audit) to prepare for the PREA audit. Results of the review and corrective action taken were discussed with the auditor prior to the start of the audit. The recommendations per the review were implemented prior to the on-site audit.

The Auditor arrived at ASP-Florence West at approximately 8:00 a.m. on March 11, 2019 to begin the auditing process. An entrance meeting was held in the Warden's conference room with the Auditor and the Warden, PREA Compliance Manager, ACA Compliance Manager and the Agency PREA Coordinator. The tour of the facility began at approximately 8:30 a.m. The auditor was escorted by the Warden and PREA Compliance Manager throughout the tour. The auditor was previously provided with a schematic layout of the facility that included building and camera location. During the tour, the auditor reviewed staffing; logs; physical plant; sight lines; camera coverage; security mirrors and tested the inmate PREA hotline phone system. Inmates were able to shower, dress and use the toilet facilities without exposing themselves to staff of the opposite gender. Informal and formal conversations with employees and inmates regarding the PREA standards were conducted. Areas visited during the tour included administration, all housing units with attached segregation housing, kitchen/dining hall, education, medical unit, recreation, laundry, chapel, library, commissary and visitation. An overview of the camera system and camera views was shown to the auditor after the tour was completed.

PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to inmate and staff in both English and Spanish. The notification of the PREA audit visit was documented as posted on February 11, 2019. No correspondence was received by the auditor from inmates at ASP Florence West. In addition to a complete tour of the facility, the site visit consisted of a thorough review of inmate files, training records, personnel files, investigation reports, supporting documentation and formal interviews with staff and inmates. ASP Florence West employs 105 staff that may have contact with inmates. ASP-Florence West contracts for medical/mental health services. A total of 24 staff/contractors and one

volunteer were interviewed during the audit. 14 staff were selected for random interviews that included security staff (Captain, Lieutenant and officers) on all three shifts, the chaplain and food service staff. Ten facility and Agency specialized staff were interviewed. The specialized staff interviewed included: Agency Head, GEO PREA Coordinator, ADC PREA Coordinator, PREA Compliance Manager, intake and risk screening staff, retaliation monitor, investigator, incident review team member, contract medical/mental staff and ADC contract monitor. All staff served as a first responder and all staff interviewed was knowledgeable of their first responder duties and the agency's zero policy regarding sexual abuse and sexual harassment.

The PREA Compliance Manager provided the auditor with housing unit rosters that identified inmates alphabetical and by bed assignments along with their race. The inmate count was 700 on the first day of the site visit. The auditor conducted 30 formal interviews. 15 inmates were selected for random interviews. Inmates were chosen by a random selection from each housing unit with various ages and race. 15 inmates that were identified from the target group were interviewed as follows: nine (9) inmates who are LEP, three (3) inmates who identify as gay or bi-sexual, one (1) inmate who identify as transgender, one (1) inmate who reported sexual abuse and one (1) inmate identified as a potential victim during risk screening. There were no inmates at ASP-Florence West who were identified as meeting the following categories; youthful offender, blind, inmates with cognitive disabilities, inmates with physical disabilities, or inmates In segregated housing for high risk of sexual victimization. All inmates interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting. Most inmates stated they felt safe at the facility.

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. There were four allegations of sexual abuse and no allegations of sexual harassment received in the past twelve month. There were three alleged staff on offender sexual abuse investigations. The administrative findings of the alleged staff on offender allegations were one (1) unfounded and two (2) unsubstantiated. The one offender on offender allegations of sexual abuse was unfounded.

Upon completion of the on-site visit, an exit briefing was held to discuss the audit observations and findings. This briefing was held in the Warden's conference room with the Warden and key facility management staff and the agency PREA coordinator. The facility staff was found to be cooperative and professional. Staff morale appeared to be good and the observed staff/inmate relationships were determined to be good. The corrective action plan was discussed and the audit report process. The auditor thanked the Warden and staff for their hospitality and hard work and dedication to the PREA audit process.

Facility Characteristics

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

The campus is designed with a central recreation yard and three housing units, each containing four dormitory housing pods with separate segregation housing. A programs and

support building contains multipurpose rooms, educational classrooms, a library, central dining facilities, a kitchen and the facility's administrative offices and visitation areas. The RTC dorm is separated from the two DUI dorms by a chain link interior fence, keeping these two populations separated.

The design capacity of the facility is 750. On the first day of the audit the population was 700. In the past 12 months, 1,017 inmates were admitted to the facility. Because of the specialized purpose of the facility, the turnover in population is quite high. The average length of stay is approximately 60-90 days. The facility houses adult males and security level is minimum custody.

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

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

Summary of Audit Findings

Number of Standards Exceeded: 3

115.11, 115.17, 115.88

Number of Standards Met: 42

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The Interim Audit Report, dated April 22, 2019, indicated that there were three Standards (115.41, 115.42 and 115.81) that were non-compliant at ASP-Florence West Therefore, a required corrective action period not to exceed 180 days began. The Auditor recommended corrective action for the facility which they agreed to and began immediate corrections of those Standards found to be in non-compliance. Documentation of corrective action was received by the Auditor on May 18, 2019. The Auditor reviewed the submitted documentation to determine if full compliance was achieved. A summary of the evidentiary basis for determining full compliance is discussed within each standard that was originally non-compliant. As a result of successful corrective action, the Auditor determined that ASP-Florence West has achieved full compliance with the PREA Standards.

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

ADC Department Order 125 - Sexual Offense Reporting (DO 125), GEO Organization chart and the ASP-Florence West Organization chart were reviewed and address the requirements of this standard. The written policy mandate zero tolerance towards all forms of sexual abuse and sexual harassment and outline the agency's and facility's approach to preventing,

detecting and responding to sexual abuse and sexual harassment. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in these prohibited behaviors. GEO also has a zero tolerance policy. Due to contractual requirements between ADC and GEO, ADC policies are required to be followed at this facility.

During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and annually as outlined in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance toward sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance toward sexual abuse and sexual harassment were observed by the auditor to be strategically located and accessible throughout the facility for staff and inmate awareness.

GEO employs an upper-level, agency-wide PREA Coordinator who is a Director in the Contract Compliance Division for GEO. She is very knowledgeable of PREA standards and has the authority to develop, implement, and oversee PREA compliance. She is very active in coordinating PREA, sending updates to facilities, especially as Frequently Asked Questions are posted on the PREA website. She conducts training and meetings to keep PREA Compliance Managers up to date on any changes and best practices. She is consistently looking for ways to improve GEO's PREA program. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. She indirectly supervises 108 PREA compliance managers through three regional coordinators, one community corrections coordinator, and one juvenile coordinator.

ASP-Florence West's PREA Compliance Manager is the Correctional Program Manager. He was knowledgeable of PREA standards and is actively involved in PREA activities at the facility. Per interviews with the PREA Coordinator and PREA Compliance Manager, both stated they have sufficient time and authority to manage their PREA-related responsibilities.

The review of established policies and procedures, staff PREA training, Inmate PREA screening, education and information, interviews with staff and inmates, observation of bulletin boards, posters and PREA material during the tour of the facility, the designation of an Agency-wide PREA Coordinator, facility PREA Compliance Manager as well as oversight from the ADC PREA Coordinator, it is apparent that ASP-Florence West is committed to zero tolerance of sexual abuse and sexual harassment and exceeds the requirement of this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's

obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

GEO is a private agency and does not contract with other private agencies or entities for the confinement of inmates.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and

determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

GEO ensures each institution develops, documents, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse by monitoring and reviewing the staffing plans. GEO in collaboration with ADC (client) determines the staffing plan and the client also monitors compliance with the plan. GEO Policy 5.1.2-A establishes procedures to develop and monitor staffing plans and uses the criteria found in Standard 115.13 (a) to include generally accepted correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the institution's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); composition of the inmate population; number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; prevalence of substantiated and unsubstantiated incidents of sexual abuse; and other relevant factors to develop and review the staffing plan.

The contract that the agency has with ADC outlines in the Scope of Work, that the agency must maintain full staffing based on the 100% occupancy regardless of the actual level of occupancy. The design capacity of the facility is 750. From documentation provided by the facility, ASP-Florence West exceeds the number of staff required by ADC mandated minimum-staffing plan in multiple departments. The facility covers vacancies of security posts by utilizing overtime. Staff reports are submitted to and monitored by the ADC Contract Monitor to ensure that contract requirements are met.

The auditor reviewed ASP-Florence West's Annual PREA Facility Assessment dated 8/29/18. The PREA facility assessment is reviewed annually by the facility, GEO Corrections Division, and PREA Coordinator. The signature of the PREA Coordinator on the assessment confirmed that this was done in consultation with her. GEO has established a form to conduct the annual assessment to ensure all eleven criteria are properly reviewed and addressed. The plan follows generally accepted correctional practices. There have been no findings of inadequacy from any external or internal oversight bodies. All components of the facility's physical plant are considered and blind-spots are acknowledged and steps are taken to fix the blind spots. There is a brief description of the resident population and the times programs are occurring. The prevalence of substantiated and unsubstantiated incidents of sexual abuse is also mentioned. The Annual PREA Facility Assessment determines, and documents whether adjustments are needed to the staffing plan, the facility's deployment of video monitoring and other monitoring technologies, and the resources the facility has available to commit to ensure adherence to the staffing plan.

ADC's DO #703, state that Wardens, Deputy Wardens, Associate Deputy Wardens and supervisory staff will conduct and document inspections on all shifts to deter employee sexual abuse and sexual harassment. The Warden, Deputy Warden of Operations, the Deputy Wardens and Assistant Deputy Wardens of each unit perform unannounced PREA rounds at a minimum of twice each shift per month. These rounds are documented on the ADC-Inspection/Tour Report (Form 703-1) which were provided for review prior to the onsite visit and a random sample reviewed while onsite. Employees are prohibited from alerting other employees that these rounds are being conducted. Entries of these rounds are also found in the Correctional Services Log found in all dorms. The practice of these rounds being conducted was confirmed by interview with inmates and staff who reported numerous rounds on all shifts and upon review of the ADC-Inspection/Tour Reports.

The review of policies, unannounced rounds logs, staffing plan, annual facility assessment, staff and inmate interviews, observation while on site of camera placement, and interview with the Warden demonstrated ASP-Florence West is compliant with this standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

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

Auditor Overall Compliance Determination

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

ASP – Florence West houses adult male inmates only and does not house youthful inmates.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

DO 125, Department Order 704 – Inmate Regulations (DO 704), Department Order 708 – Searches (DO 708), Department Order 810 – Management of LGBTI Inmates (DO 810), Unit Specific Post Orders, PREA training curriculum, staff training rosters and unit journals were reviewed and address the requirements of this standard. Staff and inmate interviews and direct observation determined the facility does not conduct cross-gender strip or cross-gender visual body cavity searches. ASP –Florence West is an all-male facility. Staff members are prohibited from and do not search transgender or intersex inmates to determine an inmates' genital status. The facility reported there were no cross gender strip searches or cross gender visual body cavity searches conducted in the past 12 months.

Based on interviews with staff and inmates and personal observation, it was determined inmates are able to shower, perform bodily functions and change clothes without female non-medical staff observing their genitalia or buttocks, except in exigent circumstances or when such viewing is incidental to routine cell checks. Interviews with staff and inmates and direct observation determined that staff members of the opposite gender announce their presence and document the announcement in the unit journal when entering a housing area. Additionally, there is signage that female staff routinely work and visit inmate housing areas.

Review of PREA training curriculums and training rosters demonstrated staff had been trained 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. Interviews with staff members demonstrated they had been trained and were knowledgeable of the proper procedures to conduct pat down searches of transgender and intersex inmates. An interview with a transgender inmate indicated pat-down searches were conducted in a professional respectful manner.

The review of policies, training curriculums, training rosters, journal entries and observation along with interviews with staff and inmates demonstrated ASP- Florence West is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

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

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

DO 125, DO 174, Department Order 108 – Americans with Disabilities Act Compliance (DO 108) Department Order – 906 Inmate Recreation/Arts & Crafts (DO 906) and the PREA training curriculum were reviewed and address the requirements of this standard. The policies ensure inmates with disabilities and who are limited English proficient (LEP) have access to PREA information and programs. ASP-Florence West has taken appropriate steps to ensure that inmates who are limited English proficient or disabled 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. GEO has a contract with Language Line Services to provide foreign language translation. The facility also maintains a list of staff translators.

PREA informational material is available in English and Spanish. PREA posters are available throughout the facility for inmates, staff and visitors. Per policy, memo and staff interviews, inmates are not used as interpreters, when addressing sexual abuse and sexual harassment allegations. Informational and educational materials for inmates with physical and mental disabilities are provided in ways that will enable the inmates to understand the PREA zero tolerance policy, related material and how to report allegations of sexual abuse or sexual harassment. Interviews with nine LEP inmates indicated PREA information was provided in a format they could understand.

The review of policies, PREA brochures and posters, resources available and supporting documentation, as well as staff and inmate interviews demonstrated ASP-Florence West is compliant with this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

DO 125, DO 126, Department Order 601 – Administrative Investigations and Employee Discipline (DO 601) Department Order 602 – Background Investigations (DO 602), the employment application and personnel files were reviewed and address the requirements of this standard. In addition to the ADC policies, GEO also follows its own policies as they relate to hiring and promotional decisions. The policies ensure staff and contractors are not hired or promoted who have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile, or other penal type institutions; or who have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or been

civily or administratively adjudicated to have engaged in sexual activity facilitated by force, overt or implied threats of force, or coercion.

The policy require the facility to consider any incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. ADC performs ACIC/NCIC background checks and DPS checks on all potential employees. Additionally all GEO staff have a criminal background check conducted by Career Builder System (CBS). Applicants, who answer on their application for employment that they have worked previously in a confinement setting, receive a PREA verification by CBS. During the conditional offer phase, applicants are asked to disclose any incidents of sexual abuse or sexual harassment either in an institutional setting or in the community. The auditor reviewed a sample of staff application packets and background clearance checks for new hires, employee promotions and contractors. Through review of staff files and interview with the Human Resource Manager, it was determined the facility does not hire or promote staff and contractors are not hired who have engaged in sexual abuse as outlined in policies. The documents and interviews also demonstrated ADC and the facility considers incidents of sexual abuse/sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

The policies require background checks for staff and contractors prior to hiring or enlisting services of a contractor and again every five years. Volunteers require a background check before entering the facility and annually, thereafter. The auditor reviewed background clearance checks for a random sample of employees, contractors and volunteers.

ASP-Florence West does ask all applicants and employees who may have contact with inmates directly about previous sexual misconduct, as described in PREA Standard 115.17 (a), in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees; and impose upon employees a continuing affirmative duty to disclose any such misconduct.

Policy requires information be provided 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. Policies state material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination. GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied at.

The review of policies and procedures, documentation and employee personnel files, the interview with the Human Resources Administrator and that there is a dual system of background checks (GEO and ADC) demonstrated ASP-Florence West exceeded the requirement of this standard.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

When designing or acquiring any new facility and in planning any substantial modification of existing facilities, ASP- Florence West will consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. Since the last PREA audit, ASP-Florence West has not acquired any new facility or made expansions or modifications to the existing facility.

When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, ASP-Florence West will consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. ADC DO #125, states that assessment will be made whether monitoring technology should be deployed or augmented to supplement the supervision of inmates by staff. ASP-Florence West added 12 additional cameras in the housing units in 2017.

During interviews with the Agency Head and Warden, both stated they did consider how technology may enhance the agency's ability to protect inmates from sexual abuse prior to implementing the video enhancements/upgrades.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

DO #125, Department Order 601 - Administrative Investigations and Employee Discipline (DO #601) Department Order 608 – Criminal Investigations (DO #608), documented MOU attempts, Advocate Training Certificates and the Wellpath Healthcare Policy, B-05 Response to Sexual Abuse were reviewed and address the requirements of this standard. Per DO 125, all allegations of sexual abuse shall be investigated according to DO #608 and DO #601. Neither GEO nor ASP-Florence West is responsible for conducting any form of criminal or

administrative sexual abuse investigations. It is the responsibility of the ADC Criminal Investigation Unit (CIU) to conduct all PREA investigations and to ensure that all evidence is collected and preserved according to evidence protocol established by the Department of Justice. If an allegation of sexual abuse is reported, ADC CIU is immediately notified and will report to the facility to conduct an investigation, to include evidence collection.

The auditor interviewed a CUI investigator Supervisor and he stated Investigators are required to follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for criminal prosecutions as required by policy. Interviews with random staff indicated they know and understand the department's protocols for obtaining and preserving useable evidence. ASP-Florence West does not house inmates under the age of 18.

The facility sends inmate victims of sexual assault to an outside hospital for forensic exams by a Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners (SAFEs/SANEs). There were no forensic exams conducted by SAFEs/SANEs during the past 12 months. Emergency healthcare as well as forensic examinations by SAFEs/SANEs are provided at no cost to the inmate

GEO has attempted to enter into a Memorandum of Understanding (MOU) with a rape crisis center to provide a victim advocate. These attempts have been documented. ASP-Florence West has trained two staff to provide victim advocate services. Documentation of the staff training records was reviewed and the advocates were interviewed. If requested by the victim, a trained staff member would accompany and support the victim through the forensic medical examination process and investigatory interviews provide emotional support, crisis intervention, information, and referrals. There have been no requests for a victim advocate during the past 12 months.

The review of policies, procedures and documentation as well as interviews with the Warden, Investigator and advocates demonstrated ASP-Florence West is compliant with this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

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

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

DO #125, DO #601, DO #608, ADC website, GEO website and the PREA tracking log were reviewed and address the requirements of this standard. The policies require an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. The procedure and process regarding investigations are posted on the agency website.

The CIU when notified of an allegation of sexual abuse or sexual harassment ensures that a Significant Incident Report (SIR) is generated. A GEO PREA Incident Tracking Log is used to track all incidents that occur at the facility. In the past 12 months, there were 4 investigations conducted by CIU of allegations received at the ASP- Florence West. There were no allegations that appeared to be criminal requiring referral for prosecution.

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

The review of policies, PREA tracking logs, ADC and GEO websites and interviews with the PREA Compliance Manager and CIU Supervisor demonstrates ASP-Florence West is compliant with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

DO #106, DO #125, Department Order 509- Employee Training and Education (DO #509), PREA Training Curriculum and staff acknowledgments and electronic verifications were reviewed and address the requirements of this standard. The training curriculum demonstrated the training covered: the zero-tolerance policy for sexual abuse and sexual harassment; how staff should fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the resident's right to be free from sexual abuse and sexual harassment; the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; 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 relationships with inmates; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and transgender and intersex searches.

ASP-Florence West staff members received initial PREA training at the Correctional Officers Training Academy (COTA) for all newly hired correctional staff and non-correctional staff at New Employee Orientation. In-service PREA training is provided annually through scheduled on-line training and staff meetings. The PREA training curriculum was reviewed and the auditor verified that the training provided to employees is very comprehensive. Employees electronically sign an acknowledgement form that they have received and understood the PREA training. Staff interviewed were well versed in the PREA policy; their responsibilities in reporting sexual abuse/sexual harassment and staff negligence; their first responder duties; evidence preservation; and transgender and intersex searches. Employees also carry a PREA Action card.

The review of policies, the staff training curriculum, rosters and signed training acknowledgments, as well as interviews with the Training officer, PREA Compliance Manager and staff demonstrated ASP-Florence West is compliant with this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

DO #125, PREA training curriculum, training acknowledgments and electronic verifications were reviewed and address the requirement of this standard. Contractors attend the same PREA training as ASP-Florence West employees. The volunteer curriculum is based on the services they provide and level of contact they have with inmates to include training to ensure that volunteers are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed on how to report such incidents. Volunteer training is completed on-line for all volunteers and volunteers sign an acknowledgement form upon completion of this training that they submit to their supervisor. Interviews with contractors and a volunteer demonstrated their knowledge of PREA, their responsibilities and the agency zero tolerance policy. All volunteers and contractors who have contact with inmates have been trained on their responsibilities per ADC policy. The auditor reviewed the training records, signed acknowledgments and electronic verification confirming that all volunteers and contractors received and understood the PREA training.

The review of policy, training curriculums and supporting documentation, as well as interviews with the PREA Compliance Manager, Training officer, volunteer and contractors demonstrated that ASP-Florence West is compliant with this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? Yes No

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

DO #125, DO #108, DO #704, Department Order 802 – Inmate Grievance Procedure (DO #802), PREA Sexual Assault Awareness pamphlet, Inmate Handbook and signed inmate acknowledgement forms were reviewed and address the requirements of this standard. During intake, inmates are provided information through the Awareness pamphlet and Inmate Handbook, available in English and Spanish, which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment; and how to report such incidents while at ASP-Florence West. On the day of arrival, all inmates sign an Inmate Acknowledgement for

receipt of the Inmate Handbook/Rule Book and the Awareness Pamphlet. The Inmate Handbook and the Awareness pamphlet are available in both English and Spanish.

Inmates receive comprehensive PREA education as part of the facility orientation process. Inmate orientation is held every Friday for new arrivals and attendance is mandatory. A case manager facilitates the inmate orientation and the Speaking Up: Discussing Prison Sexual Assault video is played and discussed. Inmates sign an Orientation Roster, Policy on Sexual Assault acknowledgement, Orientation acknowledgement and completion of PREA education is documented electronically in the Adult Inmate Management System (AIMS).

PREA posters and pamphlets are posted throughout the facility in formats accessible to all inmates to ensure that key information is continuously and readily available or visible to inmates. Information on the posters and in the pamphlet include: the zero-tolerance policy; inmate rights; how to report; what to expect after you report; and how to protect yourself against sexual assault. The policies require information be provided in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills.

During interviews, inmates acknowledged the information being provided upon the day of arrival at intake and during orientation and have seen posters displayed throughout the institution. The inmates interviewed knew the zero-tolerance policy; how and who to report to; and that they have the right to be free from retaliation for reporting such incidents. The auditor reviewed signed inmate acknowledgements, which demonstrated inmates received and understood the PREA information and AIMS records. The auditor also observed the intake process. The facility reported that all 1017 inmates admitted during the past twelve months received PREA information upon arrival.

The review of policies, procedures and documentation, observation of the intake process and posted pamphlets and posters, as well as interviews with staff and inmates demonstrated ASP-Florence West is compliant with this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

DO #125, PREA Specialized Investigator Training curriculum and Training certificates were reviewed and address the requirements of this standard. Neither GEO nor ASP-Florence West conducts sexual abuse investigations. The ADC Criminal Investigation Unit (CIU) investigates all PREA allegations. The policy states that the CIU investigators will receive training in conducting sexual abuse investigations in confinement settings. CIU investigators from across the state receive National Institute of Corrections (NIC) training. The curriculum for the PREA: Investigating Sexual Abuse in a Confinement Setting was provided for review. Completion of this training is maintained electronically on the investigator's training transcript and investigators receive a certificate of completion.

Per an interview with the CIU Supervisor, he confirmed this training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or referral for prosecution. The CIU Investigator Supervisor acknowledged receiving specialized investigation training and was knowledgeable of his duties in conducting investigations, sexual abuse evidence collection and the evidence required to substantiate a case for administrative action or prosecution referral.

The review of policy and procedure, training curriculum and records and the interview with the CIU investigator Supervisor demonstrated that ASP-Florence West is compliant with this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

DO #125, PREA-Specialized Medical and Mental Health training curriculum and training records were reviewed and address the requirements of this standard. ASP-Florence West contracts for medical/mental health services with Wellpath (formerly Correct Care Solutions). All full-time and part-time medical and mental health staff receive specialized training to detect signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

GEO's Specialized Medical and Mental Health training was provided to all health care staff and verification of this training is documented. The specialized training curriculum was provided for review and was found to contain all topics required in 115.35(a). The health care staff also receives specialized PREA on-line training from Wellpath.

Medical staffs do not perform forensic exams. SANE exams are performed at a local hospital. Medical and mental health staff interviewed verified receiving specialized training in addition to general PREA training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve evidence.

The review of policy, lesson plan, training records, documents and interviews with medical and mental health staff demonstrated ASP-Florence West is compliant with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

ADC Department Order 811- Individual Inmate Assessments and Reviews (DO 811) was reviewed and addresses the requirement of this standard. The policy indicates inmates shall receive assessments during the reception process at intake or at the permanent facility to include PREA screening. This information is maintained in the Adult Inmate Management System (AIMS). AIMS is an automated computerized system containing information regarding all inmates confined in the ADC. This information follows the inmate as long as he is in the custody of ADC. In April 2018, ADC advised private prisons that the assessments are not to be completed upon arrival at their facilities as this was done at the ADC Reception Center. In February 2019 ADC approved GEO facilities to start the risk assessment upon arrival and conduct 30 day re-assessments. The assessments are to be implemented using GEO paper form/tools and not entered into AIMS unless the information received does not match the DC91. As a result of this change, GEO developed a 2019 Arizona initial PREA risk screening, 30-day reassessment, use of screening information and 14 day mental health referral protocol and a risk screening tool. All case managers at ASP-Florence West were trained on this new protocol on March 12, 2019.

Corrective Action Plan: For a 60 day period, provide documentation for all inmates that arrived at the facility were screened using the 2019 AZ protocol and that 30 day reassessments are completed as required by this standard. Determine method to review inmates currently at the facility to identify any inmates at risk for victimization or abusiveness. Provide documentation to ensure all inmates at the facility were assessed.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on May 18, 2019 to evidence and demonstrate corrective action taken by ASP-Florence West regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Count Movement Sheets from 3/6/2019 thru 5/16/2019
2. PREA Intake Risk Screening Forms
3. PREA Vulnerability Reassessment Questionnaire
4. PREA Tracking Log

ASP-Florence West demonstrated that for all inmates received during the corrective action period a PREA risk screening was completed and if the inmate was still at the facility a 30 day reassessment was completed. The PREA Tracking log demonstrated that inmates at the facility prior to the corrective action period were identified as victims, abusers or LGBTI. This Standard is now fully compliant.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

health and safety, and whether a placement would present management or security problems?
 Yes No

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

DO #811, DO #810, DO #801 were reviewed and address the requirements of this standard. DO #811 indicates the facility will use information from the risk screening to make housing, bed, work, education and program assignments to keep inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in ADC DO #810. The agency does not place LGBTI inmates in housing units solely based on their sexual orientation. Housing and program decisions for transgender and intersex inmates are considered on a case-by-case basis whether the placement would pose a management or security problem. Transgender and intersex inmates are given the opportunity to shower alone.

Corrective Action Plan: For a 60 day period provide documentation that an “at risk” log is generated that lists all victims, abusers, duals and LGBTI from the initial PREA risk screening assessment. Provide documentation ensuring at a minimum victims and abusers are not housed together.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on May 18, 2019 to evidence and demonstrate corrective action taken by ASP-Florence West regarding this Standard. This documentation is discussed below. This Standard is now fully compliant.

Additional Documentation Reviewed:

1. Count Movement Sheets from 3/6/2019 thru 5/16/2019
2. PREA Intake Risk Screening Forms
3. PREA At-Risk Tracking Log

ASP-Florence West demonstrated that a PREA Tracking log is generated that lists all victims, abusers, duals and LGBTI from the initial PREA risk screening assessment. The log also demonstrated that victims and abusers are not housed together.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

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

115.43 (b)

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

DO #125, Department Order 804- Inmate Behavior Control (DO #804) and Department Order 805-Protective Custody (DO #805) were reviewed and meet the requirement of this standard. Inmates at high risk for sexual victimization are not placed in the 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. ASP-West Florence will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, not to exceed a period of 30 days. If involuntary segregated housing is needed for longer than 30 days, the facility will review the status of the inmate every 30 days to determine if ongoing involuntary segregated housing is needed. Inmates placed in segregated housing for this purpose have access to programs, privileges, education and work opportunities to the extent possible. The facility will document and justify any restrictions imposed. There were no inmates placed in involuntary segregation due to being at a high risk of sexual victimization in the past 12 months.

The review of policies, observation during tour and interviews with the Warden and Captain demonstrated ASP-Florence West is compliant with this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

DO #125, DO # 802, DO #805, Department Order 501- Employee Professionalism, Ethics and Conduct (DO #501), Department Order-916 Staff-Inmate Communications (DO #916), Inmate Handbook and PREA posters and pamphlets were reviewed and address the requirements of this standard. The policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties and that they must promptly document any verbal reports. The Inmate Handbook, Inmate phone system, PREA Awareness pamphlet and multiple posters throughout the facility provide specific internal and external ways for inmates to report sexual abuse, sexual harassment and retaliation by other inmates or staff for reporting sexual abuse and sexual harassment. This information is available in English and Spanish.

Interviews with inmates verified they knew of multiple internal and external ways to report incidents of abuse or harassment, and retaliation. The facility provides inmates many multiple ways to privately report; verbally and in writing to staff; through a third party, by a grievance, or to the ADC Inspector General Bureau (a public office that is not part of the Agency). Inmates at ASP-Florence West are not detained solely for immigration purposes.

When using the inmate phones, a recorded message is played telling inmates they can call the PREA hotline by dialing 1-9-7732. Calls to this number are answered by the ADC Inspector General Bureau at the ADC's Central Office in Phoenix, AZ. A recording of these calls are sent to, the Deputy Inspector General, a CIU Supervisor, the PREA Coordinator and to the facility PREA Manager. During the tour, the PREA hotline was checked and found to be in working order.

Staff can privately report sexual abuse and sexual harassment of inmates in writing or by calling the Employee Hotline or telephoning, e-mailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website and in the Employee Handbook and reviewed in the PREA training curriculum. Staff interviewed were knowledgeable of methods of reporting available to them. .

The review of policies and PREA information provided to inmates, observation during the tour of the Facility and interviews with staff and inmates demonstrated that ASP-Florence West is compliant with this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

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

115.52 (b)

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

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

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

115.52 (e)

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

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

DO #802 and the Inmate Handbook were reviewed and address the requirements of this standard. ASP-Florence West does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; ensures 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, and such grievance is not referred to a staff member who is the subject of the complaint; and issues 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.

Third parties, including other inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. When an emergency grievance is received alleging that an inmate is at substantial risk of imminent sexual abuse the grievance will be immediately forwarded to the level of review that immediate corrective action can be taken. An initial response is provided to

the inmate within 48 hours and the Warden or his designee is required to issue a final decision within five calendar days. The Warden or his designee will document the initial response and the final decision and determine if the inmate is at substantial risk of imminent sexual abuse and what action was taken in response to the emergency grievance. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith. Inmates are informed of grievance procedures in the Inmate Handbook and during orientation. In the past 12 months there were no grievances filed.

The review of the grievance policy and procedures, Inmate Handbook and interviews with the PREA Compliance Manager and inmates demonstrated that ASP-Florence West is compliant with this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

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

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

DO #125, Department Order 914-Inmate Mail (DO #914), Department Order 915-Inmate Phone Calls (DO #915 and the Inmate Handbook were reviewed and address the requirements of this standard. Inmates have access to outside advocacy services and addresses and telephone numbers of state and national crisis centers are available to inmates. This information is provided by the Arizona State Coalition to End Sexual and Domestic Violence. Inmates are made aware of this information on bulletin board posters and in the Inmate Handbook. Requests for victim advocacy services can be made to the inmate's Correctional Program Officer or to the Assistant Warden/PREA Compliance Manager.

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

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

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

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

The review of policy, attempt to enter into a MOU, Inmate Handbook, trained facility victim advocates and interviews of staff and inmates demonstrated ASP-Florence West is compliant with this standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

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

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

Auditor Overall Compliance Determination

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

DO #125, the ADC website, The GEO website and PREA posters were reviewed and address the requirements of this standard. The procedure establishes a method to receive third-party reports of sexual abuse and sexual harassment and to distribute publicly, information on how to report sexual abuse and sexual harassment on behalf of an Inmate. The websites outline methods to report sexual abuse and sexual harassment on behalf of an inmate. Inmates can accomplish third-party reporting by having a friend or family member call the PREA hotline. Posters on display at the facility provide the visitors, staff and Inmates with third party reporting options. Interviews with inmates demonstrated they knew how third-party reporting could be accomplished.

The review of policy, ADC website, GEO website, PREA posters as well as interviews with staff and inmates demonstrated that ASP-Florence West is compliant with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

DO #125 and the PREA training curriculum were reviewed and address the requirements of this standard. The policy require all employees, contractors and volunteers (staff) to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; any retaliation against inmates or staff who reported such an incident; any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary. ASP-Florence West does not house inmates under the age of 18. There were no PREA incidents involving vulnerable adults as defined by Arizona State Statutes.

Interviews with staff verified they were aware they must immediately report to the facility's designated staff any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; and that they are prohibited from revealing information related to

a sexual abuse report other than to people authorized to discuss the report. The contracted health care agency (Wellpath) also requires its medical and mental health practitioners to report according to DO #125. Healthcare staff are required to reveal the limits of confidentiality at the initiation of services. All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported to the PREA Compliance Manager and the CIU investigators.

The review of the policies, documentation and the training curriculum and interviews with staff demonstrated that ASP-Florence West is compliant with this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

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

Auditor Overall Compliance Determination

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

DO #125, DO #805 and the PREA training curriculum were reviewed and address the requirements of this standard. Policy and training require staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. Interviews with staff demonstrate they know the steps to take to protect an Inmate subject to risk of imminent sexual abuse. Security personnel immediately employ protection measures as the information is passed to the PREA Compliance Manager. Per interview with the Warden, immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or requesting a transfer. No inmates reported being at substantial risk of imminent sexual abuse, during the past twelve months.

The review of the policies and the training curriculum and interviews with the Warden and staff confirms ASP-Florence West is compliant with this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

DO #125 and DO #608 were reviewed and addresses the requirements of this standard. When an allegation is received that an inmate was sexually abused while confined at another institution, the procedure requires the Warden to notify the Warden, where the alleged abuse occurred within 72 hours after receiving the allegation. The notification shall be documented on a SIR. The policy also requires that all sexual abuse allegations reported by another institution regarding any inmate that was confined at ASP-Florence West to reported to CIU and be fully investigated. An interview with the Warden and PREA Compliance Manager confirmed their knowledge of the procedure and their responsibility to report and investigate any allegations that may have occurred at ASP-Florence West. There were no allegation reported that an inmate was sexually abused while confined at another institution in the past 12 months. Additionally, the facility did not receive information from another facility that an inmate alleged sexual abuse while housed at ASP-Florence West in the past 12 months.

The review of the policy and interviews with the Warden and PREA Compliance Manager demonstrated ASP-Florence West is compliant with this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

DO #125 and the PREA training curriculum were reviewed and address the requirements of this standard. The policy directs how to respond to an allegation of sexual abuse for both security and non-security staff. Random interviews with security and non-security staff confirmed they were very knowledgeable about what to do upon learning an inmate was sexually abused, to include separating the alleged victim and abuser and preserving and protecting the crime scene. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff would request that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing their teeth, changing clothes, urinating, defecating, smoking, drinking or eating. They

are to immediately notify the on-duty or on-call supervisor and remain on the scene until relieved by responding personnel. If necessary, staff are to initiate an Incident Command System (ICS). Staff also carries a PREA 1st Responder card. ASP-Florence West reported it had no allegations which required implementing first responder duties, during the past 12 months.

The review of the policy, PREA training curriculum, staff PREA cards and interviews with staff demonstrated ASP-Florence West is compliant with this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

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

Auditor Overall Compliance Determination

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

DO #125, the facility Coordinated Response Plan and the PREA Incident Checklist were reviewed and address the requirements of this standard. ASP-Florence West has developed a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The policy and Coordinated Response Plan is comprehensive in describing required actions by security and specialized staff. An attachment to the response plan, PREA Incident Checklist, ensures that all steps of the plan are carried out. Interviews with the Warden, Shift Supervisors, first responders, medical/mental health, and investigators confirmed staff members were knowledgeable about the Response Plan and their specific responsibilities as it relate to responding to sexual abuse allegations and their coordinated duties and collaborative responsibilities.

The review of policy, procedure, the facility's Coordinated Response Plan and interviews with staff demonstrated ASP-Florence West is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Neither GEO nor ASP-Florence West has a collective bargaining agreement or entered into or renew any collective bargaining agreement or other agreement that limits the facility's ability to remove alleged employee sexual abusers from contact with any inmate in a GEO facility or program pending the outcome of an investigation. In the past 12 months, there was one alleged PREA incident where staff had to be separated from an inmate. The auditor reviewed documentation of the alleged staff abuser being placed on leave pending the outcome of the investigation.

The review of documentation and interviews with Agency Head and Warden confirms ASP-Florence West is compliant with this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

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

115.67 (c)

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

DO #125 and Department Order 811- Individual Inmate Assessment and Review (DO #811) and Retaliation Monitoring records were reviewed and address the requirements of this standard. ASP-Florence West designated the PREA Compliance Manager and as the person responsible for monitoring retaliation of inmates and the Human Resource Manager for staff. The policies also state facilities shall provide multiple protection measures for inmates or staff members who fear retaliation for reporting sexual abuse/sexual harassment or for cooperating with investigations. Monitoring will occur for at least 90 days following the report of the allegation and may go beyond the 90 days, if the monitoring indicates a continuing need. All monitoring meetings are conducted face to face with the first monitoring meeting occurring 10 days after the report of the allegation and every 30 days following for a minimum of 90 days, or longer if warranted. Monitoring for retaliation is documented electronically in AIMS. The facility's obligation to monitor shall terminate if the agency determined that the allegation was unfounded.

Interviews with the Warden and PREA Compliance Manager indicated ASP-Florence West uses multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff members or inmate abusers from contact with the victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Per the PAQ, statement of fact and interview with the PREA Compliance Manager, there were no incidents of retaliation in the past 12 months.

The review of the policies, procedures and monitoring records log and interviews with the Warden, PREA Compliance Manager and Human Resource Manager demonstrated ASP-Florence West is compliant with this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

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

Auditor Overall Compliance Determination

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

DO #125, DO #804 and DO #805 were reviewed and address the requirement of this standard. The policies prohibits the placement of inmates who alleged to have suffered sexual abuse in involuntary protective custody unless an assessment of all available alternatives has been made and there is no available means of separation from the likely abuser. The use of segregated housing to protect inmates who allege to have suffered sexual abuse is subject to those requirements outlined in 115.43.

In the past 12 months no inmates were placed in involuntary segregated housing for this purpose.

A review of policies and interviews with the Warden and Captain demonstrated ASP-Florence West is compliant with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

DO #106, DO #125, DO #501, DO #601, DO#608 and the PREA Incident Tracking Log were reviewed and address the requirements of this standard. Neither GEO nor ASP-Florence West is responsible for conducting any form of criminal or administrative sexual abuse investigations. It is the responsibility of the ADC Criminal Investigation Unit (CIU) to conduct all PREA investigations. The policies require that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Investigator indicated during his interview, a uniform evidence protocol is followed during investigations of sexual abuse and sexual harassments. Sexual abuse investigations are conducted by

investigators who have been specially trained in sexual abuse investigation and the training documentation was reviewed by the auditor.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff and a preponderance of evidence is enough to substantiate an investigation. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth telling devices as a condition for proceeding with the investigation of such an allegation. The investigation is continued when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to the completion of an investigation. All investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The interview with the Investigator, confirmed both administrative and criminal investigations are documented. They confirmed substantiated allegations of conduct that appears to be criminal are referred for prosecution. The investigative process was articulated by the Investigators during the interview. The facility only receives a summary of the investigation and the CIU unit retains the official file and is responsible for retaining all written reports and documents.

There were four investigations of sexual abuse and sexual harassment completed during the past 12 months. There was one alleged offender on offender sexual abuse investigations, which was determined to be unfounded. There were three alleged staff on inmate sexual abuse investigations, two were determined to be unsubstantiated and one was determined to be unfounded. Substantiated allegations of conduct that appears criminal are referred for prosecution. In the past 12 months there were no allegations referred for prosecution. The facility fully cooperates with CIU and remains informed of the progress of the investigations.

The review of policies, procedures, PREA tracking log, the training curriculum, investigation files and interviews with an investigator and the PREA Compliance Manager demonstrated ASP-Florence West is compliant with this standard.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

DO #125 was reviewed and addresses the requirement of this standard. The policy states, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the Investigator and Warden found that ASP-Florence West does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There were no substantiated findings for administrative investigations in the past 12 months.

The review of the policy and interviews with the Warden and Investigator confirms ASP-Florence West is compliant with this standard.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

DO #608 and investigation files were reviewed and address the requirements of this standard. CIU is responsible for investigation of PREA incidents and the notification of inmates. The investigative procedures and processes include reporting to the inmates. Per the policy, every allegation is investigated and every investigated allegation finding will be reported to the inmate in writing or verbally and documented as to whether it was substantiated, unsubstantiated or unfounded. if the allegation is against a staff member, the facility shall inform the inmate whenever the staff member is no longer posted within the inmate's unit, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the institution, or has been convicted on a charge related to sexual abuse within the institution; if the inmate allegation is against an inmate, the facility shall inform the inmate whenever the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or has been convicted on a charge related to sexual abuse within the facility.

In the review of investigative files, it was noted that the CIU investigators document on the investigative summary report that a notification was made. Per interview with the CIU Supervisor, he reported that he usually provides the notifications in writing through regular mail or verbally and notes this action on the case closure. Victims are notified of the outcome of investigations unless the victim had been released prior to the conclusion of the investigation.

The review of policy, investigative files and interview with the PREA Compliance Manager and Investigator demonstrated ASP-Florence West is compliant with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

DO #125 was reviewed and addresses the requirements of this standard. Staff members are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse; and disciplinary sanctions for violations of agency policy relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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. The policy also states that staff, volunteers and contractors will cooperate during an investigation. Failure to cooperate may mean disciplinary action, including dismissal, for the staff member.

Staff are made aware of the zero-tolerance policy and the penalties for violating the policy in the Employee Handbook and PREA training. In the past 12 months, two staff members resigned during PREA investigations, although the allegations were unsubstantiated, the investigation found staff misconduct.

The review of policy and interviews with the Warden and PREA Coordinator confirms ASP-Florence West is compliant with this standard.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

DO #125, Department Order 200 -Volunteer Services (DO #200) and Department Order 205 - Contractor Security (DO #205) were reviewed and address the requirements of this standard. Policy prohibit contractors or volunteers who engaged in sexual abuse to have contact with inmates and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The Warden stated during interview that if an allegation of sexual misconduct by a volunteer or contractor is reported, the person would not be allowed back on the facility until the completion of the investigation and only if the allegation is found to be unsubstantiated or unfounded. In the past 12 months there have been no contractors or volunteers who have been reported to CIU or licensing bodies for engaging in sexual abuse of inmates. Interviews with contractors and volunteers confirmed they were aware the punishment for engaging in sexual abuse or sexual harassment of inmates.

The review of policy and interviews with the Warden, PREA Compliance Manager, contractors and volunteers demonstrated ASP-Florence West is compliant with this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

DO #125, Department Order 801- Inmate Classification (DO #801), Department Order 803- Inmate Disciplinary Procedure (DO #803) and Department Order 809- Earned Incentive Program (DO #809) were reviewed and address the requirements of this standard. Inmates are subject to disciplinary sanctions following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse; sanctions are commensurate with the nature and circumstances of the abuse committed the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process takes into consideration whether an inmate's mental disabilities or mental illness contributed to his or her behavior. The facility will only discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Policy states a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. In the past 12 months, there has

been no administrative or criminal inmate on inmate sexual abuse findings. ASP-Florence West prohibits all sexual activity between inmates and disciplines inmates for such activity. Interviews with mental health staff indicates the facility offers therapy and/or counseling to inmate for inmate sexual abusers. No inmates were found guilty of filing a false PREA report in the past 12 months.

The review of policies, practice, supporting documentation and interviews with the Warden and Mental Health staff demonstrated ASP-Florence West is compliant with this standard.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

115.81 (d)

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

115.81 (e)

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

Auditor Overall Compliance Determination

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

DO #125 and Department Order 1104- Inmate Medical Records were reviewed and address the requirements of this standard. Per policy, mental health staff will see any inmate who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse within 14 days of the intake screening.

Medical and mental health staff obtains informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting. Any information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform about treatment plans, security and management decisions or otherwise required by federal, state or local law.

Corrective Action Plan: For a 60 day period provide documentation that for all inmates, if the screening pursuant to § 115.41 indicates that an inmate has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community are referred for a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Verification of Corrective Action since the on-site Audit:

The Auditor was provided supplemental documentation on May 18, 2019 to evidence and demonstrate corrective action taken by ASP-Florence West regarding this Standard. This documentation is discussed below.

Additional Documentation Reviewed:

1. Count Movement Sheets from 3/6/2019 thru 5/16/2019
2. PREA Intake Risk Screening Forms
3. PREA Tracking Log
4. Email from HSA verifying date inmate was seen by Mental Health Staff.

ASP-Florence West demonstrated risk assessments were completed as required per standard 115.41 and subsequent referrals to mental health were made within 14 days. This Standard is now fully compliant.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

DO #125 and DO #608 were reviewed and address the requirements of this standard. Policy state inmate victims of sexual abuse shall 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; and inmate victims of sexual abuse while incarcerated shall be offered timely information about sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. ASP-Florence West only houses male inmates. ASP-Florence West medical department is staffed 24/7 and mental health staff

is on-call after normal business hours. Forensic exams are provided off-site at a local hospital. The services are provided at no cost to inmates regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Medical and mental Health Staff interviewed reported the required information and services would be provided immediately and unimpeded. The auditor reviewed investigation reports which document mental health staff were notified when a sexual abuse allegation is received. In the past 12 months, no access to emergency medical and mental health services was required due to an incident of sexual abuse.

The policies and supporting documentation as well as interviews with Medical and Mental Health staff demonstrated ASP-Florence West is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

DO #125 and Wellpath Policy B-04 were reviewed and addresses the requirements of this standard. Policy and interviews with Medical and Mental Health staff indicate ASP-Florence West offers medical and mental health evaluations and, as appropriate, follow-up services and treatment to all inmates who have been victimized by sexual abuse. Inmates will be offered all; prophylactic treatment and follow-up for sexually transmitted or other communicable diseases; counseling and testing; and will be referred to the mental health staff for crisis intervention as necessary. ASP-Florence West only houses male inmates. Medical and Mental Health staff when asked, considered the level of care comparable to (or better than) the community level of care. Mental health evaluations are conducted on all known inmate-on-inmate abusers within 60 days of learning of such abuse. Victims are provided services without cost whether the victim names the abuser or cooperates with any investigation. In the past 12 months, there were no allegations of inmate sexual abuse requiring treatment services.

The review of policy, procedures and interviews with medical and mental health staff demonstrated ASP-Florence West is compliant with this standard.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

DO #125 and completed PREA After-Action Review Reports were reviewed and address the requirements of this standard. The policy identifies the minimum members of the review team and covers the process for sexual abuse incident reviews, to include the form the review team uses. The form addresses whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the institution; whether physical barriers in the area may enable abuse; the adequacy of staffing levels in that area during different shifts; and whether monitoring technology should be deployed or augmented to supplement supervision by staff.

ASP-Florence West conducted a sexual abuse incident review within 30 days of the conclusion of every investigation that was substantiated or unsubstantiated. The review team is chaired by the PREA Compliance Manager and includes other upper level management members and is assisted by line supervisors, investigators, and medical or mental health practitioners. The auditor reviewed all PREA After-Action Review Reports completed in the past 12 months. None of the reviews suggested recommendations for improvements. The policy does state the Warden shall implement recommendations made or document reason for not implementing. Incident review team members were interviewed and were knowledgeable of the process.

The review of the policy, completed PREA After-Action Review Reports and interviews with Warden and incident review team members demonstrated ASP-Florence West is compliant with this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

DO #125, Department Order 105-Information Reporting (DO #105), Survey of Sexual Violence Report, Monthly PREA Incident Tracking Logs, ADC PREA Annual Report and GEO PREA annual Report were reviewed and address the requirements of this standard. Policy requires uniform data be collected for every incident of sexual abuse alleged to have occurring at ASP-Florence West using a standardized instrument and set of definitions. The PREA Compliance Manager at ASP-Florence West is responsible for collecting specific PREA data and submitting it to ADC and GEO central office. The Agency PREA Coordinator is responsible for collecting data from the agency institutions/facilities and ensuring that such data includes the information necessary to complete the Federal Bureau of Justice Statistics "Survey of Sexual Victimization (SSV) form.

The data is used to assist the department in prevention, detection, and response policies, practices, and training. Interview with the ADC and GEO PREA Coordinators indicated the data is aggregated and an annual report prepared and compared to prior year reports, thus assisting in identifying problem areas, and taking corrective actions.

A review of the policy and supporting documentation, ADC PREA Annual Report, GEO Annual Report as well as an interview with the ADC and GEO PREA Coordinator and PREA Compliance Manager, demonstrated ASP-Florence West is compliant with this standard.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

DO #125 and Department Order 201-Legal Services Information Release (DO #201), GEO Policy 5.1.2-A, ADC Annual PREA Report and the GEO Annual PREA Report were reviewed and address the requirements of this standard. GEO reviews all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. The agency does this by identifying program 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. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed.

The PREA Coordinator prepares an annual report which includes corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years to provide an assessment of GEO's progress in addressing sexual abuse. The GEO PREA Coordinator forwards the annual report to the Vice President of Operations for his signature and approval. The report is made public annually on GEO's website at www.geogroup.com/PREA (Social Responsibility Section).

The Arizona Department of Corrections also prepares an annual report of sexual abuse statistics for their facilities. That report is available to the public on the Arizona Department of Corrections website at www.azcorrections.gov. DO #125, states that the Inspector General semi-annually provides written reports to the Director and Deputy Director outlining incidents of sexual assaults, whether by staff or inmates.

A review of the policies, interview with the PREA Coordinator and The GEO Annual PREA Report which provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities demonstrated ASP=Florence West exceeded the requirements of this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

DO #125, DO #201, Department order 103-Correspondence Record Control (DO #103), ADC Annual PREA and website and the GEO Annual PREA Report and website were reviewed and address the requirements of this standard. All sexual abuse data collected pursuant to this standard is retained and properly stored and secured. Sexual abuse data collected is retained by the agency for ten (10) years or longer if required by state statute. Access to data is controlled.

ADC and GEO make all aggregated sexual abuse data from all facilities under their control readily available to the public in an annual report. Before making aggregated sexual abuse data publicly available, all personal identifiers are removed. The most current annual reports are available on GEO's website at www.geogroup.com/PREA. The ADC annual report of sexual abuse statistics for their facilities and private facilities with which it contracts is available to the public on the Arizona Department of Corrections website at www.azcorrections.gov.

A review of the policies, ADC and GEO PREA Annual Report and websites and interview with the PREA Coordinator demonstrated ASP-Florence West is compliant with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

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

115.401 (b)

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

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

GEO policy 5.1.2-A, was reviewed and meets the requirement of this standard. The policy states during the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department ensures that each facility is audited at least once by a PREA auditor who has been certified through the Department of Justice. The GEO website has PREA audit reports posted for 115 facilities which are either the first or a recertification audit.

The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records,

investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. The auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was provided with an office that ensured privacy in conducting interviews with inmates and staff during the site visit. Notice of PREA audit was posted on February 11, 2019. Interviews with inmates stated they have seen posting. No inmates contacted the auditor prior to the audit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

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

Per the ADC and GEO policies and standard requirements, the ADC and GEO ensure that this final report will be published on their respective websites to be available to the public. The GEO website has PREA audit reports posted for 115 facilities which are either the first or a recertification audit. The most recent audit report appearing on the website was completed on January 7, 2019, well within the 90-day requirement.

AUDITOR CERTIFICATION

I certify that:

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

David Andraska P5115

May 28, 2019

Auditor Signature

Date