

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** 7 July, 2015

<b>Auditor Information</b>			
<b>Auditor name:</b> Jack L. Falconer			
<b>Address:</b> [REDACTED]			
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<b>Telephone number:</b> [REDACTED]			
<b>Date of facility visit:</b> 16-18 June, 2015			
<b>Facility Information</b>			
<b>Facility name:</b> Arizona State Prison Complex-Kingman			
<b>Facility physical address:</b> 4226 W. English Drive, Golden Valley, Arizona, 86413			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 928-565-2460			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Frank Shaw, Complex Administrator			
<b>Number of staff assigned to the facility in the last 12 months:</b> 530			
<b>Designed facility capacity:</b> 3500			
<b>Current population of facility:</b> 3482			
<b>Facility security levels/inmate custody levels:</b> Medium/Minimum			
<b>Age range of the population:</b> 18-76			
<b>Name of PREA Compliance Manager:</b> Hector Santiago		<b>Title:</b> Deputy Warden	
<b>Email address:</b> hector.santiago@mtctrains.com		<b>Telephone number:</b> 928-565-2460-ext 2111	
<b>Agency Information</b>			
<b>Name of agency:</b> Management and Training Corporation			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 500 North Marketplace Drive, PO Box 10, Centerville, Utah 84014			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
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<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Scott Marquardt		<b>Title:</b> President and CEO	
<b>Email address:</b> scott.marquardt@mtctrains.com		<b>Telephone number:</b> 801-693-2800	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Mark Lee		<b>Title:</b> Director, Corrections, Corporate PREA Coordinator	
<b>Email address:</b> mark.lee@mtctrains.com		<b>Telephone number:</b> 801-693-2864	

## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the Arizona State Prison Complex- Kingman was conducted on June 16-18, 2015. The facility is a 3500 bed, minimum and medium custody level prison operated by the Management & Training Corporation (MTC) for the Arizona Department of Corrections (ADOC). It is located in Kingman, Arizona and the facility is owned by the MTC.

It is the mission of **Management Training Corporation (MTC)** to "Be a leader by implementation of our plan to achieve high performance standards and goals; Maintaining a foundation based on integrity, accountability, and excellence; Providing long-term growth and stability while ensuring fiscal responsibility; creating opportunities through a positive environment for personal growth and development; empowering employees to implement innovative ideas for continuous improvement; Building esteem and pride by celebrating our diversity and accomplishments".

It is the mission of the **ASPC Kingman** "To house Arizona State inmates in a safe, humane, cost-efficient, and appropriately secure institution and to provide necessary and appropriate medical, dental, and mental health services to inmates by professional staff and to provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens".

It is the mission of the **Arizona Department of Corrections (ADOC)** "To serve and protect the people of Arizona by securely incarcerating convicted felons, providing structured programming designed to support inmate accountability, successful community reintegration, and providing effective supervision for those offenders conditionally released from prison".

On the first day of the audit, an entrance meeting was held where introductions were made. The following staff was in attendance:

Frank Shaw- Complex Administrator  
[REDACTED] Hualapai Warden  
[REDACTED] Cerbat Warden  
[REDACTED] Hualapai Associate Deputy Warden  
[REDACTED] Cerbat Associate Deputy Warden  
[REDACTED] Cerbat Associate Deputy Warden  
[REDACTED] – HR Manager  
[REDACTED] – Hualapai Health Services Administrator  
[REDACTED] Acting Cerbat Health Services Administrator  
Hector Santiago - PREA Manager  
Mike McCarville – Arizona Department of Corrections PREA Coordinator  
Carl Nink – Management Training Corporation PREA Coordinator  
Jack Falconer – Auditor

The auditor briefed the group on the audit process and responded to questions.

After the entrance meeting, a tour of the Hualapai Unit inmate housing, program areas, food service, medical, recreation, and other areas required by the PREA guidance was made. In addition, a number of staff and inmate interviews was conducted. On Wednesday and Thursday, the Cerbat Unit was toured and interviews of staff and inmates were completed.

#### Facility Description

The Arizona State Prison Complex Kingman (ASPC-Kingman) is owned and operated by Management and Training Corporation (MTC), whose corporate headquarters is located in Centerville, Utah. It consists of two prison units and one complex headquarters. The facility became operational in 2004 with the opening of the Hualapai Facility, a 1500 bed male medium security facility. In 2010, MTC signed a contract with the Arizona Department of Corrections for the operation of a second facility on the same site. The Cerbat unit, a 2000 bed male minimum security facility, began operations in March of 2010. With the addition of this second unit, the facility became the Arizona State Prison Complex-Kingman. The ASPC is situated on a (227) acre site within the town of Golden Valley, Arizona, approximately 20 miles southwest of Kingman.

### **Hualapai Unit**

The **ASPC Hualapai unit** is comprised of (12) buildings totaling 281,057 square feet, which include: Entry, Control, Administration, Visitation, Medical, Food Service, Segregation, Programs, a Chapel, and Inmate Housing units. The compound is surrounded by (2) 14ft. chain link fences, topped and lined with razor wire, an electronic intrusion system (tested 6 times per day), and closely monitored by staff using closed circuit cameras and screen monitors in a central control room. The security perimeter includes (2) armed roving perimeter vehicles, posted 24hours a day. The control room also monitors and controls all traffic moving into and out of the facility at the front entry and at the rear sally port.

The housing for general population inmates includes (5) open bay dormitories (dorms 1-5), housing 236 up to 354 adult male inmates in the five dorms. Showers, urinals, and commodes all have partitions and shower curtains.

There is also a 73 bed (27 single cell and 46 double cell) Detention Unit (DU) at Hualapai. The cells measure 91.20 sq. ft. All cells have lav/commodes in the cell. The showers have doors and privacy screens and the Detention Unit has attached recreation spaces.

### **Cerbat Unit**

The **ASPC Cerbat unit** is comprised of (20) buildings totaling 483,541 square feet, which include: Entry, Control, Administration, Visitation, Chapel, Medical, Food Service, Segregation, Programs, and inmate housing units. The compound is surrounded by (1) 14ft. chain linked fence, topped with razor wire, electronic intrusion system, and is monitored by closed circuit camera monitors in a central control room. The cameras are located in most areas to assist in the security management of the Unit. The perimeter security is maintained by (2) armed roving perimeter vehicles, posted 24 hours a day. The control room monitors and controls all traffic moving into and out of the facility at the front entry and the rear sally port.

The housing for general population inmates includes (10) open bay dormitories, each housing 200 adult male inmates. Showers, urinals, and commodes all have partitions and shower curtains.

There is also an 80 single cell Detention Unit (DU). The cells measure 81.69 sq. ft. All cells have lav/commodes in the cell. The showers have doors and privacy screens and the DU has attached recreation spaces.

### **Complex Unit**

The **ASPC Complex Unit** consists of three separate buildings providing spaces for the administration, maintenance, inmate laundry, training, mailroom, warehouse, and an Arizona Correctional Industry. Many of the ASPC support staff are headquartered in the Complex Unit.

The facility has a variety of rehabilitative programs that are offered to the inmate population. These include; Academic Programs, Vocational Programs, Religious Programs, Substance Abuse Programs and Mental Health programs.

- The Academic/Vocational/GED program is staffed by 18 instructors, 2 librarians, 3 Senior Instructors and 1 Administrator. The academic education department offers classes in mandatory literacy and GED. The vocational program offers apprentice programs for carpentry, safety, plumbing, electrical, HVAC, and commercial painting. The facility reported for the previous 12 month period, 79 completions of mandatory literacy, 57 completing their GED, and 1432 completions of Vocational programs.
- The Religious Program is staffed by 4 full time and 1 part time Chaplains. In addition, the Chaplains are assisted by 42 volunteers from the community. The Religion Programs ensure that the inmates are provided access to religious activities, religious materials, religious diets, and other legitimate requirements of their faith. The priority of the program is to support worship services and studies for more than 30 different religious groups.
- The Substance Abuse Program is licensed by the Arizona Department of Health Services as an outpatient treatment facility. The program is staffed with 17 positions. The program conducts Life Skills training in such areas as employment, relationships, personal growth, etc. Treatment is provided in DUI classes, moderate and intensive drug and alcohol rehabilitation, Moral Reconciliation Therapy, Inside-Out Dads, Relapse Prevention, Stress Management Reduction, AA, NA, CMA, 12-Step Study Group and Smart Recovery. The facility reported for the previous 12 month period, 4384 completions of Life Skills, and 775 treatment completions.

Inmate Healthcare Services are provided 24/7 by the medical division of MTC. Nurse line hours are from 0700 to 1200 & 1800 to 2000 seven days per week. The staffing for the medical program was 23 at the Hualapai Unit and 36 at the Cerbat Unit. Most of the inmates interviewed indicated the medical program met their needs.

Inmate work opportunities include;

- Inmates incarcerated at the ASPC are afforded the opportunity to participate in work programs in most of the operational areas of the facility.

- The ASPC has an inmate community service work program. This inmates are escorted into the community by correctional staff. This work crews provide services to the City of Kingman, ADOT-Adopt a Highway, City of Bullhead, Lake Havasu City, Golden Valley Fire Department, Kingman Airport, the Mohave County School District, and others
- The facility also has an outstanding work project called "Wheels for the World". This in-house project provides wheelchairs to people who need them around the world. Volunteers collect used but restorable wheelchairs. The wheelchairs are transported to the facility restoration shop where inmates restore them to their original usefulness. The wheelchairs are shipped to distribution sites worldwide. The restoration facility opened in 2011 and has shipped out 2600 restored wheelchairs.
- AZ Correctional Industries provides an inmate work program called "EF Block". The program employs 30 inmates to produce construction blocks similar to concrete blocks but much lighter in weight. The blocks are made of recycled polystyrene and other plastics and concrete.
- H&H Trailers also employs inmates to produce transport trailers for public purchase.

ASPC Kingman is accredited by the Correctional Education Association (CEA), the National Commission on Correctional Health Care (NCCHC), and the National Center for Construction Education and Research (NCCER).

**PREA Audit Comments**

The Complex has a neat an orderly appearance. The grounds are well manicured and the facility appears to be well maintained. The Correctional Officers provide security supervision.

Prior to the on-site visit, the auditor reviewed the Pre-Audit questionnaire examining the documentation offered by the facility for each PREA standard. During the three day on-site audit, the auditor toured the facility, examined additional documentation, and conducted formal staff and inmate interviews.

The auditor interviewed 62 staff/inmates during the PREA audit. 17 Inmates from the housing units, 20 Specialized Staff, 7 Management Staff, and 18 Correctional Officers were interviewed using the questions provided in the audit documents. The staff and the inmates were eager to answer all questions.

The Pre-Audit document provided by the facility indicated zero allegations of staff sexual abuse and six offender allegations of offender sexual abuse. The offender allegations were investigated by the ADOC CIU and determined to be unfounded or unsubstantiated.

In this auditor's opinion, the ASPC Kingman was well managed and the staff was well trained in their assignments.

On Wednesday, an exit meeting was conducted by the auditor. The attendees were;

- Frank Shaw- Complex Administrator
- [REDACTED] - Hualapai Warden
- [REDACTED] - Cerbat Warden
- [REDACTED] - Hualapai Associate Deputy Warden
- [REDACTED] - Cerbat Associate Deputy Warden
- [REDACTED] - Cerbat Associate Deputy Warden
- [REDACTED] - Hualapai Captain
- [REDACTED] - Cerbat Captain
- [REDACTED] - HR Manager
- [REDACTED] - Hualapai Health Services Administrator
- [REDACTED] - Acting Cerbat Health Services Administrator
- Hector Santiago - PREA Manager
- Mike McCarville - Arizona Department of Corrections PREA Coordinator
- Carl Nink - Management Training Corporation PREA Coordinator
- Jack Falconer - Auditor

The auditor provided an overview of the audit results and congratulated the facility staff about the progress made in compliance with the PREA standards.

**DESCRIPTION OF FACILITY CHARACTERISTICS**

<b>Facility Demographics</b>	<b>ASPC Kingman: Hualapai Unit</b>	<b>Cerbat Unit</b>	<b>Complex</b>
Designed Capacity:	1500	2000	
Actual Population (16 June, 2015)	1498	1984	
Security/Custody level:	Medium	Minimum	
Gender	Adult Male	Adult Male	
Age Range	18-75	18-76	
Average length of Stay	402 days	463 days	
<b>Number of full time staff:</b>			
Administration	6	12	16
Security	130	155	38
Programs	15	25	1
Support	9	2	16
Other	10	18	1
Total Facility (ASPC staff)	170	212	72
Medical (MTC Medical)	23	36	0
Food Service (Contract)	6	9	2

## **SUMMARY OF AUDIT FINDINGS**

[Click here to enter text.](#)

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 3



**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

Management Training Corporation (MTC) and AZDOC both have policies that mandate a zero tolerance for sexual abuse and sexual harassment of their inmate populations. (MTC 903E.02 & ADOC DO125).

The policies also present a plan to address prevention, detection, and responses for all employees. The agency (MTC) employs both a PREA Compliance Coordinator and an Assistant PREA Coordinator and the facility assigns a Deputy Warden as the PREA Manager. All indicate they have sufficient time to address the needs of PREA.

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

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

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

**Not applicable**

The facility does not contract for the confinement of inmates. The ASPC is owned and operated by the Management Training Corporation (MTC). The MTC policy and ADOC policy is to ensure full compliance with the PREA requirements.

**Standard 115.13 Supervision and monitoring**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The ASPC has developed a staffing plan to safely meet the PREA and correctional needs. This plan involves always filling a list of mandatory positions to meet the necessary post staffing requirements when vacancies occur. The facility used overtime to meet a safe staffing mandate required by the AZDOC. The facility reported no deviations from the custody staffing plan for the past 12 months. Unannounced rounds are conducted for all shifts and recorded by senior management staff. A review of the staffing plan was documented. The Auditor examined direct contact correctional staff vacancy rates for an 18 month period Jan 2014 thru June 2015. The correctional staff vacancy rate for this period averaged 10.68%.

#### **Standard 115.14 Youthful inmates**

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

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#### **Not Applicable**

No inmate is under 18 years of age at ASPC Kingman.

#### **Standard 115.15 Limits to cross-gender viewing and searches**

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

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

The MTC & AZDOC have policies that do not allow cross-gender strip or visual body cavity searches of inmates (MTC 903E.02, pg. 7 & ADOC DO 708, pg. 8). These policies were confirmed by the staff and inmates interviewed. The facility reported zero instances where these types of searches had occurred. All showers areas have curtains or protective screens. Opposite gender staff are required to announce their presence when entering the units. Policies are in place to prevent staff (other than medical) to examine an offender solely for the purpose of determining gender. The facility reported zero instances where these types of searches have occurred in the past 12 months.



100% of the staff has been trained in the correct procedure for searches

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

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

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

The ASPC provides a variety of ways to ensure inmates with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, etc. are available in both English and Spanish. Interpreters are available at both Units to provide any needed service. Inmate interpreters are prohibited. (MTC 903E.02, pg. 8 & ADOC 704.14 & 704.15).

**Standard 115.17 Hiring and promotion decisions**

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

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

ASPC Kingman has an on-site HR position that manages the recruitment and hiring process. Background checks are requested by the HR manager and completed by the ADOC CIU. Review of MTC & ADOC policy and interviews of the on-site HR manager verified that the facility follows the PREA requirements. All contractors are screened by using the same process. (MTC 903E-02, pg8 & ADOC DO125, pg. 15). The facility reported 178 employee checks were made and 20 contractor background checks were completed. The MTC and ADOC policies require a 5 year re-check of employees and contractors. This was verified by review of the documentation and in the interview process. Agency policy does indicate that any employee misconduct or false reporting is subject to the possibility of termination of employment.

**Standard 115.18 Upgrades to facilities and technologies**

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

MTC policy (MTC 903E.02, pg. 8) requires that any modification or expansion of existing facilities will consider the modifications impact upon the facilities ability to protect the inmates from sexual abuse. The facility is owned by MTC. The ASPC reported numerous cameras were added throughout the facility.

#### **Standard 115.21 Evidence protocol and forensic medical examinations**

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

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

Per ADOC policy (DO125.06, pg. 12 & DO608.02, pg. 1-2) the ADOC CIU will conduct all investigations. In accordance with the MTC contract with ADOC, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. All of the four CIU staff assigned to ASPC have been trained to meet PREA standards.

The facility has an MOU with SAFE and SANE examiners using an outside health care provider (KAPP). The facility conducted zero SAFE/SANE examinations during the last 12 months. Victim advocates to provide outside services are under contract and a Substance Abuse Spvr. is trained to provide advocacy services if required.

#### **Standard 115.22 Policies to ensure referrals of allegations for investigations**

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

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

Per ADOC policy (DO125.06, pg. 12 & DO608.02, pg. 1) the ADOC CIU will conduct all investigations. In  
PREA Audit Report

accordance with the MTC contract with ADOC, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. All of four CIU staff assigned to ASPC have been trained to meet PREA standards. During the 12 month period (2013-2014), six allegations of inmate on inmate sexual abuse and sexual harassment was received. The allegations were investigated and found to be unfounded or unsubstantiated Agency (MTC) policy regarding allegations of sexual abuse/harassment investigations is published on [www.mtctrains.com](http://www.mtctrains.com)

#### Standard 115.31 Employee training

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

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The staff training provided by ASPC Kingman meets policy requirements of PREA, MTC and ADOC. (MTC 903E.02, pg. 1 and DO 125.06, pg. 17)

All ASPC-Kingman employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 644 staff were trained. The facility has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates the trainees understand the training presented. The interview process documented that employees understood the materials presented. The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well.

#### Standard 115.32 Volunteer and contractor training

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

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69 volunteers and contractors at ASPC Kingman were trained about PREA and correctional requirements during the last 12 months. Signatures documented that they understood the training presented. The two volunteers interviewed were very knowledgeable about the requirements of the facility and PREA. (MTC policy 903E.02, pg. 4 & ADOC DO 125.06, pg. 19).

**Standard 115.33 Inmate education**

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

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By policy of both MTC and ADOC, inmates are provided information at intake about the zero-tolerance policy for sexual abuse or harassment. (MTC 903E.02, pg. 10 & DO125.02, pg. 3). In the past 12 months, 3807 inmates were trained on the principals of PREA. This represented 100% of both the inmates in the facility prior to August 12, 2012 and those offenders that were received since August 12, 2012. Provisions are made to assist those inmates with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, etc. are readily available to the population. The inmate interviews indicated that they understood their rights under PREA

**Standard 115.34 Specialized training: Investigations**

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

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Per ADOC policy (DO125.06, pg. 12 & DO608.02, pg. 1) the ADOC CIU will conduct all investigations. In accordance with the MTC contract with ADOC, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The four CIU staff assigned to ASPC-Kingman have been trained to meet PREA standards.

**Standard 115.35 Specialized training: Medical and mental health care**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

By policy of both MTC and ADOC, medical and mental health providers are provided PREA training. (MTC 903E.02, pg. 11 & DO125.02, pg. 17 & 19).

Documentation and the interviews indicated that all Medical and Mental Health services staff have been trained in the requirements of PREA. Forensic examinations are not conducted by the medical staff. These exams, if needed, are provided by a certified local health care organization.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

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

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By policy of both MTC and ADOC, inmate screening for risk of sexual abuse victimization and sexual abusiveness towards other inmates is required. (MTC 903E.02, pg. 11 & DO811.01, pg. 1).

100 % of the 3807 inmates received by the ASPC were screened for the risk of sexual abuse victimization or sexual abuse towards other inmates. This screening is accomplished within the first 24 hours of arrival. The risk assessment documents of MTC and ADOC are instruments that meets the PREA requirements. The inmates are reassessed for the risk of sexual victimization or being sexually abusive within the time frames required. The facility reported 3807 reassessments.

MTC and ADOC policies both prohibit discipline of an offender for refusing to answering questions in the screening process.

#### **Standard 115.42 Use of screening information**

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

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

The information obtained in the inmate screening process is used to make individualized determination to ensure the inmates safety. This documentation found on AIMS DC71 Screen, is also used to make decisions to



place each inmate in appropriate housing, work, education, and program assignments. The placement decisions are made by a classification committee. In making assignment decisions for transgender or intersex inmates, the decisions are made on a case-by-case basis. These policies are found in MTC 903E.02, pg. 12 and ADOC DO811.

**Standard 115.43 Protective custody**

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

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

The MTC/ADOC policies govern the use of segregation housing. The policies for inmates in protective custody are found in MTC 903E.02, pg. 12 & DO125.06, pg. 11. These policies include looking at alternatives for victims of sexual abuse. The facility reported no inmates were held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any inmate in segregation.

**Standard 115.51 Inmate reporting**

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

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

The facility has several ways that an offender can report sexual abuse/harassment. They can report an incident to any staff person, write a grievance or report, write letters, use an inmate hot line, or notify a third person. The policies that require this are found in MTC 903E.02, pg12, and DO125.02, pg. 3. Staff are informed of this requirement with required training and employee handbooks. No offenders are held for civil immigration purposes at the facility. Offender and staff interviews confirm that the process is well understood.

**Standard 115.52 Exhaustion of administrative remedies**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Both MTC and ADOC have an inmate grievance process that meets the requirements of PREA. The process allows the inmate to file an informal written complaint/grievance about sexual abuse on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary. The Offender Handbook clearly outlines the process required. In the past 12 months, there was zero grievances filed concerning sexual abuse or harassment. The policy is found in MTC 903E.02, pg. 13, and DO 802.0, pg. 7-8.

**Standard 115.53 Inmate access to outside confidential support services**

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

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

The facility provides to the inmates, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the inmate handbook. The facility has also trained the Chaplin and Substance Abuse manager to provide these services if needed. Policies are found in MTC 903E.02, pg14 and ADOC DO 125.05, pg. 11.

**Standard 115.54 Third-party reporting**

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

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

The website also provides the reporting policies regarding any sexual violence. In addition, the ADOC also has a Constituent Services website (corrections.az.gov) for third party reporting. Inmates may also write to the AZDOC Inspector General Bureau in regard to any sexual abuse or harassment. Policies are found in MTC 903E.02, pg. 14, ADOC 125.05, pg. 8 and DO 608.08, pg. 6.

#### Standard 115.61 Staff and agency reporting duties

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

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

The MTC and the ADOC both have policies that require all staff to immediately report any incident of sexual abuse/harassment. The policies also address the need to maintain confidentiality and address possible retaliation. Senior management staff has been assigned the task to monitor possible retaliation and the monitoring must be recorded.

Medical and mental staff report all sexual abuse allegations and they do inform the inmate of their duty to report. The ASPC reports all allegations to the ADOC CIU.

These policies are found in MTC 903E.02, pg. 14, ADOC DO125.03, pg. 3 and DO 125.09.

#### Standard 115.62 Agency protection duties

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

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

Policies require all staff to immediately take steps to protect an inmate who is the subject of imminent sexual abuse. There has been no incident of this action being required in the past 12 months.

These policies are found in MTC 903E.02, pg. 15 and ADOC DO125.03, pg. 4.

#### Standard 115.63 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The ASPC has a policy that requires notification of another facility when they learn of an inmate that had been sexually abused at that other facility. This notification is done within the 72 hour time frame. Documentation is required that the report will be investigated and properly acted upon. In the past 12 months, the facility reported three allegations of sexual abuse that inmates received at another facility. These were immediately reported to the Warden and ADOC CIU for investigation. Also, the ASPC Kingman received one allegation of sexual abuse from another facility. That allegation was investigated.

These policies are found in MTC 903E.02, pg. 15 and ADOC DO125.03, pg. 9.

#### **Standard 115.64 Staff first responder duties**

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

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

The MTC & ADOC policies meets all first responder requirements of PREA. This policies were verified by the responses from the staff being questioned. In the past 12 months, six allegations of sexual abuse from an inmate was recorded. None of these required a first security staff or non-security staff response nor the collection of physical evidence. All of the allegations were properly investigated and were either unfounded or unsubstantiated.

These policies are found in ADOC DO125.03, 1.1-1.4 & MTC 903E.02, pg. 15.

#### **Standard 115.65 Coordinated response**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

A written institutional plan for a coordinated response to any incident of sexual abuse was available at the ASPC Kingman. They are required to follow ADOC Policy DO125 to address the coordinated response requirements. The plan meets the requirements of both MTC and PREA.

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

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

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

**Not applicable.**

The ASPC Kingman employees do not participate in collective bargaining as Arizona is a “right to work State”.

**Standard 115.67 Agency protection against retaliation**

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

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

The facility has policies that protect inmates and staff who report sexual abuse/harassment from retaliation. Senior management supervises the plan. Any monitoring required will be conducted for a minimum of 90 days or longer if needed. The ASPC reported zero instances of retaliation in the past 12 months. These policies are found in ADOC DO125.01 & MTC 903E.02, pg. 16.

**Standard 115.68 Post-allegation protective custody**

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



- Does Not Meet Standard (requires corrective action)

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

MTC & ADOC have policies in place that govern the use of involuntary segregation. These policies meet the PREA requirements. The ASPC reported that no inmates who reported sexual abuse were held in involuntary segregation in the past 12 months. If this would occur, policies require 30 day reviews. These policies are found in ADOC DO125.01, pg. 7 & MTC 903E.02, pg. 16.

#### **Standard 115.71 Criminal and administrative agency investigations**

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

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

Per ADOC policy, the ADOC CIU will conduct all investigations. In accordance with the MTC contract with ADOC, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The four CIU staff assigned to ASPC-Kingman have been trained to meet PREA standards. Should an allegation be substantiated, the case will be referred for prosecution. The facility reported zero cases of sustained allegations since 20 August, 2012. Written reports are developed and retained per PREA, MTC, and ADOC requirements. These policies are found in ADOC DO125.06, pg11-13, DO 608.08 & .09, & MTC 903E.02, pg. 19.

#### **Standard 115.72 Evidentiary standard for administrative investigations**

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

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

The ADOC CIU investigator that was interviewed indicated they use as a standard the preponderance of the evidence.

**Standard 115.73 Reporting to inmates**

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

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

The ADOC CIU conducts all investigations. In the past 12 months, 6 allegations from inmates were recorded. None of the allegations were for staff abuse. The allegations were investigated and were determined to be unfounded or unsubstantiated. The reports were documented. The inmates who filed the allegations were informed of the findings.

Policies are MTC 903E.02, pg. 17 and ADOC DO 125, pg. 12.

**Standard 115.76 Disciplinary sanctions for staff**

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

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

The ASPC Kingman has disciplinary sanctions for staff up to and including termination for violating sexual abuse/harassment policies. The facility reported zero cases of staff of staff violating sexual abuse or harassment policies and none were terminated or resigned for violating policies on sexual abuse/harassment. Policies are MTC 903E.02, pg. 17 & MTC 203.1, and ADOC DO 125.01, pg. 1.

**Standard 115.77 Corrective action for contractors and volunteers**

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

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

ASPC Kingman has disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. The facility reported zero cases of volunteers/contractors terminated for violating policies on sexual abuse/harassment.

#### **Standard 115.78 Disciplinary sanctions for inmates**

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

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

The ASPC has policies providing sanctions for inmates engaged in sexual abuse of another inmate. These sanctions meet the PREA requirements. Consideration is given to the inmates' mental status in final determinations. Treatment is also offered to those found guilty. Both MTC & ADOC have policies that do not permit consensual sex between inmates. The facility reported zero cases of administrative or criminal findings of offender-on-offender sexual abuse in the past 12 months.

Policies are MTC 903E.02, pg. 18, and ADOC DO 125.01, pg. 2-3, & DO 803.01, pg. 1.

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

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

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

ASPC policies require that all inmates (100%) who disclosed prior sexual victimization during initial screening be offered a follow-up meeting with medical or mental health. The meeting is required within 14 days of the initial screening. The same policy also applies to inmates who perpetrated sexual abuse. Documentation is maintained for all meetings. Information found in the follow-up meeting is strictly limited to medical, mental health, security, and management staff. Informed consent is obtained by the medical staff.

Policies are MTC 903E.02, pg. 18, and ADOC DO 125.05, & DO 125.02, pg. 1.

**Standard 115.82 Access to emergency medical and mental health services**

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

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

The medical program at ASPC Kingman is staffed 24 hours per day, 7 days per week. All inmates who report to be sexual abused have unimpeded access to medical treatment. The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, and at no cost to the inmate. Policies are MTC 903E.02, pg. 19 and ADOC DO 125.04, pg. 9-10.

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

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

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

The ASPC provides medical and mental health evaluation and treatment consistent with the community standard for health care. The inmates are offered tests for sexually transmitted disease. These services are provided to all inmates who have been sexually abused. These services are at no cost. Inmate abusers are also offered mental health evaluations within a 60 day period. Policies are MTC 903E.02, pg. 19, ADOC DO 125.04, pg. 9-10, and DO125.05, pg. 11.

**Standard 115.86 Sexual abuse incident reviews**

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

The facility policies require that all incidents of sexual abuse are thoroughly reviewed by an incident review team. This team includes the PREA Compliance Manager and several facility management staff. The reports are then reviewed by the Warden and MTC/ADOC Administrative staff. The team is required to review and make recommendations within 30 days of the incident. The facility reported one sexual abuse investigations in the past 12 months.

Policies are MTC 903E.02, pg. 19, ADOC DO 125.06, pg. 14.

#### **Standard 115.87 Data collection**

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

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

MTC & ADOC collects sexual abuse data from all of its facilities and compiles the data annually. The process followed meets the requirement of PREA.

Policies are MTC 903E.02, pg. 20, ADOC DO 125.08, pg. 16-17 & DO 608.08, pg. 8.

#### **Standard 115.88 Data review for corrective action**

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

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

The MTC & ADOC collects sexual abuse data from all facilities and aggregates into an annual report. This MTC report is available on the web at [www.mtctrains.com](http://www.mtctrains.com). The report is approved by the CEO of Management and Training Corporation.

Policies are MTC 903E.02, pg. 20, ADOC DO 125.08, pg. 20.



**Standard 115.89 Data storage, publication, and destruction**

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

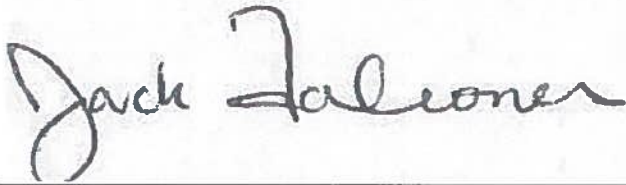
**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These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

The MTC and ADOC collects and securely retains data for a period of at least 10 years. This data is compiled from reports of all its facilities. This information is a public document and is readily available to the public. Policies are MTC 903E.02, pg. 20, ADOC DO 125.09, pg. 17.

**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.



7 July, 2015

Auditor Signature

Date