

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

Interim Final

Date of Interim Audit Report: N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: March 16, 2022

Auditor Information

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Company Name: Andraska Consulting, LLC	
Mailing Address: P.O. Box 191	City, State, Zip: Melrose, WI
Telephone: 715 896-2648	Date of Facility Visit: February 1-3, 2022

Agency Information

Name of Agency: The GEO Group			
Governing Authority or Parent Agency (If Applicable):			
Physical Address: 4955 Technology Way		City, State, Zip: Boca Raton, FL 33431	
Mailing Address: Same as above		City, State, Zip:	
The Agency 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
Agency Website with PREA Information: www.geogroup.com/PREA			

Agency Chief Executive Officer

Name: Jose Gordo	
Email: jgordo@geogroup.com	Telephone: 561-893-0101

Agency-Wide PREA Coordinator

Name: Trina Maso de Moya	
Email: tmasodemoya@geogroup.com	Telephone: 561-999-8116
PREA Coordinator Reports to: Daniel Ragsdale, Executive Vice President	Number of Compliance Managers who report to the PREA Coordinator: 83 (48 prison, 35 re-entry)

Facility Information

Name of Facility: Arizona State Prison-Florence West Rehabilitation Correctional Facility (Florence West)

Physical Address: 915 E Diversion Dam Road

City, State, Zip: Florence, AZ 85132

Mailing Address (if different from above):
P.O. Box 1599

City, State, Zip: Florence, AZ 85132

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: www.azcorrections.gov & www.geogroup.com/PREA

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe:

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Warden/Jail Administrator/Sheriff/Director

Name: Ron Credio

Email: rcredio@geogroup.com

Telephone: 520-868-4251

Facility PREA Compliance Manager

Name: Cassandra Shifflett

Email: cosgood@geogroup.com

Telephone: 520-868-4251

Facility Health Service Administrator N/A

Name: Amber Puckett

Email: apuckett@geogroup.com

Telephone: 520-868-4251

Facility Characteristics

Designated Facility Capacity:

750

Current Population of Facility:

418

Average daily population for the past 12 months:

603

Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18 plus
Average length of stay or time under supervision:	2.6 years
Facility security levels/inmate custody levels:	Minimum
Number of inmates admitted to facility during the past 12 months:	456
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	456
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	456
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	84
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	32
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	11
Physical Plant	

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	5
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	3
<p>Number of single cell housing units:</p>	0
<p>Number of multiple occupancy cell housing units:</p>	0
<p>Number of open bay/dorm housing units:</p>	3
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	12
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

0

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: (ADCRR CIU))
- N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?

0

When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: (ADCRR CIU))
- N/A

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: 115.11, 115.17, 115.31, and 115.88

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	February 1, 2022
2. End date of the onsite portion of the audit:	February 3, 2022
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	JDI, Was not able to communicate, made numerous attempts, mailbox full
Audited Facility Information	
4. Designated Facility Capacity:	750
5. Average daily population for the past 12 months:	603
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	3
7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

Inmates/Residents/Detainees

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	418
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	7
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	2
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	1
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	3
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other</i>	

<i>information that could compromise the confidentiality of any persons in the facility.</i>	
<i>Staff, Volunteers, and Contractors</i> <i>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</i>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	84
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	11
27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	The facility does not have any contractors.
Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input type="checkbox"/> Age <input type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Selected approximately equal number of inmates from each housing unit pod
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	
32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	All interviews were conducted using COVID-19 safety protocols such as social distancing and the auditor was wearing a mask.

Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>13</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Florence West does not house youthful offenders. This was established in Standard 115.14.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Florence West is a minimum security facility. Inmates are screened by the ADRCC that are able to work prior to be sent. The interview with the medical staff did not indicate any reference to inmates that may have physical disabilities. During the onsite tour this auditor did not observe inmates within this category. The PREA Compliance Manager could not produce an inmate for interview within this category.</p>

<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Florence West is a minimum security facility. Inmates are screened by the ADRCC that are able to work prior to be sent. The interview with the medical staff did not indicate any reference to inmates that may have cognitive or functional disabilities. The PREA Compliance Manager could not produce an inmate for interview within this category.</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Florence West is a minimum security facility. Inmates are screened by the ADRCC that are able to work prior to be sent. The interview with the medical staff did not indicate any reference to inmates that are blind or have low vision. The PREA Compliance Manager could not produce an inmate for interview within this category.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The interview with the medical staff did not indicate any reference to inmates that are deaf or hard of hearing. The PREA Compliance Manager could not produce an inmate for interview within this category.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>7</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Compliance Manager maintains a LGBTI tracking log from information obtain at screening. The PREA Compliance Manager could not produce an inmate for interview within this category.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	3
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	0
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility has a 12 bed segregation unit attached to one housing unit. The auditor conducted interviews with the staff that supervise this unit, the PREA Compliance Manager, and Facility Administrator and all confirmed no inmates have been housed in segregation for high-risk victimization in the past 12 months. During the on-site review, there were 4 inmates in segregated housing, the auditor spoke with inmates in segregated housing and did not identify any inmates under this category.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p><i>Random Staff Interviews</i></p>	
<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	14
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment

	<input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (describe) Click or tap here to enter text. <input type="checkbox"/> None (explain) Click or tap here to enter text.
48. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)
b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:	
49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	
<i>Specialized Staff, Volunteers, and Contractor Interviews</i> <i>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.</i>	
50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
51. Were you able to interview the Agency Head?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	
55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):	<input type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify

	<p>and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other (describe)</p>
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>0</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>0</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>

<p>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>All interviews were conducted using COVID-19 safety protocols such as social distancing and both the auditor and interviewees wearing masks. There are no contractors assigned to the facility. There are 11 religious volunteers, none were available to interview during the onsite portion of this audit.</p>
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Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>59. Did you have access to all areas of the facility?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain what areas of the facility you were unable to access and why.</p>	
<p align="center">Was the site review an active, inquiring process that included the following:</p>	
<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	
<p>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>During the site review, this auditor verified that cross-gender announcements were made by staff when entering housing units. This auditor verified that the notice of audit was posted, PREA information and signage was posted and inspected all areas for blind spots and cross gender viewing capabilities.</p>
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Documentation Sampling

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

<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>During the on-site review this auditor reviewed employee files for PREA questions, criminal history checks, and reference checks. The auditor reviewed employee training files for initial and annual PREA training. This auditor reviewed one investigative file, and 16 inmate files for initial intake screenings, 30-day reassessments, initial PREA information at intake and comprehensive PREA education.</p>

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>There were zero sexual harassment allegations in the past 12 months</p>
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Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate</u> sexual abuse	0	0	0	0	0
<u>Staff-on-inmate</u> sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate</u> sexual abuse	0	0	0	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0
Total	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>b. There were zero sexual harassment allegations in the past 12 months</p>
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72. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>There were zero sexual harassment allegations in the past 12 months</p>
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Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

<p>73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
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<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	
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<p>74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p>77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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Staff-on-inmate sexual abuse investigation files

<p>78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	b. There were zero sexual harassment allegations in past three years
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	

Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	

Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	

Auditing Arrangements and Compensation

<p>92. Who paid you to conduct this audit?</p>	<p><input checked="" type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>
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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*)

The following evidence was analyzed in making the compliance determination:

1. Documents: (Policies, directives, forms, files, records, etc.)
 - a. Florence West PAQ responses
 - b. GEO Organizational Chart
 - c. Florence West Organizational Chart
 - d. ADCRR Department Order 125 - Sexual Offense Reporting

- e. Florence West Correctional and Rehabilitation PREA Policy
 - f. GEO Corporate Policy 5.1.2-A, Sexually Abusive Behavior Prevention and Intervention Program (PREA) for Adult Prison and Jail and Adult Community Confinement Facilities
 - g. GEO website: <https://www.geogroup.com/PREA>
2. Interviews:
 - a. PREA Coordinator
 - b. PREA Compliance Manager (PCM)
 - c. Staff
 3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.11 (a): During the pre-onsite portion of this audit, the Facility provided the Arizona Department of Corrections, Rehabilitation & Reentry (ADCRR) Department Order 125 and the Florence West PREA Policy in support of their compliance with this standard in its PAQ responses. The DO 125 states; “The Department has zero tolerance for sexual harassment and/or sexual contact of any kind with inmates and offenders including: sexual conduct, assault and/or contact by inmates, staff, contractors, volunteers and others. This Department Order establishes the standards and accountability measures to prevent such conduct, regardless of location and to respond appropriately should a sexual conduct occur. This process includes meeting the medical and psychological needs of the victims. Allegations of sexual conduct shall be investigated and as warranted, result in disciplinary action and/or criminal prosecution.” Florence West PREA Policy 5.1.2, in part states, “The GEO Group, Inc. (GEO) mandates zero tolerance towards all forms of Sexual Abuse and Sexual Harassment in all its facilities. It is the policy of GEO that sexual conduct between Employees, Volunteers, or Contractors and Individuals in a Program regardless of consensual status is prohibited and subject to administrative and criminal disciplinary sanctions.” Due to contractual requirements between ADCRR and GEO, ADCRR procedures take precedence over GEO procedures at this facility.

ADCRR DO 125 and Florence West policy 5.1.2 are written policies mandating zero tolerance towards all forms of sexual abuse and sexual harassment and prohibits retaliation against inmates or any staff who reports sexual harassment or sexual abuse against an inmate, or cooperates with an investigation. The policies outline the agency’s/facility’s approach to preventing, detecting and responding to such conduct. The policies detail definitions that are consistent with the PREA definitions. The policies further outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment; and detailed employee corrective actions and disciplinary sanctions for conduct that meets the definition of sexual abuse and harassment. The policy was found to be comprehensive and address all provisions of the PREA standard. The agency’s zero-tolerance policy is also posted on its website.

During the onsite portion of this audit, this auditor formally and informally interviewed facility staff. All staff confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided at Correctional Officers Training Academy (COTA) for all newly hired correctional staff, New Employee Orientation (NEO) for non-correctional staff and annually as part of in-service training. They also confirmed receiving both ADCRR and GEO PREA training annually and pocket training on PREA throughout the year. 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.

115.11 (b): GEO Policy 5.1.2-A, section III.B.1.states,“GEO shall designate a PREA Coordinator, at the corporate level with sufficient time and authority to develop, implement, and oversee the Company’s efforts to comply with the PREA standards in all of its required Facilities. PREA Coordinator duties include:

- a. PREA oversight for U.S. Corrections and Detention, Reentry Services and Youth Services Facilities;
- b. Developing the corporate PREA policy to comply with standard requirements;
- c. Work with Compliance on the refinement of the PREA audit tool;
- d. Work with Facilities if an incident occurs;
- e. Review the results of every investigation of Sexual Abuse;
- f. Compile annual reports on findings and corrective actions for the Company; and,
- g. Develop and implement best practices in training, identification, treatment and reporting.”

GEO employs an upper-level, agency-wide PREA Coordinator who is the 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. The GEO organization chart demonstrates the PREA Coordinator is in a position of authority. She indirectly supervises 83 PREA compliance managers. In addition to a PREA Coordinator, GEO ensures that all of its facilities have a PREA Compliance Manager with sufficient time and authority to coordinate the facility's PREA efforts. GEO Policy 5.1.2-A, section III.B.2.states, “Each Facility Administrator shall appoint a local PREA Compliance Manager for each U.S. Corrections and Detention Facility with sufficient time and authority to coordinate the Facility’s efforts to comply with the PREA standards. PREA Compliance Manager duties include:

- a. Gathering of Facility statistics and reports on incidents of Sexual Activity and Sexual Abuse;
- b. Assist with development/revision of any site specific PREA policies;
- c. Assist with PREA training initiatives;
- d. Assist with PREA facility assessments;
- e. Prepare an annual report on findings and corrective actions for the facility; and
- f. Monitoring for retaliation in accordance with PREA standards.”

The facility’s organizational chart illustrates the PREA Compliance Manager’s position within the facility. Florence West has designated the Corrections Program Supervisor as the PREA Compliance Manager (PCM). The assignment requires the staff to offset their regular duties to ensure they have enough time to oversee PREA compliance duties for the facility. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator and PCM. They both stated they have sufficient time and authority to manage their PREA-related responsibilities.

From the review of established policies and procedures, organizational charts, 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 Managers as well as oversight from the ADCRR PREA Coordinator, it is apparent that Florence West is committed to zero tolerance of sexual abuse and sexual harassment.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with all provisions and exceeded 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.) 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. Statement of Fact
2. Interviews:
 - a. Agency Executive Director
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.212 (a-c):

During the pre-onsite portion of this audit, the Facility on behalf of GEO reported in its PAQ responses that they are not a “public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies” The Facility further indicated that the agency has not entered into or renewed a contract for the confinement of residents on or after August 20, 2012 or since its last PREA audit. Per the Statement of Fact provided, Florence West is a private prison that contracts with the Arizona Department of Corrections Rehabilitation and Reentry (ADCRR).

During the onsite portion of this audit, this auditor interviewed the Agency Head to review the information provided by the Facility in its PAQ responses. The Agency Head corroborated the information provided and informed the auditor that GEO does not contract with other facilities to provided services for them and, further, has not entered into any contract for the confinement of its residents since August 20, 2012, which predates their last PREA audit. The agency policy does state GEO shall adhere to all contracts with other entities for the confinement of individuals that require its obligation to adopt and comply with the PREA standards.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with this standard.

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 facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 703 – Security/Facility Inspections
 - c. GEO Policy 5.1.2-A
 - d. ADCRR Contracted positions
 - e. Florence West Facility Staffing Plan
 - f. PREA Unannounced Supervisor Rounds Report
 - g. Annual PREA Facility Assessments (2018, 2019, 2020)
 - h. Camera list and locations

- i. Daily Staff Roster: All Shifts
 - j. Statement of Fact
2. Interviews:
- a. Agency Executive Director
 - b. PREA Coordinator
 - c. Facility Administrator
 - d. Intermediate or Higher Level Facility Staff
 - e. Random staff
3. Site Review Observations:
- a. Observations during on-site review of physical plant

Findings:

115.13 (a): During the pre-onsite portion of this audit, the Facility provided the ADCRR and GEO policies listed above in support of their compliance with this standard in its PAQ responses. GEO Policy 5.1.2-A, section III.1.a states, "Each Facility shall develop and document a staffing plan that provides adequate levels of staffing and where applicable, video monitoring, to protect Individuals in a GEO Facility or Program against Sexual Abuse."

GEO in collaboration with the ADCRR (client) determines the staffing plan. Policy establishes procedures to develop and monitor staffing plans and uses the criteria found in this provision to include the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse, and any other relevant factors. The average number of inmates the staffing plan was predicted on was 750 inmates. During the onsite portion of this audit, the auditor interviewed the Facility Administrator; he confirmed the facility has a documented staffing plan which was developed taking into consideration all aspects of this provision. During the tour of the facility, this auditor did not identify any risk areas.

115.13 (b): During the pre-onsite portion of this audit, the Facility indicated that this provision was not applicable and provided a Statement of Fact. The Statement of Fact states, "Florence West Correctional & Rehabilitation Facility has contract mandated minimum staffing plan and currently exceeds the amount of staff required by Arizona Department of Correction's in multiple departments. Florence West covers vacancies of security posts by utilizing overtime. Staffing reports are submitted to and monitored by Arizona Department of Corrections to ensure contract requirements have been met during this audit period." According to information provided on the Pre-Audit Questionnaire and interview with the Facility Administrator, in the past 12 months there were no deviations to the staffing plan. The Facility Administrator reported they ensure compliance to the staffing plan by reviewing shift rosters daily for both security shifts.

115.13 (c): GEO Policy 5.1.2-A, section III.C.1(c-e) states in part, "Facilities shall assess, determine and document no less frequently than once each year, whether adjustments are needed to:

- 1) The staffing plan;
- 2) The Facility's deployment of video monitoring systems and other monitoring technologies; and
- 3) The resources the Facility has available to commit to ensure adherence to the staffing plan.

The staffing plan, to include all deviations and the Annual PREA Facility Assessment shall be completed and submitted to the local PREA Compliance Manager and Corporate PREA Coordinator annually as determined by each division. GEO's U.S. Corrections and Detention and Reentry Services Divisions, in consultation with the Corporate PREA Coordinator, shall review all Facility assessments and take appropriate actions necessary to protect Individuals in a GEO Facility or Program from Sexual Abuse at its Facilities. All findings and corrective actions taken shall be documented by the Corporate PREA Coordinator."

GEO has established a form to conduct the annual assessment to ensure all required criteria are properly reviewed and addressed. All components of the facility's physical plant are considered and no major blind-spots or surveillance camera deficiencies were identified. There is a brief description of the inmate 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. Florence West's Annual PREA Facility Assessment is completed annually by the facility, and forwarded to GEO's Vice President of Residential Reentry Centers and GEO's PREA Coordinator for review and signature. This auditor reviewed three Annual PREA Facility Assessments. The assessments were dated August 24, 2021, September 17, 2020 and September 24, 2019. The assessments were very complete and addressed all the provisions required by GEO policy and this Standard.

115.13(d): ADCRR policy DO 703, section 2.0 states "INSPECTIONS AND TOURS OF INSTITUTIONS, UNITS AND PRIVATE PRISONS – Wardens, Deputy Wardens, Associate Deputy Wardens, Majors, Chiefs of Security, Correctional Officer IVs and supervisory staff shall conduct inspections of their areas of responsibility.

2.1 Formal Inspections – Wardens, Deputy Wardens, Associate Deputy Wardens, Majors, Chiefs of Security and Correctional Officer IVs shall:

2.1.1 Conduct frequent formal inspections of the institution/unit.

2.1.1.1 Inspections shall not be restricted to certain hours or routines; they shall be unscheduled and unannounced. Staff members are prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. 2.1.1.2 The inspector shall conduct casual, unstructured interviews of staff and inmates."

703 tour and inspection reports submitted to ADCRR and electronic log entries were reviewed that document unannounced rounds are being made by management staff. Journals in housing units are also used to document unannounced PREA rounds made daily on both shifts by shift supervisors. During the onsite portion of this audit, the auditor interviewed Intermediate and Higher-Level staff. Staff reported different strategies utilized to prevent staff from alerting other staff that an unannounced round was being conducted. During the onsite portion of this audit, the auditor also interviewed random staff and asked them specifically if management staff make unannounced rounds. All staff interviewed responded affirmatively. A review of the agency policy, documentation and staff interviews indicate multiple levels of management conducting unannounced rounds on all shifts.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 801 Inmate Classification Technical Manual
 - c. Statement of Fact:
 - d. ACIS Report Under 18
2. Interviews
 - a. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.14 (a-c): During the pre-onsite portion of this audit, the Facility indicated that Florence West does not hold youthful offenders. During the onsite portion of this audit, this auditor attempted to corroborate the Facility's PAQ response by reviewing an ACIS report for Selected Inmates at Florence West with parameters= Age: less Than 18. The reports ran in a random months in 2019, 2010 and 2021 indicated a record count of zero, no inmates meeting the criteria. Per the Statement of Fact and interview with the Facility Administrator, Florence West does not house youthful offenders. DO 801 establishes, "Male juvenile inmates tried and convicted in adult court, which have not yet reached 18 years of age, are admitted at the ASPC-Tucson Minors Unit."

Based upon the review and analysis of all the available evidence, the auditor has determined that this standard is not applicable to this facility.

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, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- Florence West PAQ responses
- ADCRR Department Order 125 Sexual Offense Reporting
- ADCRR Department Order 704 Housing Regulations
- ADCRR Department Order 708 Searches
- ADCRR Department Order 810 Management of LGBTI Inmates
- GEO Policy 5.1.2 Sexually Abusive Behavior Prevention and Intervention Program (PREA)
- 2020 DOJ In Service PREA Curriculum
- Training Rosters PREA
- Statement of Fact-Unit Strip Search Log
- Statement of Fact- Cross Gender Pat Searches of Females
- Statement of Fact- Medical Practitioner Conducting Cross Gender Search
- Photographs of Bathroom
- Post Order Housing Unit Security
- Correctional Officer Journals
- AZ Revised Statute 13-1419

2. Interviews:

- PREA Coordinator
- PCM
- Staff
- Random Inmates

3. Site Review Observations:

- Observations during on-site review of physical plant

Findings:

115.15 (a): ADCRR policies address inmate searches. Cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner. Per the PAQ, in the past 12 months there were zero cross-gender strip or visual body cavity searches conducted. Inmates interviewed indicated they are only pat searched and strip searched by male staff. Staff interviews stated the facility does not allow cross-gender strip searches and cross-gender visual body cavity searches. Florence West only houses male inmates.

115.15 (b-c): During the pre-onsite portion of this audit, the Facility indicated these provisions were not applicable to them as it does not house females in its PAQ responses. The auditor confirmed that the facility only houses male inmates per review of inmate rosters. The facility reported no cross-gender strip, visual body cavity, or pat-down searches being conducted over the past 12 months. In regard to 115.15(c)-1 Per policies, cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances or when performed by a medical practitioner and. If completed the facilities shall document and justify all cross-gender strip searches and cross-gender visual body cavity searches of inmates. Per interviews with random staff, they were all aware of this requirement. As indicated above there were no such searches completed.

115.15 (d): ADCRR and Florence West has policies and practices that allow inmates to shower, use the toilet and change clothing without opposite gender staff viewing them, absent of exigent circumstances or instances when the viewing is incidental to routine cell checks. Staff of the opposite gender are required to announce their presence when entering housing units. All housing units were observed to have shower stalls with side walls that allow inmates to shower without being observed by staff of the opposite gender. There are no cameras in housing units that view into the inmate restrooms. During the onsite portion of this audit, the auditor interviewed random inmates. Overall the inmates interviewed indicated that opposite gender staff announces their presence when entering a housing area. This practice of opposite gender announcements was also observed by the auditor during the on-site tour. Inmates indicated that they not viewed by staff of the opposite gender when using the toilet, showering, or changing clothes. Random staff interviews indicated that opposite gender staff announcements are made prior to entering the housing units. An announcement is made at the beginning of shifts that a female officer is working and anytime a female staff enters a housing unit. The announcement is notated in the Unit journal. There are signs posted by doorways reminding staff of the opposite gender to announce their presence before entering the unit.

115.15 (e): ADCRR and Florence West have policies and practices that address searches of transgender and intersex inmates. Facilities shall not search or physically examine a transgender or intersex inmate solely to determine their genital status. If the genital status is unknown, it may be determined during private conversation with the individual, by reviewing medical records or by learning this information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with random staff confirmed they were aware of this policy. There were no transgender and intersex inmates housed at the facility during the onsite portion of the audit.

115.15 (f): All staff at Florence West received training on how to conduct cross-gender pat searches and searches of transgender and intersex inmates in a professional and respectful manner. The PREA training curriculum was provided for review and found to contain training on pat searches, including searches of transgender and intersex inmates. All of the random staff interviewed said they received training in how to conduct cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. Per ADCRR policy, pat searches of an inmate shall be conducted by a staff member of the same gender of the inmate with certain exceptions. As Florence West is a male facility, female staff do not conduct pat-down searches. The auditor reviewed the training records, training roster and acknowledgement forms.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
- b. ADC RR Department Order 108 Americans with Disability Act Compliance
- c. Florence West Correctional and Rehabilitation Facility PREA Policy and Procedure
- d. ADCRR Department Order 125 Sexual Offense Reporting
- e. ADCRR Department Order 704 Inmate Regulations
- f. ADCRR Department Order 906 Inmate Recreation/Arts & Crafts
- g. Interpreter Contract
- h. Facility Interpreters Memo
- i. Photo: TTY Machine
- j. PREA Orientation Video Facilitator's Guide and Photocopy of DVD
- k. Inmate Handbook (English and Spanish)
- l. Statement of Fact: Staff interpreters

2. Interviews:

- a. Agency Head
- b. Random staff

- c. Inmates
- 3. Site Review Observations:
 - a. Observations during on-site review of physical plant
 - b. PREA Posters (English & Spanish)

Findings:

115.16 (a-b): During the pre-onsite portion of this audit, the Facility provided multiple ADCRR Policies (listed above) in support of their compliance with this standard in its PAQ responses. These policies ensure inmates with disabilities and who are limited English proficient (LEP) have access to PREA information and programs.” Florence West policies contain similar language and requirements.

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 an agreement with Language Line Services, Inc. which provides translation of any language. The orientation and education process provides inmates with information on the agency’s zero-tolerance policy; how to report sexual abuse and sexual harassment; agency policy regarding sexual abuse and sexual harassment; and inmate rights regarding sexual abuse, sexual harassment, and retaliation. All PREA brochures, posters, handbooks and the PREA video are available in Spanish. The PREA Hotline Number can take calls from Spanish speaking callers. During the onsite portion of this audit, the auditor interviewed the agency head/designee. He indicated in all GEO’s facilities they have developed PREA education materials in various formats to ensure that those individuals with disabilities and those who are limited English proficient can equally benefit from the PREA program. They have developed posters, pamphlets, videos, large print materials, etc. as well as provide TTD phones, access to language lines and designated staff interpreters to ensure we can effectively communicate the PREA procedures and available services to the individuals we house. GEO also reaches out to community based resources (i.e. local colleges or organizations) that might be willing to assist us. During the onsite portion of this audit, seven LEP inmates were interviewed. The inmates interviewed stated they received PREA information in Spanish and that they have seen numerous PREA posting in the facility in Spanish. There were no inmates with disabilities housed at the facility during the onsite audit.

115.16 (c): Per the PAQ, in the past 12 months zero inmates were used as interpreters regarding a PREA allegation. Staff interviewed knew inmates were not to be used for this purpose. A Statement of Fact was provided to confirm this practice.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of 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 who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
- b. ADCRR Department Order 106 Contract Beds
- c. ADCRR Department Order 125 Sexual Offense Reporting
- d. ADCRR Department Order 601 Administrative Investigations and Employee Discipline
- e. ADCRR Department Order 602 Background Investigations
- f. GEO Policy 5.1.2-E PREA Investigation Procedure (non-ICE)
- g. GEO Policy 3.1.9 Initial Background Screening
- h. Completed 5 Year Background Check of Employee and Contractor
- i. Completed PREA Annual Disclosure Waivers
- j. PREA Promotion Disclosure Waiver
- k. Statement of Fact- 2020 Background Check for Volunteers/Contractors
- l. GEO on-line application form
- m. Personnel files
- n. Applicant clearance documentation
- o. PREA annual disclosure waiver

2. Interviews:

- a. Human Resources Manager
 - b. Facility Administrator
3. Site Review Observations:
- a. Observations during on-site review of physical plant

Findings:

115.17 (a): During the pre-onsite portion of this audit, the Facility provided multiple ADCRR and GEO Policies (listed above) in support of their compliance with this standard in its PAQ responses. These policies require job applicants and contractors to have background checks completed including any issue of prior sexual misconduct. GEO policy 5.1.2-A, section III.C.2.a states, "GEO Facilities are prohibited from hiring or promoting anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or the community." GEO policy 5.1.2-A, section III.C.4.a states, "GEO Facilities are prohibited from contracting with anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community." The auditor reviewed a sample of staff application packets and background clearance checks for new hires and employee promotions. During the onsite portion of this audit, the auditor interviewed the HR Manager. Through review of personnel files and interview with the HR Manager, it was determined the facility does not hire or promote staff who have engaged in sexual abuse as outlined in policies.

115.17 (b): GEO policy 5.1.2-A, section III.C.2.b states, Facilities shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals in a GEO Facility or Program." Through review of personnel files and interview with the HR Manager, it was determined the facility consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with Individuals as outlined in policies. She also stated that incidents of sexual harassment are considered during the application and background investigation.

115.17 (c) & (e): GEO policy 5.1.2-A, section III.C.2.c states, "Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to hiring new Employees. Background checks shall be repeated for all Employees at least every five years." GEO has a contract with Career Builder to conduct background screenings on employment candidates. The background checks include the person's work history, education verification, driver's license history, professional license verification, criminal background check and any PREA related misconduct. ADCRR performs ACIC/NCIC background checks and DPS checks on all potential employees. For those considered for promotions or who transfer from another GEO facility, an internal background check through GEO, is requested on the Prison Rape Elimination Act Questionnaire Internal Promotion/Transfer form (HR-104). If an applicant answers on their application that worked in a confinement setting, information from prior institutional employers is requested through Career Builders. Per the contract with ADCRR, a criminal background checks are performed for all employees every five years and the facility provided a copy of a form from the ADCRR showing the five-year background checks were completed and staff cleared to work at the facility. The auditor reviewed a random sample of criminal background checked by Career Builders and clearance approvals from ADCRR. Per the information provided on the PAQ, there were 32 staff hired who had criminal background checks completed in the past 12 months.

115.17 (d): GEO policy 5.1.2-A, section III.H.4 states, "a. GEO Facilities are prohibited from contracting with anyone (who may have contact with Individuals in a GEO Facility or Program) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in Sexual Abuse in confinement settings or in the community.

b. Facilities shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any Contractor who may have contact with Individuals in a GEO Facility or Program.

c. Each Facility shall conduct criminal background checks and make its best efforts to contact prior institutional employers to obtain information on substantiated allegations of Sexual Abuse or any resignation pending investigation of an allegation of Sexual Abuse, prior to enlisting the services of any Contractor. Background checks shall be repeated for all Contractors at least every five years.” Contractors go through the same criminal background check as staff. The auditor reviewed contract staff files and confirmed background checks were completed. Per the Statement of Fact, Florence West does not have contractors assigned to the facility.

115.17 (f): GEO policy 5.1.2-A, section III.C.2.d states, “GEO shall ask all applicants and Employees who may have contact with Individuals in a GEO Facility or Program directly about previous Sexual Abuse misconduct as part of its hiring and promotional processes, and during annual performance reviews for current Employees. GEO shall also impose upon Employees a continuing affirmative duty to disclose any such conduct.” The agency asks all applicants and employees who have contact with inmates directly about previous sexual misconduct. Applicants are asked these questions on the GEO on-line application, annually at the time of performance evaluations and for consideration for promotions or transfers. Through review of personnel files and interview with the HR Manager, the auditor verified these questions were asked and are documented in the files.

115.17 (g): GEO policy 5.1.2-A, section III.C.2.e states, “Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.” The HR Manager interviewed indicated this is a standard practice.

115.17 (h): GEO policy 5.1.2-A, section III.C.2.f states, “Unless prohibited by law, GEO shall provide information on substantiated allegations of Sexual Abuse or Sexual Harassment involving a former Employee upon receiving a request from an institutional employer for whom such Employee has applied to work.” It was noted that these inquiries are processed by the agency’s human resources department rather than at the facility level.

Based on the review of very comprehensive policies and procedures, documentation, employee personnel files, interviews, dual system of background checks (GEO and ADCRR) and analysis, demonstrated Florence West substantially exceeded the requirements 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. Statement of fact
2. Interviews:
 - a. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.18 (a): During the pre-onsite portion of this audit, the Facility indicated on the PAQ that the Agency/Facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit, completed on May 28, 2019. During the onsite portion of this audit, this auditor interviewed the Facility Director. The Facility Director stated to this auditor that no major renovations were done to the facility since the last PREA audit.

115.218 (b): During the pre-onsite portion of this audit, the Facility indicated on the PAQ that there have been no changes or additions to their video surveillance system since the last PREA audit, completed on May 28, 2019. ADCRR policy DO 125 , section 6.13.1.5 states, "That assessment will be made whether monitoring technology should be deployed or augmented to supplement the supervision of inmates by staff." During the onsite portion of this audit, this auditor interviewed the Facility Director. The Facility Director reported no changes or additions to the video surveillance system since the facility since the last PREA Audit Report.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- Florence West PAQ responses
- ADCRR Department Order 125 - Sexual Offense Reporting
- ADCRR Department Order 608 Criminal Investigations
- ADCRR Medical Services Technical Manual Chapter 7 Section 10.0
- ADCRR Medical Services Technical Manual Chapter 9 Section 5.0
- Statement of Fact: CIU Notification
- Memorandum of Agency Advocates
- Certificate of Advocacy Training
- Arizona Rape Crisis Centers
- Outside Advocate Attempts

2. Interviews:

- Facility Administrator
- PCM
- ADCRR CIU Supervisor

d. Random staff

3. Site Review Observations:

a. Observations during on-site review of physical plant

Findings:

115.21 (a-b): During the pre-onsite portion of this audit, the Facility indicated that neither the Agency nor Florence West is responsible for conducting administrative or criminal abuse investigations. Per the Statement of Fact, as required by the contract with ADCRR if a PREA issue is alleged ADCRR is immediately notified. ADC Criminal Investigation Unit (CIU) will report to the facility to conduct the investigation including evidence collection. ADCRR policies DO 125 and DO 608 address the requirements of this standard. ADCRR and Florence West have multiple policies and procedures that outline the agency/facility requirements as it applies to this standard. In interview with random staff, they knew how to preserve the evidence and the crime scene to ensure usable evidence is maintained for investigative purposes. All staff carries a PREA first responder card that lists steps to follow which include crime scene preservation and instructing victims and abusers not to destroy evidence.

115.21 (c): ADCRR policy DO 608, section 8.2 states, "Sexual Assault Medical Examinations – The use of outside forensic examination services (i.e., Sexual Assault Nurse Examiner (SANE), etc.) are authorized during the course of investigations involving sexual assaults." Florence West medical staff are not authorized to conduct forensic medical exam. Inmates would be sent to a local hospital for a forensic examination. Per the PAQ, there were zero SANE exams performed in the past 12 months.

115.21 (d-e): As requested by the victim, outside victim advocates are provided by a local crisis center or by trained facility staff. The Inmate Handbook informs inmates to contact their case managers to access outside victim advocates. Florence West attempted to enter into a Memorandum of Understanding with a local rape crisis center to provide the facility with confidential emotional support services related to sexual abuse. During the onsite portion of this audit, this auditor interviewed the PCM. The PCM reported she is actively trying to secure a MOU. Although there is not a MOU per the ADCRR PREA Coordinator, facilities can utilize the Arizona Coalition to End Sexual and Domestic Violence. Per the Statement of fact, there were no requests for victim support services in the past three years.

115.21 (f): Per ADCRR policy, the ADOC Inspector General's Office will conduct all investigations through the (Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). In accordance with ADOC policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. The CIU investigator interviewed and the ADOC policy indicated they follow the requirements of this standard.

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

115.21 (h): GEO policy 5.1.2-E, section III.A.3.g states, "GEO facilities may not utilize facility Employees as victim advocates unless the following documentation exists:

- a) Documentation is on file that no other alternatives are available in the community; and,
- b) Documentation exists that validate designated Employees have been screened for appropriateness to serve in this role and have received education concerning sexual assault and forensic examination issues in general." Florence West has attempted to enter into a MOU with a local rape crisis center to provide victim advocates. Florence West has access to facility employees trained as victim advocates.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 601- Administrative Investigations and Employee Discipline
 - d. ADCRR Department Order 608 – Criminal Investigations
 - e. PREA Incident Tracking log
 - f. PREA Investigative Reports
 - g. GEO policy 5.1.2-E
 - h. GEO website
 - i. ADCRR website
2. Interviews:
 - a. Agency Head
 - b. Facility Administrator
 - c. PCM
 - d. ADCRR CIU Supervisor
 3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.22 (a): During the pre-onsite portion of this audit, the Facility provided multiple ADCRR and GEO Policies (listed above) in support of their compliance with this standard in its PAQ responses. ADCRR Policies DO125, DO 601, and DO 608, address this provision. ADCRR policy DO 125, section 1.0 states, “All allegations and incidents of sexual conduct shall be investigated as outlined in Department Order #608, Criminal Investigations, and Department Order #601, Administrative Investigations and Employee Discipline. Staff Misconduct – Staff sexual harassment and any sexual contact or conduct between staff and inmates or offenders is strictly prohibited. No sexual contact between staff and inmates or offenders shall be considered consensual. A staff member who engages in Unlawful Sexual Conduct is subject to state and/or federal criminal prosecution. “

Per contractual agreement and policy, the ADCRR Inspector General's Office will conduct all investigations through the Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). In accordance with ADCRR policy, any allegation involving sexual abuse or criminal activity requires that the CIU be notified immediately to assume control of the investigation. GEO policy 5.1.2-E, section I states, “All cases of alleged sexual conduct in accordance with Policy 5.1.2, Sexually Abusive Behavior Prevention and Intervention, shall be promptly, thoroughly, and objectively investigated.” GEO policy 5.1.2-E, Section III.A.1,a states, “ Each facility shall have a policy in place to ensure that all allegations of Sexual Abuse or Sexual Harassment are referred for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Facilities shall document all referrals.” A review of the agency policies, Florence West PREA incident tracking log, investigative files, and staff interviews indicated investigations are completed for all allegations of sexual abuse and sexual harassment.

115.22 (b-c): The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. All allegations are documented and tracked on the PREA Monthly and Annual Incident Tracking Log and enter into the GEO PREA portal. Interview with the PCM confirmed this practice. The CIU Supervisor was interviewed and stated that investigation are completed by his staff and they have the legal authority to conduct criminal investigations. All CIU investigators are sworn officers. ADCRR and GEO policies regarding administrative investigation of allegations of sexual abuse or sexual harassment and referrals for criminal investigations are published on their agency website.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
- b. ADCRR Department Order 125 - Sexual Offense Reporting
- c. ADCRR Department Order 106 Contract Beds
- d. Florence West Correctional and Rehabilitation PREA Policy and Procedure
- e. ADCRR Department Order 509 Employee Training and Education
- f. ADCRR PREA Curriculum
- g. Training Acknowledgement

2. Interviews:

- a. PCM
- b. Training Administrator
- c. Random staff

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings:

115.31 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policies listed above in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125, section 10.1 states, "The Staff Development and Training Bureau shall conduct pre-service (i.e., Correctional Officer Training Academy and New Employee Orientation) and in-service PREA training classes. All employees, and contractors with inmate contact, shall complete PREA training annually as outlined in the Annual Training Plan, and sign the PREA Training Acknowledgment, Form 125-3; or if PREA training is a computer-based course, complete the online PREA Training acknowledgment. Volunteers are required to receive PREA training prior to providing volunteer services. Training shall include, but is not limited to:

- 10.1.1 Training staff what to do when an actual or suspected sexual assault has occurred or been reported.
- 10.1.2 Understanding the identification and referral process when an alleged sexual abuse occurs.
- 10.1.3 How to report staff unlawful sexual conduct and sexual harassment, including when, how and to whom it should be reported. Emphasis shall be placed on each staff member's obligation to monitor, observe and report such behavior of other staff, and the disciplinary consequences for failing to do so.
- 10.1.4 Recognizing inmates who may be vulnerable to sexual assault and possible intervention strategies.
- 10.1.5 Recognizing inmates who appear to be having difficulty or require protection, such as an inmate with injuries or one who suddenly becomes very quiet and withdrawn.
- 10.1.6 Recognizing an inmate who may be, is being, or has been sexually abused or the victim of extortion.
- 10.1.7 Recognizing victims who may be at risk for suicide.
- 10.1.8 Recognizing the signs of sexual abuse.
- 10.1.9 Recognizing inmates who may be prone to victimizing other inmates, especially in regard to sexual behavior.
- 10.1.10 Preserving confidentiality regarding investigations and allegations of sexual assault and unlawful sexual conduct.
- 10.1.11 Preservation of crime scenes and evidence in a sexual assault allegation.
- 10.1.12 Basic understanding of sexual abuse prevention and response techniques.
- 10.1.13 Recognizing that inmates who are having difficulty adjusting to the institutional environment or who are experiencing specific problems with other inmates may display verbal and non-verbal signs of anxiety or act out aggressively and methods of intervention.” The Florence West PREA policy contains similar language.

Florence West employees receive training on ADCRR zero-tolerance policy for sexual abuse and sexual harassment at the Correctional Officers Training Academy (COTA) for all newly hired correctional staff, New Employee Orientation (NEO) for non-correctional staff and annually as part of in-service training. The PREA Training curriculum were reviewed and found to address all elements of this provision as required. PREA Refresher training is provided to staff annually with both a classroom and online component. Staff are required to take and pass a test at the completion of the training. In addition to the annual PREA training, correctional staff receive “pocket” training on PREA throughout the year.

115.31 (b): GEO policy 5.1.2-A, section III.F.1.c states, “Employee training shall be tailored to the gender of the Individuals in the GEO Facility or Program at the Employee’s Facility, and Employees shall receive additional training if transferring between Facilities that house individuals of different genders.”

Florence West houses adult male inmates. Per interview with the Training Administrator, the training provided to staff is tailored to meet this population. An employee will receive additional training if reassigned from a facility that houses only female inmates.

115.31 (c): GEO policy 5.1.2-A, section III.F.1.c states, “PREA refresher training shall be conducted each year thereafter for all Employees. Refresher training shall include updates to Sexual Abuse and Sexual Harassment policies.”

In interview with the Training Administrator, she reported all employees receiving both ADCRR and GEO PREA training annually. The PAQ indicated 84 (100%) staff assigned to the facility were trained and/or retrained on PREA requirements. Between formal trainings, the facility receives updates via staff meetings, shift briefings, pocket training and from PREA posters displayed throughout the facility. Interviews with random staff also confirmed that PREA training is ongoing and indicated PREA information is always discussed.

115.31 (d): GEO policy 5.1.2-A, section III.F.1.e states, “Unless client mandates require electronic verification, employees shall document through signature on the PREA Basic Training

Acknowledgement Form that they understand the training they have received. This form shall be used to document Pre-service and Annual In-service PREA Training.”

The Auditor reviewed employee training records and confirmed training is being completed per policy and documented. Training files were well organized, complete and filed by employee. Training records are maintained electronically for each employee. Employees acknowledged receiving and understanding this training by their signature on the ADCRR “PREA Training Acknowledgement” form as well as being documented in the employee’s electronic training record. In interview with staff, they were able to confirm receiving this training and knew their responsibilities for preventing, detecting, responding and reporting allegations of sexual abuse and sexual harassment.

The review of policies, practice training lesson plans, training records, annual refresher training, pocket training, interviews and analysis, Florence West and ADCRR provides a very high quality of training for all employees and ensures the employees understand the company’s Zero Tolerance Policy, and how to report and respond to allegations of sexual abuse or sexual harassment

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard and demonstrated they substantially exceeded requirements of 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. Florence West Correctional and Rehabilitation PREA Policy
 - d. GEO Corporate Policy 5.1.2-A
 - e. Volunteer PREA Training Curriculum
 - f. Volunteers PREA Training Acknowledgment forms
2. Interviews:
 - a. PCM
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.32 (a-b): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policies listed above in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125, section 10.1 states, "The Staff Development and Training Bureau shall conduct pre-service (i.e., Correctional Officer Training Academy and New Employee Orientation) and in-service PREA training classes. All employees, and contractors with inmate contact, shall complete PREA training annually as outlined in the Annual Training Plan, and sign the PREA Training Acknowledgment, Form 125-3; or if PREA training is a computer-based course, complete the online PREA Training acknowledgment. Volunteers are required to receive PREA training prior to providing volunteer services. Training shall include, but is not limited to:

- 10.1.1 Training staff what to do when an actual or suspected sexual assault has occurred or been reported.
- 10.1.2 Understanding the identification and referral process when an alleged sexual abuse occurs.
- 10.1.3 How to report staff unlawful sexual conduct and sexual harassment, including when, how and to whom it should be reported. Emphasis shall be placed on each staff member's obligation to monitor, observe and report such behavior of other staff, and the disciplinary consequences for failing to do so.
- 10.1.4 Recognizing inmates who may be vulnerable to sexual assault and possible intervention strategies.
- 10.1.5 Recognizing inmates who appear to be having difficulty or require protection, such as an inmate with injuries or one who suddenly becomes very quiet and withdrawn.
- 10.1.6 Recognizing an inmate who may be, is being, or has been sexually abused or the victim of extortion.
- 10.1.7 Recognizing victims who may be at risk for suicide.
- 10.1.8 Recognizing the signs of sexual abuse.
- 10.1.9 Recognizing inmates who may be prone to victimizing other inmates, especially in regard to sexual behavior.
- 10.1.10 Preserving confidentiality regarding investigations and allegations of sexual assault and unlawful sexual conduct.
- 10.1.11 Preservation of crime scenes and evidence in a sexual assault allegation.
- 10.1.12 Basic understanding of sexual abuse prevention and response techniques.
- 10.1.13 Recognizing that inmates who are having difficulty adjusting to the institutional environment or who are experiencing specific problems with other inmates may display verbal and non-verbal signs of anxiety or act out aggressively and methods of intervention." GEO policy 5.1.2-A, addresses volunteer training in section III.G.1 and contractor training in section III.H.1

Per the Statement of Fact, Florence West does not have contractors assigned to the facility. Florence West has 11 active religious volunteers. The Volunteer PREA Training Curriculum was provided and

reviewed. 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 by ADCRR for all volunteers and volunteers sign an acknowledgement form upon completion of this training. There were no volunteers at the facility during the onsite portion of the audit.

115.32 (c): GEO policy 5.1.2-A, section III.G and H indicates, unless client mandates require electronic verification, volunteers and contractors shall document through signature on the PREA Basic Training Acknowledgement Form that they understand the training they have received. The Auditor reviewed signed training acknowledgements from volunteers.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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 the comprehensive education referenced in 115.33(b)? 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
- b. ADCRR Department Order 108- American with Disabilities Act Compliance
- c. ADCRR Department Order 125 - Sexual Offense Reporting
- d. ADCRR Department Order 704- Inmate Regulations
- e. ADCRR Department Order 802 Inmate Grievance Procedure
- f. Documentation of PREA Education Materials and Lesson Plan for Inmates
- g. Signed PREA Orientation Documents Received.
- h. Inmate Handbook (English/Spanish)
- i. Inmate Handbook Acknowledgment Receipts
- j. PREA Video (English/Spanish)
- k. PREA Reporting Options Posters (English/Spanish)

- I. PREA Posters (English/Spanish)
2. Interviews:
 - a. Facility Administrator
 - b. Random staff
 - c. Random inmates
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.33 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policies listed above in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125, section 2.0 states, 2.1 The Assistant Director for Prison Operations shall ensure every institution, including private prisons, provide the inmates with information on preventing sexual assault during their orientation (Attachment C). All material shall be made available to inmates and shall, at a minimum, include:

2.1.1 Oral and written information in English and Spanish.

2.1.2 Information on prevention, self-protection and avoiding sexual abuse.

2.1.3 Treatment and counseling for inmate victims of sexual abuse.

2.1.4 A simplified and expedient process for inmates to report sexual assaults.

2.2 The Department "Sexual Assault Awareness" pamphlet shall be provided to each inmate as part of the institutional orientation process. The pamphlet shall include material outlined in this Department Order and shall be written to be easily understood by all inmates. Assistance shall be given to inmates who speak languages other than English or who are identified as being unable to understand the material.

2.3 Wardens shall ensure that information on the prevention of sexual assaults, inmate notification and informative posters (i.e., Attachments A, B, and D) are posted on inmate bulletin boards and are accessible to all inmates regardless of their custody level or location.

2.4 Unit Deputy Wardens shall ensure staff conducting the orientation document each inmate's attendance in the Arizona Correctional Information System (ACIS). The entries shall note the written materials outlined in 2.2 of this section were provided to each inmate and, if appropriate, oral and written translations were provided."

All inmates receive information at time of intake about the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting such incidents and are informed of the agency policy and procedures for responding to such incidents. Inmates receive the Sexual Assault Awareness Program pamphlet and the Inmate Handbook. Per interview with an intake staff, she explained the intake process and what written information inmates receive on their day of arrival. During the onsite portion of this audit, the auditor interviewed 28 inmates. All inmates interviewed reported receiving written PREA information on the first day of arrival to the facility. On information reported on the PAQ, there were 456 inmates admitted to the facility in the past 12 months and 100% of the inmates were given PREA information at intake.

115.33 (b-c): Comprehensive PREA education is provided to all inmates within 30 day of arrival to the facility. Orientation and PREA education is presented by typically within the first week at the facility. The Inmates are required to watch the NIC PREA video designed for male inmates. During interview, inmates reported viewing the PREA video and receiving PREA education. On information reported on the PAQ, there were 456 inmates during the past 12 months whose length of stay at the facility was 30 days or more. 100% of these inmates received comprehensive PREA education and viewed the PREA video. The PREA video is also available to be viewed by inmates on the facility's closed circuit television station.

115.33 (d): ADCRR policies DO 108 and DO 125 address the requirements of this provision. Per interviews with the Facility Administrator, PCM and Intake staff, they stated PREA education provided to inmates is in formats accessible to all inmates, including those who are limited English proficient,

deaf, visually impaired, otherwise disabled or have limited reading skills. The facility has PREA pamphlets, posters handbooks and form available in both English and Spanish. A contract with the Language Line Services provides translation of any other languages. Seven LEP inmates were interviewed. The inmates interviewed stated they received PREA information in Spanish and that they have seen numerous PREA posting in the facility in Spanish. There were no inmates with disabilities houses at the facility during the onsite portion of the audit.

115.33 (e): The facility maintains documentation that inmates received written information and participate in PREA education sessions. Inmates sign the Acknowledgement of Receipt of the PREA Sexual Awareness pamphlet and Inmate handbook. Inmates sign in for the orientation session which includes viewing the PREA video. The facility provided documentation of inmate acknowledgments of PREA training for 2021, 2020 and 2019 prior to the on-site audit. The auditor also reviewed a random sample of 16 inmate files while onsite which includes documentation those inmates receives PREA information and attended PREA education during orientation.

115.33 (f): PREA information is provided on multiple posters, both in English and Spanish, displayed throughout the facility as observed during the site review of the facility. Inmates also are provided with a copy of the Sexual Assault Awareness Program pamphlet and the Inmate Handbook. The PREA video is also available to be viewed by inmates on the facility's closed circuit television system.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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 receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 Sexual Offense Reporting
 - c. Statement of Fact: Investigations
 - d. PREA Specialized Investigator Training Curricula
 - e. Certificate of Completion b. ADCRR Department Order 125 - Sexual Offense Reporting
2. Interviews:
 - a. ADCRR CIU Investigator Supervisor
 - b. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.34 (a-c): ADCRR policy DO 125, section 10.4 states, "The CIU investigators shall receive training in conducting sexual abuse investigations in confinement settings."

Per contractual agreement and Statement of fact, the ADCRR Inspector General's Office will conduct all investigations through the Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). Florence West does not conduct investigations or have a trained investigator.

During the onsite portion of this audit, the auditor interviewed the CIU Supervisor for this region. The CIU Supervisor, stated all investigators have completed specialized training using the NIC curriculum in addition to general PREA training. He further elaborated that all investigators are sworn officers and have attended numerous training on conducting investigations. The NIC training curriculum provided

was reviewed and included all required topics. Staff interviewed reported receiving training on each of the required topics. Certificate of completion for CIU investigators were provided and reviewed.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
- b. ADCRR Department Order 125 - Sexual Offense Reporting
- c. ADCRR PREA Training Curriculum
- d. GEO policy 5.1.2-A,
- e. GEO Specialized Medical and Mental Health PREA Training Curriculum
- f. Training records
- g. Signed training acknowledgements

2. Interviews:

- a. Training Administrator
- b. Medical and mental health staff

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings:

115.35 (a-d): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR and GEO policies listed above in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125 addresses the requirement of this standard. GEO policy 5.1.2-A, section III.F.2 states, “a. Each Facility shall train all full-time and part-time Medical and Mental Health Care Practitioners who work regularly in its Facilities on certain topic areas, including detecting signs of Sexual Abuse and Sexual Harassment, preserving physical evidence of Sexual Abuse, responding professionally to victims of Sexual Abuse and Sexual Harassment, and proper reporting of allegations or suspicions of Sexual Abuse and Sexual Harassment. Note: training is to be completed during newly hired employee pre-service orientation.

b. Medical and Mental Health Care Practitioners shall receive this specialized training addition to the training mandated for Employees in Section F (1) or Contractors in Section H (1) depending upon their status at the Facility.”

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). 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. This auditor reviewed a random sample of general PREA training records and signed training acknowledgements of medical and mental health staff. The PAQ indicated 25 (100%) medical and mental health care practitioners received the training required by this standard. Neither the agency nor the facility medical staff conducts forensic exams. All forensic examinations are performed off-site at a local hospital.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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, as 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, as 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, as 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? Yes 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 811-Individual Inmate Assessments and Reviews
 - c. Completed GEO Adult Prison PREA Risk Assessment tool
 - d. Completed PREA Vulnerability Reassessment Questionnaire
 - e. mental Health referrals
2. Interviews:
 - a. PCM
 - b. Case Manager
 - c. Random Inmates Staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.41 (a-g): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policy DO 811 in support of their compliance with this standard in its PAQ responses. ADCRR

policy DO 811 was reviewed and addresses the requirements of this standard. All inmates are assessed for their risk of being sexually abused or sexually abusive towards others upon arrival at the facility. The PAQ indicated that in the past 12 months, 456 inmates entered the facility and were screened for risk of sexual victimization or risk of sexually abusing other inmates. Intake risk assessments are conducted by Case Managers on the day of arrival using the GEO Adult Prison PREA Risk Assessment tool. The PREA Risk Assessment form was reviewed and found to contain all requirements of provision “d” of this standard and allowed the screener to document his/her perception of gender non-conformity. This form requires screening staff to assess the screened resident using a series of yes and no questions. Screening staff are then required to review the answers provided and total the yes responses. As a result, the facility’s screening instrument is objective as the results are measurable and the same results could be reproduced by other staff. The screening includes a thorough review of any available records available to assist with determining the offender’s risk assessment. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse. Inmates who score at risk of victimization or abusiveness are referred for further evaluation with mental health. Inmates have an option of refusing these services.

Within 30 days of the inmates’ arrival to the facility, they are reassessed for their risk for victimization and abusiveness using the PREA Vulnerability Reassessment Questionnaire. The reassessment questionnaire is completed during a face to face interview with a case manager. An offender’s risk level will also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information. This information was confirmed in interview with the PCM. The auditor reviewed a random sample of 16 inmate files that contained the initial and 30 day reassessment screening forms during the on-site audit. All screenings were done within timeline requirements. During inmate interviews, most inmates recalled being asked PREA questions at intake and again during the reassessment.

115.41 (h): During an interview with the Case manager, she confirmed inmates are not to be disciplined for refusing to answer any questions or for not disclosing complete information.

115.41 (i): Only program staff has access to the original screening information. The original screening forms are filed in a binder and are locked in the Corrections Program Supervisor’s office. Results of screening are disseminated to other facility staff on a need to know basis.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.

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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 704 - Inmate Regulations
 - c. ADCRR Department Order 801 – Inmate Classification
 - d. ADCRR Department Order 810 – Management of LGBTI Inmates
 - e. LGBTI Tracking log
2. Interviews:
 - a. PCM/Correctional Program Supervisor
 - b. Random Inmates
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.42 (a-b): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policies listed above in support of their compliance with this standard in its PAQ responses. Information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates safety and in order to keep potential victims away from potential abusers. This documentation found on AIMS DC71 Screen is used to make decisions to place each inmate in appropriate housing, work, education, and program assignments. Individualized determinations are

made about how to ensure the safety of each inmate. The PCM maintain a tracking log of those individuals who self-identify as LGBTI with their housing location. Inmates at Florence West are under direct staff supervision when at work, education and programming. The PCM indicated they have not received inmates identified as abusers.

115.42 (c-g): Transgender or intersex inmate's housing placement is considered on a case-by-case basis, placement considers the inmate's health and safety, and whether the placement would present management or security problems. Per the Statement of Fact, to date, Florence West has not housed inmates identified as transgender or intersex. When interviewed, the Facility Administrator stated the agency is not under a consent decree or other legal judgement regarding housing. The practice of placing LGBTI inmates in dedicated units or wings solely based on such identification is prohibited by policy. In interviews with two LGB inmates, all reported they did not feel they were housed any differently because of his sexual orientation.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- Florence West PAQ responses
- ADCRR Department Order 125 - Sexual Offense Reporting
- ADCRR Department Order 804 – Inmate Behavior Control
- ADCRR Department Order 805 – Protective Custody
- Statement of Fact

2. Interviews:

- Facility Administrator

3. Site Review Observations:

a. Observations during on-site review of physical plant

Findings:

115.43 (a-e): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policies listed above in support of their compliance with this standard in its PAQ responses. ADCRR DO 125, section 2.4.1.1, states, "Inmates at high risk for sexual victimization shall not be placed in Protective Custody involuntarily unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers."

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. The inmate may be placed in involuntary segregated housing for no more than 24 hours. Agency's policy further states that if involuntary segregated housing is used for the safety of the inmate as a means of separation, it can be used for no more than 30 days and a review will be completed every 30 days to determine whether there is a continuing need for separation from the general population. 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. Per the PAQ and Statement of Fact, in the past 12 months there were no inmates at risk of sexual victimization who were held in involuntary segregated housing for one to 24 hours awaiting completion of assessment. During this audit period, Florence West has not placed any inmate in Involuntary or Voluntary protective custody solely due to being a high risk for victimization. The Facility Administrator confirmed that inmates are not placed in involuntary segregated housing for being at high risk of sexual victimization.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
- b. ADCRR Department Order 125 - Sexual Offense Reporting
- c. ADCRR Department Order 501 - Employee Professionalism, Ethics and Conduct
- d. ADCRR Department Order 608 - Criminal Investigations
- e. ADCRR Department Order 802 Inmate Grievance Procedure
- f. ADCRR Department Order 805 Protective Custody
- g. ADCRR Department Order 916 Staff- Inmate Communications
- h. Statement of Fact
- i. Facility Signage
- j. Inmate Handbook (English and Spanish)
- k. 7. Employee Reporting Options poster
- l. ADCRR PREA Training Curriculum

- m. GEO website
 - n. MOU with the Arizona Department of Juvenile Corrections
2. Interviews:
- a. PCM
 - b. Random Staff
 - c. Random Inmates
3. Site Review Observations:
- a. Observations during on-site review of physical plant

Findings:

115.51 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policies listed above which addresses the requirement of this Standard. Florence West provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates are informed of reporting options during intake, orientation and provided a copy of the Inmate Handbook and the ADCRR Sexual Assault Awareness pamphlet. Various PREA posters and notification posted provides additional reporting options. Inmates can also call the PREA hotline by dialing 1-9-7732. This information is also stenciled on the walls near the inmate telephones in all housing areas. Whenever an inmate picks up the phone to make any call, the inmate is reminded of the steps he must take to access the PREA hotline. This number accesses the ADCRR PREA Coordinator at the ADCRR's Central Office in Phoenix, AZ who in turn notifies the CIU Investigator, the Inspector General and the Assistant Inspector General. The PREA hotline number was tested during the tour of the facility. The ADCRR PREA Coordinator accompanied the auditor while touring the facility and he received a notification immediately on his phone that the auditor called the hotline. Inmates were recently issued tablets which can be utilized to report a PREA allegation. Random inmate interviews confirmed inmates knew the various ways in which they can report and random staff interviews confirmed staff was aware of the multiple ways in which inmates may report.

115.51 (b): ADCRR and Florence West provides a way for inmates to report to a public or private entity or office that is not part of the agency. ADCRR entered into a MOU with the Arizona Department of Juvenile Corrections to meet this reporting option. The MOU was reviewed and meets the requirements of this provision. Inmates were informed of this additional reporting process by a new flyer issued by the ADCRR PREA Coordinator. On June 25, 2021, Attachment E was added to Department Order 125 which explains the new reporting option. Florence West does not house inmates detained solely for civil immigration purposes.

115.51 (c): Staff accepts reports made verbally, anonymously and from third parties. Staff are required to document verbal reports immediately or no longer than the end of their shift. The ADCRR PREA training curriculum was reviewed and included staff responsibilities of accepting reports. The random staff interviewed were aware of this requirement.

115.51 (d): Staff has access to private reporting by calling the Employee Hotline or the Corporate PREA Coordinator. Information for inmate and staff reporting was found on the GEO website (<https://www.geogroup.com/prea>). Third-Party Reporting posters and the Employee Handbook inform employees of their responsibility of reporting sexual abuse and sexual harassment and their reporting options. Staff interviewed knew how to privately report sexual abuse and sexual harassment of inmates.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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

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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 802- Inmate Grievance Procedure
 - c. Inmate handbook
 - d. Statement of Fact
2. Interviews:
 - a. Facility Administrator
 - b. Random inmates
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.52 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policy DO 802 in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 802, section 9.0 Sexual Offense Grievance address all the provisions of this standard. There is a policy and procedures in place for inmates to submit grievances regarding sexual abuse. Instructions on how to file grievances are provided to inmates in the Inmate Handbook and ADCRR policy DO 802. Random inmates interviewed were aware filing a grievance is a reporting option for them.

115.52 (b): The ADCRR policy referenced above address this provision. There is no time limit when an inmate can submit a grievance regarding sexual abuse. Inmates are not required to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. The Facility Administrator receives all copies of grievances related to sexual abuse or sexual harassment for monitoring purposes. Per the Statement of Fact, there were no PREA related grievances filed in the past three years.

115.52 (c): The ADCRR policy referenced above address this provision. Inmates have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint and the grievance will not be referred to the subject of the complaint. If a third-party files a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on their behalf.

115.52 (d): The ADCRR policy referenced above address this provision. A final decision shall be issued on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by individuals in the facility in preparing any administrative appeal. Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the individual of the extension in writing. Per the PAQ and Statement of Fact, there were zero PREA related grievances involving extensions because the final decision could not be reached within 90 days in the past 12 months.

115.52 (e): The ADCRR policy referenced above address this provision. Third parties such as other inmates, family members, attorneys or outside advocates may assist inmates in filing requests for

administrative remedies relating to allegations of sexual abuse and may file on behalf of inmates. The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

115.52 (f): The ADCRR policy referenced above address this provision. Inmates may file an emergency grievance if he/she is subject to substantial risk of imminent sexual abuse. After receiving an emergency grievance of this nature, the Facility Administrator or designee will ensure that immediate corrective action is taken to protect the alleged victim. An initial response to the emergency grievance to the individual is required within 48 hours and a final decision will be provided within five calendar days. Per the PAQ, Statement of Fact and interview with the Facility Administrator there were zero emergency grievances alleging sexual abuse filed in the past 12 months.

115.52 (g): The ADCRR policy referenced above address this provision. An inmate can be disciplined for filing a grievance related to alleged sexual abuse if it is determined that the inmate filed the grievance in bad faith. Per the PAQ and interview with the Facility Administrator, there were zero disciplinary action taken against an inmate for filing a grievance in bad faith.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 914 – Inmate Mail
 - d. ADCRR Department Order 915 – Inmate Phone Calls
 - e. Inmate Handbook
 - f. Attempt to enter into MOU
2. Interviews:
 - a. Facility Administrator
 - b. Random inmates
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.53 (a-b): During the pre-onsite portion of this audit, the Facility provided this auditor with the ADCRR policies listed above in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125 in section 5.0 addresses this requirement. The policy in part states, “5.2 Any inmate who is the victim of staff sexual misconduct, staff sexual harassment, or inmate on inmate sexual assault shall be offered mental health services or assistance in recovery and protection from future incidents of misconduct and sexual assaults. Mental Health Services shall make referrals for long-term continuity of care and treatment for victims, and document the referrals in the inmate’s Medical Records and on an information report.

5.3.3 Continue to provide the inmate with mental health follow-up consistent with the needs and services of individuals who are victims of sexual assault.

5.5 The Correctional Officer III shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse.”

Florence West does not have an MOU to provide victim advocacy services upon the request of the victim and follow-up victim services. The facility provided documentation that they attempted to enter into a MOU with a local rape crisis center but was unsuccessful. Although there is not a MOU per the ADCRR PREA Coordinator, facilities can utilize the Arizona Coalition to End Sexual and Domestic Violence. The inmate Handbook informs the inmate to contact their case manager to provide them access to an outside victim advocate service. The case managers have a listing of Arizona Rape Crisis

center and the contact information. The Inmate Handbook also lists the phone number for Rape, Abuse and Incest National Network (RAINN). The Inmate Handbook informs the inmate that these calls can be made at no cost and will not be monitored. Florence West does not house inmates solely for immigration purposes.

115.53 (c): GEO policy 5.1.2-A, section III.M.8 states, "c. Facilities are required to maintain or attempt to enter into agreements with community service providers to provide Individuals in a GEO Facility or Program with confidential emotional support services related to the Sexual Abuse while in custody. d. Facilities shall maintain copies of agreements or documentation showing unsuccessful attempts to enter into such agreements." Florence West did document its attempt to enter into a MOU.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR website
 - d. GEO website
 - e. GEO PREA third-party Reporting poster
 - f. Inmate Handbook
2. Interviews:
 - a. Random staff
 - b. Random inmates
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.54 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with ADCRR policy DO 125 in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125, Section 3.4.1.4 states “Third-Party Reporting – Constituent Services shall ensure the Department internet website, under the Family Assistance and Other Useful Links, provides an avenue for family and friends to report an incident by providing a list of the Criminal Investigations Unit Supervisors and their office numbers at the respective complexes.”

Inmates are informed of third-party reporting during orientation, information in the Inmate handbook and on PREA posters displayed in numerous locations in both English and Spanish. The ADCRR and GEO 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 and staff with third-party reporting options. During the onsite portion of the audit, this auditor interviewed random staff and inmates, all were aware of third party reporting options. The facility has not received any third- party reports of sexual abuse or sexual harassment in the past three years.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. PREA Training lesson plan
 - d. Sexual Abuse First Responders Duties card
2. Interviews:
 - a. Facility Administrator
 - b. PCM
 - c. Medical and mental health staff
 - d. Random staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.61 (a): ADCRR policy DO 125, section 3.2 states, "Staff who observe or become aware (i.e., verbally, in writing, anonymously, or from a third-party) of a sexual assault, sexual conduct or sexual harassment shall:

3.2.1 If appropriate, intervene, isolate the inmate and, if necessary, initiate the Incident Command System (ICS) as outlined in Department Order #706, Incident Command System (ICS).

3.2.2 Immediately notify the Shift Commander by telephone or have another staff member make the notification. To protect the victim, notification shall not be made over the radio."

During random staff interviews, 100% of staff reported that the agency does require staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Staff also indicated a responsibility to report any retaliation against inmates or staff for reporting sexual abuse or sexual harassment and a duty to report any staff neglect that may have contributed to an incident of sexual abuse or sexual harassment. The PREA lesson plan was reviewed and includes reporting responsibilities for staff.

115.61 (b): ADCRR Policy DO 125 indicates that apart from reporting to designated supervisors or officials, Employees shall not reveal any information related to a Sexual Abuse report to anyone. During random staff interviews 100% of staff stated keeping PREA allegations confidential was required. They also indicated they would try to notify their Supervisor by phone, if the notification is made via radio they would not disclose it is a PREA allegation. The PREA Lesson plan, the Coordinated Response plan and the PREA pocket cards also address confidentiality of PREA allegations.

115.61 (c): ADCRR Policy DO 125 indicates that unless precluded by federal, state or local law, Medical and Mental Health Practitioners are required to report allegations of Sexual Abuse in which the alleged victim is under the age of 18 or considered a vulnerable adult to designated state or local services Agencies under applicable mandatory reporting laws. Interviews with medical and mental health verified staff were aware of reporting requirements.

115.61 (d): ADCRR policy DO 125, section 3.3.6 states, "Notify the CIU as outlined in Department Order #608, Criminal Investigations. If the alleged victim is:

3.3.6.1 Under the age of 18, the CIU investigator shall notify the Arizona Department of Economic Security, Child Protective Services.

3.3.6.2 Considered a vulnerable adult under Arizona Vulnerable Adult Act, the CIU investigator shall notify the Arizona Department of Economic Security, Adult Protective Services."

Florence West does not house inmates under the age of 18. There were no PREA incidents involving vulnerable person as defined by Arizona Vulnerable Adult Act during this review period.

115.61 (e): ADCRR policy DO 125 section 1.1.0 requires all allegations and incidents of sexual conduct shall be investigated. During interviews with the Facility Administrator and PCM, they said that all allegations of sexual abuse and sexual harassment are forwarded to CIU for investigation. Interviews with inmates and staff did not reveal any incident of sexual abuse or harassment not reported.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 805- Protective Custody
 - d. PREA Training lesson plan
 - e. Statement of Fact
2. Interviews:
 - a. Facility Administrator
 - b. Random staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.62 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR policies in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125, section 2.4.1 states, "When any staff member learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action to protect the inmate shall be initiated."

PREA training informs staff to take immediate action to protect any inmate they learn is subject to substantial risk of imminent sexual abuse. All staff are issued a PREA response pocket card. Interviews with random staff indicated they would take immediate action to protect the inmate. During an interview with the Facility Administrator, he stated that if it was suspected an inmate was at substantial risk of sexual abuse he would immediately move the inmate and investigate. The Facility Administrator also stated immediate action includes separation; monitoring; changing the housing and/or work assignments; and placing the abuser in another facility or requesting a transfer and make referrals to medical and mental health as needed. The facility provided a Statement of Fact which indicated the facility did not have an incident in which an inmate was determined at substantial risk of imminent sexual abuse during the audit period.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 608 - Criminal Investigations
 - d. Statement of Fact
2. Interviews:
 - a. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.63 (a-d): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR policies in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125 section, 3.6 states, "Upon receiving an allegation that an inmate was sexually assaulted while confined at another facility, the Warden or designee that received the allegation shall notify the appropriate agency where the alleged abuse occurred.

3.6.1 Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

3.6.2 The Warden or designee shall document they have provided such notification with the Significant Information Report (SIR).

3.6.3 Upon receiving a notification from another Agency involving an allegation of sexual assault or sexual harassment, the Department shall ensure the allegation is investigated in accordance with this Department Order."

During the onsite portion of this audit, the auditor interviewed the Facility Administrator. The Facility Administrator confirmed his knowledge of the procedure and responsibility to report any allegations that an inmate was sexually abused while confined at another institution within 72 hours. The policies also require that all sexual abuse allegations reported by another institution regarding any inmate that was confined at Florence West to be fully investigated. The Facility Administrator confirmed his knowledge of this requirement and responsibility to investigate any allegations that may have occurred at Florence

West. Per the Statement of Fact, Florence West has not had any incidents of inmates reporting alleged abuse while at another facility, or being informed by another facility that an inmate was allegedly abused while at this facility in this audit period.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. PREA Training lesson plan
 - d. PREA First Responder pocket card
 - e. Statement of Fact
2. Interviews:
- a. Random staff
3. Site Review Observations:
- a. Observations during on-site review of physical plant

Findings:

115.64 (a): ADCRR policy DO125 and PREA training outline the procedures for first responders to follow for allegations of sexual abuse and sexual harassment for security staff which meet the requirements of this provision. Per the Statement of Fact, Florence West had no incidents which required activation of all staff first responder duties during the three year review period.

115.64 (b): The policy also mandate if the first responder is not a Security Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence; remain with the alleged victim and notify Security Staff.

All staff interviewed, including non-custody staff, were well aware of their roles and responsibilities as first responders. 100% of staff reported that they would immediately separate the inmates, keep the victim safe, do what they could to preserve a crime scene and advise involved inmates not to wash, shower, change clothing, brush teeth, eat, drink, or use the toilet. They all said they would also immediately call a supervisor and remain on the scene until relieved by responding personnel. All staff are trained as first responders and were issued a pocket card that list the steps to take when responding to an allegation that an inmate was sexually abused.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. GEO Corporate Policy 5.1.2-A
 - d. Florence West PREA Coordinated Response Plan dated 10/5/2021
 - e. PREA Incident Checklist
2. Interviews:
 - a. Facility Administrator
 - b. Random and Specialized staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.65 (a): GEO Policy 5.1.2-A, requires that the Facility develops a written Facility plan to coordinate the actions taken in response to incidents of Sexual Abuse. The plan shall coordinate actions of staff first responders, Medical and Mental Health Practitioners, investigators, and Facility leadership. The local PREA Compliance Manager shall be a required participant and the Corporate PREA Coordinator may be consulted as part of this coordinated response. Florence West has developed a written facility plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, investigators and facility leadership. The policies and Coordinated Response Plan are comprehensive in describing required actions by security and specialized staff. Interviews with the Facility Administrator, and random and specialized staff confirmed staff members were knowledgeable about the Response Plan and their specific roles and responsibilities as it relates to responding to sexual abuse allegations and their coordinated duties and collaborative responsibilities.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. GEO Policy 5.1.2-A
 - c. Statement of Fact
2. Interviews:
 - a. Agency Head
 - b. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.66 (a): GEO Policy 5.1.2-A states, GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a Facility's ability to remove alleged Employee sexual abusers from contact with any Individual in a GEO Facility or Program pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The policy also states, "In every case where the alleged abuser is an Employee, Contractor or Volunteer, there shall be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation." Per the Statement of Fact, there are no union/collective bargaining agreements at Florence West during this audit period. Per interview with the Facility Administrator, the abuser can be reassigned to an area where there would be no contact with the victim or removed from the facility pending the outcome of the investigation.

115.66 (b): The Auditor is not required to audit this provision.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 811- Individual Inmate Assessments and Reviews
 - d. Special Review Team Memo
 - e. DCRR Email on Retaliation Procedures
 - f. Statement of Fact
2. Interviews:
 - a. PCM
 - b. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.67 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR policies in support of their compliance with this standard in its PAQ responses. ADCRR Policies require the facility to implement procedures to protect inmates and employees who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by inmates or employees. The Facility Administrator has designated the PCM and the inmate's assigned Case Manager as retaliation monitors.

115.67 (b): The policies require the Facilities have multiple protection measures, such as housing changes or transfers for victims or abusers, removal of alleged staff or abusers from contact with victims, and emotional support services or staff who fear retaliation for reporting Sexual Abuse or Sexual Harassment or for cooperating with investigations. Per interviews with the Facility Administrator, he stated there are multiple options available to protect inmates and staff from retaliation 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. Per the Statement of Fact, there have been no incidents of retaliation at Florence West during the three year audit period.

115.67(c & d) The policies require the retaliation monitor to meet with the alleged victim in private to ensure that sensitive information is not exploited by staff or others and to see if any issues exist.

Monitoring for retaliation is documented electronically in the Arizona Inmate Management System (AIMS). Monitoring shall terminate if the allegation is determined unfounded. Items to be monitored for Individuals in a GEO Facility or Program include disciplinary reports and housing or program changes. Items to be monitored for Employees include negative performance reviews and Employee reassignments. The Employee Assistance Program (EAP) may also be offered for emotional support services for Employees who fear retaliation. Per interview with the PCM revealed that the monitor will meet with alleged victims immediately following the incident and then after 10, 30, 60 and 90 days. Monitoring can be extended past 90 days if warranted.

115.67 (e): ADCRR policies address the requirement of this provision. The policies cover anyone who cooperates with an investigation from retaliation by inmates or employees.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 804 – Inmate Behavior Control
 - d. ADCRR Department Order 805 – Protective Custody
 - e. Statement of Fact
2. Interviews:
 - a. PCM
 - b. Facility Administrator
 - c. RHU staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.68 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR policies in support of their compliance with this standard in its PAQ responses. DO 125 section 2.4.1.1 states, "Inmates at high risk for sexual victimization shall not be placed in Protective

Custody involuntarily unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.”

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. Per interviews with the Facility Administrator and RHU staff they indicated involuntary protective custody would only be used if there are no other available options of separation. Per the Statement of Fact, Florence West has not placed inmates in involuntary segregated housing during the three year audit period.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 106- Contract Beds
 - c. ADCRR Department Order 125 - Sexual Offense Reporting
 - d. ADCRR Department Order 501- Employee Professionalism, Ethics and Conduct
 - e. ADCRR Department Order 601- Administrative Investigations and Employee Discipline
 - f. ADCRR Department Order 608 – Criminal Investigations
 - g. PREA Incident Tracking log
 - h. Investigative Reports
 - i. Statement of Fact
2. Interviews:
 - a. Facility Administrator
 - b. ADCRR CIU Supervisor
 - c. PCM
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.71 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR policies in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125, section 1.0 states "All allegations and incidents of sexual conduct shall be investigated as outlined in Department Order #608, Criminal Investigations, and Department Order #601, Administrative Investigations and Employee Discipline.

Staff Misconduct – Staff sexual harassment and any sexual contact or conduct between staff and inmates or offenders is strictly prohibited. No sexual contact between staff and inmates or offenders shall be considered consensual. A staff member who engages in Unlawful Sexual Conduct is subject to state and/or federal criminal prosecution."

Per contractual agreement and policy, the ADCRR Inspector General's Office will conduct all investigations through the Criminal Investigation Unit (CIU) and the Administrative Investigation Unit (AIU). Neither GEO nor Florence West is responsible for conducting any form of criminal sexual abuse investigations. It is the responsibility of the ADCRR 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. During the interview with the PCM and review of the PREA Incident Tracking log it was determined an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months there was only one staff

on inmate sexual assault allegation. At the time of the onsite portion of this audit the investigation was officially closed, but the preliminary finding was unfounded.

As the investigation was not completed the auditor was not able to review the file. The auditor reviewed the only investigative file from the prior two years. This was an inmate on inmate sexual abuse allegation with a finding of unfounded. The ADCRR CIU promptly, thoroughly and objectively conducts administrative investigations of all allegations, including third party and anonymous reports.

115.71 (b): ADCRR Policy DO 125, section 10.4 states, "The CIU investigators shall receive training in conducting sexual abuse investigations in confinement settings." As established in Standard 115.34 CIU investigators have the required training.

115.71 (c): ADCRR policies DO 125 and DO 608 address the requirements of this standard. Per interview with the ADCRR CIU Supervisor, he stated it is the investigators responsibility to ensure all circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data is gather and preserve. They will interview alleged victims, suspected perpetrators and witnesses and review prior reports of sexual abuse involving the suspected perpetrator.

115.71 (d): ADCRR policies DO 125 and DO 608 address the requirements of this standard. There were no investigations in the past 12 months that required compelled interviews.

115.71 (e): ADCRR policies DO 125 and DO 608 address the requirements of this standard. Per the interview with the ADCRR CIU Supervisor, he confirmed polygraph examinations are not allowed. He stated credibility is assessed on an individual basis and evidence available.

115.71 (f): GEO policy 5.1.2-E, section III.B.2.c states, "Administrative investigations (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in a written report format that includes at a minimum, a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

During an interview with the CIU Supervisor, he indicated this is part of the investigation process. Review of Investigative reports verified this requirement is documented in the report.

115.71 (g): GEO policy 5.1.2-E, section III.B.2.e states, "Criminal investigations shall be documented in a written report format that contains at a minimum, a thorough description of the physical, testimonial, and documentary evidence."

During interview with the CIU Supervisor, he indicated the facility would receive a copy of all investigations they conduct.

115.71(h) GEO policy 5.1.2-E, section III.B.1.k states, "Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution."

During the interview with the CIU Supervisor, she confirmed that if allegations appear to be criminal they would be referred for prosecution. There was one substantiated contract staff on inmate sexual abuse allegation in the past 12 months. The abuser was not referred for prosecution.

115. 71 (i): GEO policy 5.1.2-E, section III.B.2.j states, "GEO shall retain all written reports referenced this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; however, for any circumstance, files shall be retained no less than ten years.

During the interview with the PCM, he confirmed the facility follows the required record retention for investigative files. CIU maintains the original files.

115. 71(j): GEO policy 5.1.2-E, section III.B.1.i states, “The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.”

During interviews with the Facility Administrator and CIU Supervisor, they responded the investigations would continue.

115. 71 (l): GEO policy 5.1.2-E, section III.B.1.f states, “When outside agency investigates sexual abuse the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.”

All investigations are completed by ADCRR Inspector General's Office. The facility cooperates the CIU investigators and stays in contact to keep apprised of the progress.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- a. Florence West PAQ responses
- b. ADCRR Department Order 125 - Sexual Offense Reporting
- c. Investigative Reports
- d. Statement of Fact

2. Interviews:

- a. Facility Administrator
- b. ADCRR CIU Supervisor

3. Site Review Observations:

- a. Observations during on-site review of physical plant

Findings:

115.72 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with ADCRR policy DO 125 in support of their compliance with this standard in its PAQ responses. ADCRR policy

DO 125, section 6.12.1 states, "There shall not be any standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The ADCRR CIU conducts all sexual abuse and sexual harassment investigations. During the onsite portion of this audit, the auditor interviewed the ADCRR CIU Supervisor. The ADCRR CIU Supervisor indicated 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. This auditor reviewed one investigative file during the onsite portion of this audit. Per the Statement of fact, there were no substantiated findings during the audit period.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 608 – Criminal Investigations
 - d. GEO Policy 5.1.2-E
 - e. Investigative files
 - f. Disposition of Investigation form
 - g. Statement of Fact
2. Interviews:
 - a. Facility Administrator
 - b. ADCRR PREA Coordinator
 - c. ADCRR CIU Supervisor
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.73 (a): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR and GEO policies in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 608, section 8.3.1 states, "Following an investigation into an inmate's allegation that he or she suffered sexual abuse in a Department facility, the CIU shall:

8.3.1.1 Inform the inmate victim at the conclusion of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

8.3.1.2 Document the case status and inmate victim notification(s) or attempted notifications accordingly in the CIU database."

In the review of a 2020 investigative file, it was noted that the ADCRR CIU investigators document on the investigative summary report that a notification was made. During the onsite portion of this audit, the auditor interviewed the ADCRR CIU Supervisor. The ADCRR CIU Supervisor 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.

115.73 (b): GEO Policy 5.1.2-E states, "If the Facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the individual." Per interview with the Facility Administrator he stated CIU does notify the victims at the completion of their investigations.

115.73 (c): ADCRR policy DO 608, section 8.3.2 states, "Following an inmate's allegation that a staff member has committed a sexual offense against the inmate, the CIU shall:

8.3.2.1 Subsequently inform the inmate victim (unless the investigation determines the allegation is unfounded) whenever the staff member is:

8.3.2.1.1 No longer posted at the inmate's unit.

8.3.2.1.2 No longer employed at the facility.

8.3.2.1.3 Indicted on a sexual offense.

8.3.2.1.4 Convicted of a sexual offense.

8.3.2.2 Document any and all staff member movement, court actions and inmate victim notifications or attempted notifications accordingly in the CIU database."

The ADCRR Disposition of Investigation form was revised on June 22, 2021 and includes an abuser status section that would inform the victim the status of the staff member. There were no staff-on-inmate sexual abuse allegation investigation completed in the past 12 months. Notification of the outcome would be completed by the CIU.

115.73 (d): ADCRR policy DO 608, section 8.3.3 states, "Following an inmate's allegation of a sexual offense by another inmate, the CIU shall:

8.3.3.1 Subsequently inform the alleged victim whenever the suspect inmate has been indicted on the sexual offense or convicted of the alleged sexual offense.

8.3.3.2 Document any and all court actions and inmate victim notifications or attempted notifications accordingly in the CIU database."

The ADCRR Disposition of Investigation form was revised on June 22, 2021 and includes an abuser status section that would inform the victim the status of the inmate abuser. There was one inmate-on-inmate sexual abuse allegations investigations completed by ADCRR CIU in 2020 and was unfounded. Notification of the outcome was completed by the CIU.

115.73 (e): ADCRR policy DO 608, section 8.3.1.2 states, "Document the case status and inmate victim notification(s) or attempted notifications accordingly in the CIU database."

A copy of the form is retained in the investigative file. Per policies, the victim will be provided an updated notification at the conclusion of a criminal proceeding, if the inmate is still in custody at the facility. Per the Statement of Fact, ADCRR is responsible and provides the Notice of Outcome and notes this action on their case closures.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:

- Florence West PAQ responses
- ADCRR Department Order 125 - Sexual Offense Reporting

- c. GEO Policy 5.1.2-E
 - d. GEO Employee Handbook
 - e. Statement of Fact
2. Interviews:
- a. Facility Administrator
 - b. PCM
3. Site Review Observations:
- a. Observations during on-site review of physical plant

Findings:

115.76 (a-c): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR and GEO policies in support of their compliance with this standard in its PAQ responses. AD CRR policy DO 125, section 1.2.3 states, "Following an investigation, a person found to have engaged in unlawful sexual conduct with an inmate or offender is subject to disciplinary action including dismissal as outlined in Department Order #601, Administrative Investigations and Employee Discipline, and may be referred for criminal prosecution."

GEO Policy 5.1.2-E, section III.G.1 states,

"a. Employees may be subject to significant disciplinary sanctions for sustained violations of Sexual Abuse and Harassment policies, up to and including termination for any Employee found guilty of Sexual Abuse.

b. Termination shall be the presumptive disciplinary sanction for staff who have engaged in Sexual Abuse.

c. Disciplinary sanctions for violations of agency policies 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.

d. All terminations and resignation for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal."

During the onsite portion of this audit, the auditor interviewed the Facility Administrator. The Facility Administrator stated, employees are disciplined based on the outcome of sexual misconduct investigation. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The facility would use progressive discipline 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. Staff are made aware of the zero-tolerance policy and the penalties for violating the policy in the Employee Handbook. Per the Statement of Fact, Florence West has not had any incidents of sexual abuse by staff or terminations during the three year audit period.

115.76 (d): Per policies, all terminations and resignations for such conduct shall be reported to law enforcement and licensing agencies, unless the activity was clearly not criminal. Per interview with the Facility Administrator and PCM, they were aware of this reporting requirement. As indicated above, Florence West has not had any incidents of sexual abuse by staff or terminations during the three year audit period.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 204 - Volunteer Services
 - d. ADCRR Department Order 205 – Contractor Security
 - e. Statement of Fact
2. Interviews:
 - a. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.77 (a-b): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR policies in support of their compliance with this standard in its PAQ responses. Agency Policies DO 125, 1.0, DO 125, 3.0, section 3.3.8.2, DO 125, 6.0, section 6.7 and 6.2.1, DO204, 1.0, DO204, 4.0 and DO 205 specifically address the requirements of this standard.

During the onsite portion of this audit, the auditor interviewed the Facility Administrator. The Facility Administrator stated that if an allegation of sexual misconduct by a volunteer 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. Per the Statement of Fact, Florence West does not have any contractors assigned to the facility and has not had any incidents of sexual abuse by volunteers during the three year audit period.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 801 Inmate Classification
 - d. ADCRR Department Order 803 Inmate Disciplinary Procedure
 - e. ADCRR Department Order 803 Earned Incentive Program
 - f. Statement of Fact: Disciplinary
2. Interviews:
 - a. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.78 (a-f): During the pre-onsite portion of this audit, the Facility provided this auditor with the above listed ADCRR policies in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125, section 1.3 states, "Inmate Sexual Assaults – Abusive sexual contact and any sexual contact (consensual or nonconsensual sexual acts) between inmates are strictly prohibited.

1.3.1 An inmate who sexually assaults another inmate is subject to disciplinary action as outlined in Department Order #803, Inmate Disciplinary Procedure. All such disciplinary actions shall be treated as major violations with the sternest sanctions imposed. The inmate shall be classified to the highest custody level in accordance with Department Order #801, Inmate Classification."

ADCRR policies and the Florence West inmate Handbook indicate that inmates are subject to disciplinary sanctions following an administrative or criminal finding that the inmate engaged in sexual abuse involving another inmate. ADCRR monitors at Florence West are responsible for the inmate disciplinary process. 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. Policies state 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. Per review of Investigative files, Florence West had one unfounded inmate-on-inmate sexual abuse allegations in 2020.

115.78 (g): Florence West prohibits all sexual activity between inmates and disciplines inmates for such activity. The Inmate Handbook lists rule violations which include sexual contact, sexual assault and

harassment. Review of disciplinary reports indicated inmates are disciplined for consensual sexual activity. Per interview with the Facility Administrator, the facility does not consider non-coercive sexual activity between inmates to be sexual abuse.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. ADCRR Department Order 1104 - Inmate Medical Records
 - d. PREA Risk Screening Tool
 - e. Documentation of Referrals
 - f. Documentation of completed Assessments
2. Interviews:
 - a. PCM
 - b. Intake staff
 - c. Mental Health staff
 - d. Target group inmates
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.81(a-c): During the pre-onsite portion of this audit, the Facility provided this auditor with ADCRR DO 125 in support of their compliance with this standard in its PAQ responses. ADCRR policy DO 125, section 5.1 states, Screening for Sexual Abuse – During the initial Mental Health Assessment, inmates who have:

5.1.1 Experienced prior sexual victimization, whether it occurred in an institution setting or in the community, shall be scheduled to meet with a QMHP within 14 workdays of the assessment being completed.

5.1.2 Perpetrated sexual abuse, whether it occurred in an institution setting or in the community, shall be scheduled to meet with a QMHP within 14 workdays of the assessment being completed.

5.1.3 Been identified as at risk for sexual victimization, shall be scheduled to meet with a mental health practitioner within 14 workdays of the assessment being completed.”

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. Review of documentation and interviews with inmates and mental health staff confirmed referrals are been offered and inmates that accept are seen and assessed by Mental Health staff.

115.81 (d-e): ADCRR policy DO 125, section 4.1.4.1 states, “Healthcare and mental health staff members are required to report sexual abuse in accordance with section 3.0.

4.1.4.1.1 Healthcare and mental health staff shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.”

Per interviews with medical and mental health staff, they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting. Any information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform about treatment plans, security and management decisions or otherwise required by federal, state or local law. Florence West does not house inmates under the age of 18.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions this standard.

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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. GEO policy 5.1.2-A
 - d. Statement of Fact
2. Interviews:
 - a. HSA
 - b. Mental Health staff
 - c. Random staff
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.82 (a-d): During the pre-onsite portion of this audit, the Facility provided this auditor with ADCRR and GEO policies (listed above) in support of their compliance with this standard in its PAQ responses. ADCRR Department Order 125, section 4.1 states, "When the inmate victim arrives at the Health Unit, QHCPs shall:

4.1.1 Assess and provide any necessary emergency care and treatment. A QHCP shall evaluate the inmate and, if necessary, make arrangements with security staff for the inmate to be escorted to an outside medical facility or emergency room for treatment and the collection of forensic evidence.

4.1.2 Ensure emergency treatment of the inmate is not delayed for any administrative reason."

GEO policy 5.1.2-A, section III.M.7 states, "Victims of Sexual Abuse in custody shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services as directed by Medical and Mental Health Practitioners. Community Confinement Facilities shall utilize local community facilities to provide emergency medical treatment and crisis intervention if onsite medical and mental health providers are not available.

b. This access includes offering timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate. All services shall be provided without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

c. No attempt will be made by Facility medical staff to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition; however, visible injuries shall be documented both photographically and in writing, and placed in the victim's medical record."

Florence West only houses male inmates. Florence West medical department is staffed 24/7 and mental health staff are 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. The auditor reviewed Significant Incident Reports which document Mental Health staff complete a mental health assessment of the inmate when a sexual abuse allegation is received. Per interview with Mental Health staff, they indicated all inmate victim are seen and assessed immediately. If after hours the inmate victim is offered a call to speak with a mental health staff. Per interview with the HSA, she reported that victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. She also verified that they offer information about sexually transmitted infections prophylaxis, where medically appropriate. Staff were aware victims of alleged sexual assaults are sent to an outside medical facility for a forensic examination by SAFE/SANE when necessary. Per the Statement of Fact, during the audit period there have been no cases requiring emergency medical and/or mental health services.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. GEO policy 5.1.2-A
 - d. ADCRR Health Service Technical Manual
 - e. Statement of Fact: Medical
 - f. PREA Mental Health Incident Report
2. Interviews:
 - a. Facility Administrator
 - b. HSA
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.83 (a,b,c,f,g): During the pre-onsite portion of this audit, the Facility provided this auditor with ADCRR and GEO policies (listed above) in support of their compliance with this standard in its PAQ responses. GEO policy 5.1.2-A, section III.N.1.a states, "Each Facility shall offer medical and mental health evaluations (and treatment where appropriate) to all victims of Sexual Abuse that occurs in any prison, jail, lockup, or juvenile Facility."

ADCRR Department Order 125, section 4.2 states, "Ongoing medical and mental health evaluation, and as appropriate, treatment shall be offered to all Arizona Department of Corrections, Rehabilitation & Reentry (ADCRR) inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

4.2.1 The evaluation and treatment of such victims shall include, as appropriate:

4.2.1.1 Follow-up services.

4.2.1.2 Treatment Plans.

4.2.1.3 Referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.

4.2.2 The institution shall provide such victims with medical and mental health services consistent with the community level of care.”

Victims of sexual abuse or sexual harassment are offered mental health services and referrals for long-term continuity of care and treatment upon release from the facility and documented in the inmate’s medical record. Per interview with the HSA, sexual abuse evaluation and treatment of victims includes follow-up services, treatment plans, and (when necessary) referrals for continued care following a transfer or release. They will be offered prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, counseling and testing and referred to the mental health staff for crisis intervention as necessary. All services are provided at no cost to the victims.

115.83 (d-e): During the pre-onsite portion of this audit, the Facility indicated that this provision was not applicable as the Facility only houses male residents.

15.83 (h): ADCRR policy DO 125, section 5.4 states, “Institutions shall conduct a mental health evaluation of all known inmate on inmate sexual abusers within 60 calendar days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Per the Statement of Fact, if a PREA incident occurs at Florence West, a medical and mental health evaluation is done on both the alleged victim(s) and the alleged perpetrator(s) at the time the incident is reported. Testing for sexually transmitted infection is offered as medically appropriate for follow-up. Services are offered without cost and independent of whether the alleged victim names the perpetrator or cooperates with any investigation. Year to date, Florence West has not had any inmates placed on an ongoing medical or mental health treatment plan.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all applicable provisions 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. Statement of Fact
2. Interviews:
 - a. Facility Administrator
 - b. PCM
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.86 (a-c): ADCRR policy DO 125 section 6.13 states, "Sexual Abuse Incident Reviews – The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse and sexual harassment investigation, where the final outcome was determined to be substantiated or

unsubstantiated. The sexual abuse incident review is not required when the outcome of an investigation is determined to be unfounded. The sexual abuse incident review shall occur within 30 workdays of the conclusion of the investigation.”

The review team always includes upper-level management staff and depending on the allegation may also include line supervisors, medical or mental health practitioners. During the interview with the Facility Administrator, he stated a Sexual Abuse Incident Review is completed following the conclusion of a substantiated or unsubstantiated allegation of sexual abuse. Upon completion of the review, the form is forwarded to the Facility Administrator for his review and signature and to the Complex PREA Compliance Manager who forwards the form to the Inspector General and the GEO PREA Coordinator. Per the Statement of Fact, there no sexual abuse incident reviews required to be completed during the three year audit period.

115.86 (d): Florence West utilizes the ADCRR Sexual Abuse Incident Review form that addresses all elements of the standard. 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.

115.86 (e): The Sexual Abuse Incident Review form has a section for recommendations. Policies require that the Facility shall implement the recommendations for improvement or document its reasons for not doing so. The policy requires Florence West to conducts a sexual abuse incident review within 30 days of the conclusion of every investigation that was substantiated or unsubstantiated. Incident review team members were interviewed and were knowledgeable of the process.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. GEO Corporate Policy 5.1.2-A
 - d. ADCRR Department Order 105 - Information Reporting
 - e. ADCRR Department Order 125 - Sexual Offense Reporting
 - f. ADCRR Annual PREA Report
 - g. The GEO Group Annual PREA Report
 - h. Survey of Sexual Violence
 - i. ADCRR website
 - j. The GEO Group website
2. Interviews:
 - a. PREA Coordinator
 - b. Facility Administrator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

118.87 (a-f): During the pre-onsite portion of this audit, the Facility provided this auditor with ADCRR and GEO policies in support of their compliance with this standard in its PAQ responses. GEO Policy 5.1.2-A Section III.O.1 states, "a. Each Facility shall collect and retain data related to Sexual Abuse as directed by the Corporate PREA Coordinator.
 b. This data shall be aggregated at least annually and is required to include, at a minimum, the data necessary to answer all questions on the most recent version of the Survey of Sexual Violence conducted by the Bureau of Justice Statistics (BJS).

c. Upon request, GEO shall provide such data from the previous calendar year to the Department of Justice no later than June 30.

d. Facility PREA Compliance Managers shall be responsible for compiling data collected on Sexual Activity, Sexual Harassment and Sexual Abuse incidents and forwarding statistical reports to the Corporate PREA Coordinator on a monthly basis. ("Monthly PREA Incident Tracking Log", see Attachment K).

e. In addition to submitting the Monthly PREA Incident Tracking Log, PREA Compliance Managers will ensure that a PREA Survey is created, updated and submitted for review and approval in the PREA Portal for every allegation of Sexual Abuse, Sexual Harassment and Sexual Activity as required."

The agency collects accurate uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument. All facilities conduct sexual abuse incident reviews after each substantiated or unsubstantiated case. Any recommendations for improvement, problem areas identified, or corrective actions needed are documented and forwarded to the Agency PREA Coordinator to review.

Every sexual abuse incident is entered into the PREA portal by the PCM at each facility. The PCM at Florence West is responsible for collecting specific PREA data and maintaining a monthly and annual PREA tracking log. She ensures that such data includes the information necessary to complete the Federal Bureau of Justice Statistics Survey of Sexual Victimization (SSV) form. The 2020 and 2019 SSV completed for Florence West were reviewed.

ADCRR publishes an annual report which includes information from private prisons it contact with. The 2019 annual PREA report published on its website was reviewed.

Interview with the GEO PREA Coordinator 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. The auditor reviewed the GEO Group Annual PREA Report for 2020, 2019 and 2018. GEO does not contract with other facilities for the confinement of inmates.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. GEO Corporate Policy 5.1.2-A
 - d. ADCRR Department Order 201- Legal Services - Record Release
 - e. ADCRR Department Order 103- Correspondence/Records Control
 - f. ADCRR Annual PREA Report
 - g. The GEO Group Annual PREA Report (2020, 2019 and 2018)
 - h. ADCRR website
 - i. The GEO Group website
2. Interviews:
 - a. PREA Coordinator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.88 (a-d): GEO Policy 5.1.2-A Section III.O.2 states, "GEO shall review all data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

-Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of GEO's progress in addressing sexual abuse.
-The annual report shall be approved by the appropriate divisional authority and made readily available to the public upon approval, at least annually through GEO's website or the client's website as required by contract.
-GEO may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted." 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 Senior Vice President of Operations for his signature and approval. The report is made public annually on GEO's website at www.geogroup.com/PREA.

ADCRR publishes an annual report which includes information from private prisons it contact with. The 2020 annual PREA report published on its website was reviewed.

The review of the policies, the GEO Annual PREA Reports which provides an excellent overview of the agency's efforts in the prevention of sexual abuse and sexual harassment in its facilities and interview with the PREA Coordinator demonstrated GEO and 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*)

The following evidence was analyzed in making the compliance determination:

1. Documents:
 - a. Florence West PAQ responses
 - b. ADCRR Department Order 125 - Sexual Offense Reporting
 - c. GEO Corporate Policy 5.1.2-A
 - d. ADCRR Department Order 201- Legal Services - Record Release
 - e. ADCRR Department Order 103- Correspondence/Records Control
 - f. ADCRR Annual PREA Report
 - g. The GEO Group Annual PREA Report (2020, 2019 and 2018)
 - h. ADCRR website
 - i. The GEO Group website
2. Interviews:
 - a. PREA Coordinator
3. Site Review Observations:
 - a. Observations during on-site review of physical plant

Findings:

115.89 (a-d): GEO Policy 5.1.2-A states, "Data collected pursuant to this procedure shall be securely retained for at least 10 years or longer if required by state statute. Before making aggregated Sexual Abuse data publicly available, all personal identifiers shall be removed." 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 2020 annual report is available on GEO's website at www.geogroup.com/PREA.

Per an interview with the Agency PREA Coordinator, she stated she writes the report that is published on the Department website and that GEO only reports numbers and incident types; personally identifiable information is omitted for confidentiality purposes. She also indicated that in 2015, GEO designed a secure PREA Portal with restricted access to retain all our PREA related data. Every sexual abuse incident is entered into the portal by the PCM at each facility and annually, the corporate PREA team reviews this data to determine what improvements are needed to enhance the overall PREA Program. The data is securely maintained for at least 10 years. This auditor reviewed the GEO website and verified the 2020 annual report was published. A review of the report indicated there were no personal identifiers. This auditor also reviewed ADCRR website and verified ADCRR publishes an annual report which includes information from private prisons it contact with. A review of ADCRR annual report indicated there were no personal identifiers included.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of 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*)

115.401 (a): GEO policy 5.1.2-A, section III.P states, "During the three-year period starting on August 20, 2013, and each three-year period thereafter, GEO's Contract Compliance Department shall ensure that each Facility is audited at least once by a PREA Auditor who has been certified through the Department of Justice." GEO's Contract Compliance Department ensures that a PREA auditor who has been certified through the Department of Justice audits each facility at least once. This is the third PREA audit of Florence West.

115.401 (b): According to GEO's PREA Coordinator, during the three-year period beginning on August 20, 2013, GEO ensured that each of its facilities were audited at least once and continues to ensure that its facilities are audited every three years. GEO did not keep the 1/3 ratio due to COVID-19 in 2020 but those facilities were completed in 2021.

115.401 (h): The auditor was allowed access and able to observe all areas of the Florence West.

115.401 (i): The auditor had been provided with extensive files prior to the audit, for review to demonstrate compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility, inmate and staff records and investigative files. The auditor was permitted to request and received copies of relevant documentation.

115.401 (m): The auditor was permitted to conduct private interviews with inmates and staff. The auditor interviewed the required number of staff and inmates based on the population.

115.401 (n): Inmates were notified a minimum of six weeks prior to the onsite audit on posted facility notices in English and Spanish that they could send confidential correspondence to the Auditor. Interviews with inmates stated they have seen the posting. No staff or inmates contacted the Auditor prior to the audit.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is compliant with all provisions of this standard.

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. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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*)

115.403 (f) Per the PREA Auditing Services Contract between GEO and this auditor, GEO ensures the auditor that this final report will be published on their website at (<https://www.geogroup.com/prea>) to be available to the public. A review of the Agency's website reveals that all Final Audit Reports were posted to its website within 90 days of its issuance by the auditor. During the onsite portion of this audit, this auditor interviewed the PREA Coordinator who informed this auditor that all Final Audit Reports are immediately posted on GEO's website.

Based upon the review and analysis of all the available evidence, the auditor has determined that the agency is fully compliant with this standard. The agency has a dedicated PREA page on its agency website that makes available not only Final Audit Reports to the general public but also its PREA policy, and it's Annual Report.

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.

Dave Andraska

3/16/2022

Auditor Signature

Date