

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: 21 November, 2016

Auditor Information			
Auditor name: Jack L. Falconer			
Address:			
Email:			
Telephone number:			
Date of facility visit: 14-15 November, 2016			
Facility Information			
Facility name: Arizona State Prison Complex-Phoenix			
Facility physical address: 2500 E. Van Buren St., Phoenix, AZ 85008			
Facility mailing address: (if different from above) PO Box 52109, Phoenix, AZ 85072-2109			
Facility telephone number: 602-685-3100			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Robert Patton, Warden			
Number of staff assigned to the facility in the last 12 months: 318			
Designed facility capacity: 731			
Current population of facility: 590 (11/14/2016)			
Facility security levels/inmate custody levels: Maximum-Minimum, Medium			
Age range of the population: 18-83			
Name of PREA Compliance Manager: Dale Golder		Title: Associate Deputy Warden, PREA Compliance Manager	
Email address: dgolder@azcorrections.gov		Telephone number: 602-685-3100	
Agency Information			
Name of agency: Arizona Department of Corrections			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 1601 W. Jefferson, Phoenix, AZ 85007			
Mailing address: (if different from above) Click here to enter text.			
Telephone number: 602-542-5497			
Agency Chief Executive Officer			
Name: Charles L. Ryan		Title: Director	
Email address: cryan@azcorrections.gov		Telephone number: 602-542-5225	
Agency-Wide PREA Coordinator			
Name: Mike McCarville		Title: Administrative Services Officer II, PREA Coordinator	
Email address: mmccarvi@azcorrections.gov		Telephone number: 602-771-5798	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Arizona State Prison Complex-Phoenix was conducted on November 14-15 , 2016. The facility is a 731 bed prison operated by the Arizona Department of Corrections. It is located in downtown Phoenix, Arizona

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

The audit process began by receiving and reviewing all PREA documentation submitted by the Arizona Department of Corrections and the Arizona State Prison Complex-Phoenix. The documents included the Pre-Audit Questionnaire, AZDOC policies and procedures, inmate rosters, staff rosters, organizational charts, inmate population count information, inmate handbooks, facility schematics and photos, DOC training curriculum for both staff and inmates, various forms, and other information used by the facility to implement PREA.

The documentation was reviewed by the auditor and any questions were clarified by sending them to the agency PREA Coordinator and the facility PREA Compliance Manager.

The auditor is required to select a group of randomly selected inmates and staff for interview during the on-site visit portion of the audit. The rosters of staff and inmates provided in the documentation were used by the auditor to select the names. Inmate names were selected at random (ethnic groups were included) from each of the ASPC housing units. The purpose of the interview is to ensure that the inmates understand their rights under PREA, how to report any incident, and validate that their PREA provisions are being provided by the facility.

The auditor also provided to the facility a second list of inmates that must be interviewed. This list included disabled inmates, LBGTI inmates, inmate in segregation for risk of sexual victimization, inmate who reported a sexual abuse, and an inmate who disclosed being a victim during risk screening. The facility selected the inmates that met the requirements. A transgender inmate, an inmate who reported a sexual abuse, and an inmate who spoke limited English were interviewed. None of the other categories of inmates were available.

A random sample of Correctional Officers were selected for interview. This process included all shifts, both male and female. The purpose of the CO interview was to verify whether the policies and procedures were actually being enforced and that the Officers understood their responsibilities under PREA. The questions included asking about their understanding of the zero tolerance policy, how to respond to PREA incidents, and a variety of other questions.

The auditor provided a list of management and specialized staff that must also be interviewed if they met the specific requirements as outlined in the PREA audit guidance.

The auditor interviewed 42 staff and inmates during the PREA audit. 14 random and other category inmates, 15 specialized staff, 3 management staff, and 10 correctional officers using the questions provided in the PREA audit documents.

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

Robert Patton Warden.

Dale Golder, PREA Compliance Manager.

Mike McCarville, Agency PREA Coordinator.

Jack Falconer, Auditor.

In addition, five ASPC Phoenix management staff attended.

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

The ASPC has three separate inmate units which include the Alhambra Unit, Flamenco Unit and the Aspen Unit. The facility also has a Complex unit for administration and support staff.

During each Unit tour, the auditor must look at all inmate housing units, program areas, food service, medical, visiting areas, work programs and other areas specified by PREA. The placement of audit and PREA information for the inmate, the staffing levels for safety, cameras and their location, blindspots, phone locations, and many other areas must be examined.

After the entrance brief, the auditor began the tour of all Units. The auditor was accompanied by the Deputy Warden of each Unit, the Arizona PREA Coordinator, the Facility PREA Compliance Manager, and others.

After the tour of the Alhambra and Flamenco Units, nine inmate interviews were conducted.

Later that day, the group began the tour of the Aspen Unit and five inmates were interviewed.

On the second day of the audit, the auditor interviewed the facility management staff, Correctional Officers, and a group of specialized staff.

These included;

- Two Correctional Officers from the third shift(Graves).

- Five Correctional Officers from the first shift(Days).

- Three Correctional Officers from the second(Swings).

- Fifteen Specialized staff.

- One Management staff.

- The Agency Director designee and the PREA Coordinator were interviewed at an earlier date.

During the late afternoon, the Exit Brief was held. The Warden and several of the ASPC staff were in attendance. The auditor made comments about the ASPC operations as it relates to the PREA requirements. The next steps were also provided to the group.

DESCRIPTION OF FACILITY CHARACTERISTICS

ASPC Phoenix is a multi-site facility operated by the Arizona State Department of Corrections. Three separate units are included in the Complex. The Alhambra, Flamenco, and Aspen Units are located at 24th street and Van Buren in downtown Phoenix. It is on the grounds of the Arizona State Hospital and leased through the Arizona Department of Health Services. The Complex had 590 inmates on 14 November, 2016, with ages ranging from 18 to 83 years old.

The description of the ASPC is as follows:

Alhambra Unit

The Alhambra Unit is mixed custody male facility consisting of dormitories and cells. The Unit provides for minimum custody general population, maximum custody mental health, and mixed custody intake reception populations.

The Unit serves as a Reception Center for adult male inmates who are sentenced to the Department of Corrections (except inmates serving a Life sentence and sentenced to Death Row). The Reception Center includes Classification, Medical, Psychiatric, Statewide Transportation, Support, and Administration.

The intake reception inmates are evaluated via substance abuse screening, academic education testing, criminal thinking testing, criminal history review, escape history review, employment and work skill history review, corrections plan review, life planning review, and PREA risk assessment screening. Information gathered in the evaluation process is entered into the Adult Information Management System. The Corrections Plan program is automated to assess information gathered to determine inmate's relative risk to recidivate and the inmate's need level for each program area, resulting in placement in the priority ranking list for program enrollment.

The Unit has a licensed in-patient mental health facility (Baker Ward) for maximum security male inmates.

The mental health inmates are housed in licensed mental health area under the care of mental health staff. Treatment programs offered include Co-occurring Disorder, Social Values, Responsible Thinking, Media, Self-control/Anger Management, etc.

The Unit also provides for 61 residential minimum custody inmate workers. These general population inmates are assigned to various jobs to support and maintain the facility including cleaning porter, laundry porter, inmate barber, kitchen worker, sewing machine operator, maintenance, electrician, motor pool, etc.

Visitation, medical services, and religious services are made available to the inmates.

Flamenco Unit

The Flamenco Unit is a licensed mental health treatment facility with capacity of 125 beds. The Unit is located within the main complex surrounded by combination of 30 foot walls and two perimeter fences with razor wires. The inmates are located in cells.

The Unit houses male close custody general population, male close custody protective custody, female close custody general population, and male maximum custody inmates.

On the first day of PREA audit, Flamenco Unit housed 70 male inmates and 9 female inmates. The average stay for the Flamenco inmates is approximately two years. The Unit is a licensed mental health treatment facility. Treatment programs offered include Responsible Thinking, Self Control, Social Values, Re-entry, Co-occurring Disorders, Managing Symptoms, Women's Self Esteem, Character Development, Substance Abuse Relapse Prevention/Recovery, Relationships, Problem Solving, Life Skills, etc.

Education classes offered included functional literacy and GED. Inmate job assignments include building porter, laundry porter, and floor crew. Programs and services available to inmates included visitation, recreation, education, religious services, medical services, and mental health services.

Aspen Unit

The Aspen Unit is a medium custody 150 beds male mental health treatment facility surrounded by two perimeter fences with razor wire. Aspen unit has one main building, one education building, one program building, and one Medical building.

Inmate housing is provided in the main building utilizing 3 dormitory style pod areas. Inmates are assigned to various jobs to support and maintain the facility including cleaning porter, laundry porter, inmate barber, kitchen worker, sewing machine operator, maintenance, etc.

Programs offered included Release Planning, Transition, Recreation Therapy, Health Education, Mental Health Education, Process Group, Veterans Processing, Reentry, Cognitive Restructuring, etc. Visitation, medical services, and religious services are made available to inmates. Aspen has a viable vegetable garden with harvested produce donated to the Crisis Nursery Center.

Complex Facility

ASPC-Phoenix also has an administrative unit that provides spaces for the management of the complex. Included are Complex Administration, Complex Operations and Complex Security. . The Complex support provides transportation, Special Security Unit staff, armory, and service dogs to the three units.

The facility has a zero tolerance policy regarding sexual abuse of any inmate. The PREA information is provided to all inmates upon arrival. Posters and signs are available in all housing units reminding the inmates of how to report incidents of sexual abuse. The information is also available in the inmate handbook.

The correctional security program appears to be appropriate for the max/min security classification and the Correctional Officers provide security supervision. Numerous cameras are provided to enhance security operations and inmate safety. Each Unit has a control center that monitors all movement inside and outside the facility

The facility has a clean and orderly appearance. The grounds are well maintained and the facility appears to be well maintained.

The facilities maintenance program is responsible for 18 buildings.

Corizon Health Care (Medical contractor).The Medical/Mental Health program has 132 medical practitioners including doctors, nurses, dentists, & support staff that provide inmate health care.

Trinity Food Service(contractor). The ASPC food service program has 4 employess plus inmate workers. The food is produced and delivered from another Arizona Prison Complex.

Keefe Commissary (Contractor). Keefe Commissary handles all property purchased through them and distributes it to the inmate population.

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Design capacity	731
Actual Population (11/14/2016)	590
Security/Custody level:	Minimum, Medium, Close, Maximum
Gender	Adult male & adult female
Age Range	18-83

Number of full time staff:

Administration	100
Criminal Investigations Unit	6
Security	228
Programs	16
Total Facility	350
Medical (Corizon)	132 practitioners and administrative staff
Food Service (Trinity)	4

SUMMARY OF AUDIT FINDINGS

The ASPC-Phoenix Pre-Audit Questionnaire indicated two allegations of sexual harassment and eight allegations of inmate sexual abuse. These allegations resulted in eight Criminal Investigations related to sexual abuse and two Criminal Investigations for harassment conducted in the past 12 months. The findings of all ten investigations were either unfounded or unsubstantiated. The facility reported zero administrative investigations were required.

The inmates indicated that they were aware of and understood the Agency's zero tolerance policy and what it meant for their protection. All received the information at intake and other PREA training and understood the multiple ways to report sexual abuse and harrassment and how to protect themselves. The inmates were able to describe how to report, use of the hot line, and what they would do if they were abused or harrassed. They indicated that they felt safe and there was an open communication line between themselves and the correctional officers.

The facility staff indicated that they were trained on PREA and what zero-tolerance actually means and how to enforce the PREA policies. They were very knowledgeable about their roles and responsibilities in the prevention, reporting, and response to sexual abuse and harassment of the inmate population. They all carried the first responder cards and knew very well the steps they must follow as a first responder.

The auditor interviewed by phone the SAFE/SANE nurse in charge of that program at Phoenix Honor Health to confirm the ASPC agreement and to verify that the service would be available if needed. In addition, the auditor interviewed a contractor to verify that she had received the zero-tolerance policy and other training required by PREA.

In summary, after review of all documentation, the results of the interview process, and observations during the tours, the auditor determined that the ASPC Phoenix has made the requirements of PREA a very high priority by properly training their staff and inmate populations on the key componets of PREA. The Warden and his top management staff dispayed a very high commitment to the PREA process.

Overall Final Compliance Report for the ASPC-Phoenix:

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0
Number of standards not applicable:	2 (115.14& 115.66)

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

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

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

ASPC Phoenix has policies that mandate a zero tolerance for sexual abuse and sexual harassment of their inmate population. These policies also present a plan to address prevention, detection, and response. The policies includes the definitions of prohibited behaviors, sanctions and agency strategies and responses regarding sexual abuse and sexual harassment. The facility PREA Compliance Manager indicated that the facility follows all components of the DOC policy.

The ADOC employs a full time PREA Coordinator who reports to the AZDOC Inspector General Operations Manager and the facility assigns an Associate Deputy Warden as the PREA Compliance Manager who reports to the ASPC Warden. Both the Coordinator and Manager are listed on organizational charts and they both indicate that they have sufficient time to address the needs of PREA.

Policies, other evidence reviewed:

ASPC Phoenix Pre-Audit Questionnaire.

AZ DO 125.02, .03, .04, .05, & .06, pg 1-15.

AZDOC Zero Tolerance statement.

ADOC,ASPC organizational charts, interviews, and memos.

Interviews with PREA Coordinator & the PREA Compliance Manager confirm that the standard is met.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

The ADOC currently has three contracts (MTC, GEO & CCA), developed since August 20, 2012, with private agencies to house prisoners. The three contracts require the contractors to comply with all provisions of PREA. A full-time ADOC monitor is assigned to each of the facilities under contract. ASPC Phoenix is not a contract facility.

Policies and other evidence reviewed:

Policies are found in AZ DO 106(Contract Beds) & 606 (Internal Inspections Program).

Sample Contracts with bid language.

ASPC Phoenix Pre-Audit Questionnaire.

AZDOC 2015 Contract Bid Information Spread Sheet.

Standard 115.13 Supervision and monitoring

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

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

The ASPC Phoenix has developed a staffing plan to safely meet the PREA and correctional needs. The plan has addressed all points annotated in the standard.

This plan involves always filling a list of mandatory positions to meet the post staffing requirements when vacancies occur. The facility used overtime/comp time or collapsing non-custody positions to meet a safe staffing mandate required by the ADOC. The facility reported no deviations from the custody staffing plan for the past 12 months.

The average daily population since August, 2012 and to which the staffing plan is based is 630 inmates.

On July 28, 2016 the facility management team reviewed the staffing plan. The team addressed the staffing, video, and resource needs. The staffing plan was also reviewed by the agency PREA Coordinator.

Unannounced rounds of the facility are conducted for all shifts and are recorded by senior management staff. By DOC policy, the senior staff must spend 6-10 hours per week touring the facility. The policy also requires that the rounds shall be unscheduled, unannounced and staff are prohibited from alerting other staff that the rounds are occurring

The Auditor examined direct contact correctional staff vacancy rates for a 12 month period. The rate was 12 %.

Policies and other evidence reviewed:

DO 703, pg 1-6

DI 286, pg 1-7

Sample Phoenix Post Charts

Sample Shift Calendars

Sample Inspection Tour Reports

Interviews with the Warden, PCM, and PREA Coordinator confirm that the practice follows the policies required.

ASPC Phoenix Pre-Audit Questionnaire.

Standard 115.14 Youthful inmates

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

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

Not Applicable

Since no inmate is under 18 years of age at ASPC Phoenix, the standard does not apply to the facility.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

ASPC-Phoenix has policies that do not allow their correctional staff to conduct cross-gender strip or visual body cavity searches of inmates. The facility reported zero instances where these types of searches had occurred. These searches can only be done by medical personnel or by staff in an emergency(must be documented). These policies were confirmed by the Warden and the Correctional Officers interviewed.

The facility has a male and female inmate population.

All showers and commodes/urnials have protective walls & curtains that allow inmates a level of privacy. The inmates are required by policy to wear their clothing at all times except when showering. The inmates interviewed indicated they were never naked in view of opposite gender staff. All staff of the opposite gender announce their presence when entering a housing unit. This was confirmed by the inmate interviews and observation during the on-site audit.

Policies are in place to prevent staff (other than medical) to examine an inmate solely for the purpose of determining gender. The facility reported zero instances where these types of searches have occurred in the past 12 months.

The facility reported that 100% of the security staff has been trained in the correct procedure for these types of searches. This was verified by sampling of training plans, training files, and interviews.

Policies and other evidence reviewed:

DO 708, pg 6; DO 708.01, pg 8; DO 708.02, pg 10.

DO 125.01, pg 18; DO 125.02, pg 4.

DO 704.05, pg 5

DO 1101.15, pg 21

DO 810.02, pg 2; DO 810.03, pg 4.

Training Rosters, Search logs.

Interviews with Correctional Staff & inmates confirm that the standard is met.

ASPC Phoenix Pre-audit questionnaire.

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

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

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

AZDOC policies require that all inmates with special needs have an equal opportunity to understand and receive the benefits of the facilities efforts to prevent, detect, and respond to sexual abuse and harrassment. The facility has developed a variety of ways to ensure inmates with disabilities or limited English are provided

the opportunity to understand PREA. Orientation videos, pamphlets, booklets, inmate handbooks, etc. are available in both English and Spanish.

Staff interpreters are available to provide interpreter service. PREA posters are in inmate housing units and the information is available in the inmate handbook. This availability was confirmed verbally by the Warden. The auditor, based on observation of process and interviews of staff, believe that the requirements of the standard are met.

Inmate interpreters are not used. Only staff are authorized for this purpose.

Policies and other evidence reviewed:

DO 108, pg 3-4, 6-8

DO125.02, pg 3-4

DO 704.15, pg 20

DO 704.16, pg 20

DO 906.05, pg 6

DO 910.10, pg 18

Posters, inmate handbooks, certificates.

ASPC interviews of Agency Head and random CO staff.

ASPC Phoenix Pre-audit questionnaire.

Standard 115.17 Hiring and promotion decisions

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

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

ASPC-Phoenix has an on-site HR position that manages the recruitment and hiring process. The AZDOC policies require job applicants to have background checks looking at any issue of engaging in sexual abuse in a correctional facility, having been convicted of sexual abuse, or adjudicated for engaging in this activity. If any issue is found, the applicant is prohibited from being hired or promoted.

The background checks are completed by the Background Investigation Unit (BIU) of the AZDOC. All contractors are screened by using the same process. The process also involves making contact with previous institutional employers for information on substantiated allegations of sexual abuse.

The facility reported 318 (100%) new employee/applicant background checks were made and 3 (100%)

contractor background checks were completed in the past 12 months. Documentation and files were reviewed by the auditor to confirm the process.

AZDOC policies also require a 5 year re-check of all employees and contractors. This is completed by the AZ BIU. The AZDOC policy does indicate that any employee/contractor misconduct, lack of reporting or false reporting is subject to the possibility of termination of employment.

The HR Manager indicated that the BIU will respond to any request for information from an institutional employer seeking information on a former employee. Examples of this communication was provided.

Policies and other evidence reviewed:

DO125.06, pg 13.

DO125.07, pg 15-16.

DO504, pg 13-14.

DO602, pg 4, 10-11.

List of 5 year background checks on current employees.

ASPC-Phoenix Pre-audit questionnaire.

Interviews with HR Manager

Standard 115.18 Upgrades to facilities and technologies

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

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ASPC-Phoenix has made modifications to the Health building since the last audit.

On the tour, the auditor observed cameras throughout the facility. The functionality and clarity were considered very good.

The Warden indicated that any modification or expansion of existing facilities will consider the modifications impact upon the facilities ability to protect the inmates from sexual abuse. Areas such as blind spots, sight lines, and other spaces not under constant visual supervision are priorities for the addition of cameras.

Policies and other evidence reviewed:

ASPC Phoenix Pre-audit questionnaire.

List of modifications and improvements.

Interviews of the Agency Head and Warden.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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Per policy, the ADOC Inspector General's Office will conduct all investigations. The ADOC Units with the legal authority are 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. Both the CIU investigator and the ADOC policy indicated they follow a uniform evidence protocol that is based on the National protocol.

The ASPC Phoenix offers all inmates a forensic examinations if sexually abused. The facility has an MOU with SAFE and SANE examiners using an outside health care provider called Honor Health in Phoenix. The examination would normally be done at the facility when needed.

The facility conducted zero SAFE/SANE examinations during the last 12 months. These exams are at no cost to the inmate and are available at any time.

The facility maintains a list of advocacy service providers associated with the Arizona State Coalition to End Sexual and Domestic Violence and three ASPC Phoenix employees who are certified to provide the service if required.

Policies and other evidence reviewed:

DO 125.05, pg 11.

DO125.06, pg 12.

DO 608.08, pg 2-4, 6-7.

ASPC Phoenix Pre-audit questionnaire.

Memos, employee advocate certificate, training curricula, MOU's.

Interviews of random CO's, SAFE/SANE staff, & PCM. There were no inmates who reported sexual abuse.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

corrective actions taken by the facility.

Per policy, the ADOC Inspector General's Office will conduct all investigations. The units with the legal authority are 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.

During the 12 month period, 10 allegations of sexual abuse and sexual harassment was received and all were referred for criminal investigation. All of the investigations were completed and documented.

There were zero administrative investigations.

The AZDOC policy for referral of all incidents for investigation is available on the ADOC website at azcorrections.gov.

Policies and other evidence reviewed:

Investigation reports.

ASPC Phoenix Pre-audit questionnaire.

ADOC DO125.06, pg 11-12.

DO 601, pg 1-26.

DO 608, pg 1-10.

Interviews of the Agency Head & the CIU investigator.

Standard 115.31 Employee training

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

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

The staff training provided by ASPC Phoenix meets policy requirements of PREA. All points required by the standard are included in the training curriculum. The ADOC provides computer based training for PREA with electronic verification.

All ASPC employees, contractors and volunteers, are trained to meet the PREA standards. Since the last audit, 347 (100%) staff were trained.

The ADOC has a comprehensive training program which includes pre-service and annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a

signature roster that indicates the trainees understand the training presented. The interview process indicated that employees understood the materials presented. Refresher information is available in the employee handbook and in shift briefings.

The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well.

Policies and other evidence reviewed:

DO 125.10 , pg 17-19.

DO 509, pg 1-28.

DO810.03, pg 4.

Pre-service and In-service curriculum.

ASPC-Phoenix Pre-audit questionnaire.

Interviews of a random sample of staff & review of training records.

Standard 115.32 Volunteer and contractor training

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

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

All volunteers and contractors who have contact with inmates at ASPC Phoenix have been trained to understand the requirements of PREA and the zero tolerance policy.

100% of the 167 volunteers and contractors were trained about PREA Compliance and correctional requirements during the last 12 months. The training is the same as all DOC employees receive concerning PREA. This was verified by examination of training records and the signatures that documented that they understood the training presented.

The interview with the Food Service contractor verified that she understood the PREA requirements associated with being a contractor.

Policies and other evidence reviewed:

DO125.10, pg 17-19.

DO509, pg 1-28.

DO810.03, pg 4.

Volunteer/Contractor Training Plan.

Volunteer sign-in roster & application forms.

ASPC Phoenix Pre-audit questionnaire.

Interview with the Food Service contractor.

Standard 115.33 Inmate education

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

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

By ADOC policy, inmates are provided information at intake about the zero-tolerance policy for sexual abuse or harassment.

In the past 12 months, 8838 (100%) inmates admitted to ASPC Phoenix were trained on the principals of PREA within 30 days of intake. Provisions are made to assist those inmates with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, inmate handbooks, etc. are readily available to the population and are available in English and Spanish. Documentation is maintained for inmate attendance.

Policies and other evidence reviewed:

DO 108, pg 7-8.

DO 125.02, pg 4.

DO 704, pg 20.

DO 802, pg 2.

Inmate assessment forms, handbooks, & orientation schedule.

Training rosters.

ASPC Phoenix Pre-audit questionnaire.

Posters, brochures, lesson plans, inmate handbooks

Interviews with Intake staff & random sample of inmates.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Per policy, the ADOC Inspector General's Office will conduct all investigations. The IG Units with the legal authority are 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 six CIU staff available to ASPC-Phoenix have been trained to meet PREA standards. The training certificates were reviewed by the auditor. The training included interviewing sexual abuse victims, use of Garrity and Miranda, & evidence collecting, etc. The CIU Investigator that was interviewed indicated they use the Miranda warnings (AIU uses the Garrity warnings) and approved interviewing techniques. The Investigator was professional and very knowledgeable.

Policies and other evidence reviewed:

ADOC DO125 .10.1.4., pg 19.

ASPC Phoenix Pre-audit questionnaire.

Investigative staff training certificates from NIC.

The interviews with the CIU investigator.

Standard 115.35 Specialized training: Medical and mental health care

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

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

Per ADOC policy, all Medical and Mental health providers are required to attend PREA training.

Documentation and the staff interviews indicated that all Medical and Mental Health Services staff have been trained in the requirements of PREA. 100% of the 131 Health Care staff were PREA trained. The documentation is maintained by the ASPC and was provided to the auditor.

Forensic examinations are not conducted by the Corizon medical staff. These exams, if needed, are provided by a certified local health care organization provider (Honor Health in Phoenix). The interview with the SAFE/SANE certified provider indicated that they will provide the service at the facility on a 24/7 basis.

ADOC policy requires that all employees of Corizon receive the same Correctional training as all other DOC employees. This requirement was verified in the interview process.

Policies and other evidence reviewed:

DO 125.10, pg 17-19.

ASPC Phoenix Pre-audit questionnaire.

The interviews of Medical/Mental staff and review of training logs.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

Per ADOC policy and practice, all inmates upon admission or transfer shall be screened for risk of sexual abuse victimization and sexual abusiveness towards other inmates. 100 % of the 8595 inmates received by the ASPC Phoenix were screened for the risk of sexual abuse victimization or sexual abuse towards other inmates. This screening is accomplished using an objective screening instrument (Aims computer screen) and is accomplished within the first 24 hours of arrival. The staff uses a screening document that asks questions to determine if any inmate might have any prior history as a sexual abuser or victim and the responses scored. Based on the score and responses, a decision is made to safely house the inmate. Facility staff conduct the screening and the information is secured. The screening process and completed forms were reviewed by the auditor.

The risk assessment documents used by the ADOC are instruments that meets the PREA requirements.

The inmates are reassessed for the risk of sexual victimization or being sexually abusive based on any additional information received within the time frames required. The facility reported 215 reassessments within 30 days of the initial screening. The information screen on the main frame computer is scanned looking at all inmates at least 2 times per day for new information (Triggers) indicating new information has been received.

ADOC policies prohibit discipline of an inmate for refusing to answering questions in the screening process.

All information received on this process is considered sensitive and shall not be used by staff to the detriment of the inmate.

Policies and other evidence reviewed:

DO811.01, pg 1.

DO811.02, pg 2-4.

DO810, pg 2.

ASPC Phoenix Pre-audit questionnaire.

Sample Risk Assessment, Risk Screening & Retaliation Review Training slides.

The interviews of risk screening staff, random inmates, PREA Coordinator, & PREA Compliance Manager.

Standard 115.42 Use of screening information

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

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

At ASPC Phoenix, the information obtained in the inmate screening process is used to make individualized determinations to ensure the inmates safety. This documentation found on AIMS DC71 Screen is used to make decisions to place each inmate in appropriate housing, work, education, and program assignments. The placement decisions are made by a classification committee.

In making assignment decisions for transgender or intersex inmates, the decisions are made on a case-by-case basis and reassessed twice each year. They are also given the opportunity to shower separately if desired and their personal views as to their safety is given serious consideration. The AZ DOC does not place transgender or intersex inmates in dedicated units, however, a AZDOC Central Office committee makes placement decisions that consider the needs and desires of the inmate.

Policies and other evidence reviewed:

DO 704.08, pg 10-14.

DO 801, pg 1-21.

DO 810, pg 3.

DO811.02, pg 4-5.

AIMS DC71 Screen.

Inmate Victimization and Abusiveness Screening form.

ASPC Phoenix Pre-audit questionnaire.

The interviews of risk screening staff, Transgender Inmate, PREA Coordinator, & PREA Compliance Manager.

Standard 115.43 Protective custody

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

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

ADOC policies prohibit the placement of inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of alternatives has been made. If any inmate would be placed in segregation for protection, they would be offered a Functional Literacy Program and other privileges to the extent possible. They are advised of these limitations and the duration.

The facility reported zero inmates were held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any inmate in segregation.

Policies and other evidence reviewed:

DO125.02, pg 4.

DO125.06, pg 11.

DO 804.01, pg 1-4.

DO 805.01, pg 1-2

DO 805.08, pg 9.

ASPC Phoenix Pre-audit questionnaire.

The interview of the Warden and Segregated housing staff. There were no inmates that were housed in segregated housing as a victim of sexual abuse.

Standard 115.51 Inmate reporting

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

- Does Not Meet Standard (requires corrective action)

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

The ADOC has several ways that an inmate can report sexual abuse/harassment, retaliation, or staff neglect. They can report any incident to any staff person, write a grievance or report, write letters, use an inmate hot line, or notify a third person. The inmate hot line is connected to a private entity.

Staff are required to document verbal reports immediately and forward to supervisor.

Staff are informed of how to report privately any sexual abuse or harassment. They can verbally discuss sexual abuse/harassment with chain of command/supervisors in a private setting. They can also report in writing, via Information Report Form, email, memo, etc. Staff are informed of these requirement with required PREA training and employee handbooks. The staff understanding of this process was verified in the interviews.

No inmates are held for civil immigration purposes at the facility.

Policies and other evidence reviewed:

DO125.03, pg 7-8.

DO 501, pg 1.

DO 527, pg 1-3.

DO 608.08, pg 6.

DO 802.09, pg 7.

DO 805.01, pg 1-2.

DO 916.01. pg 1.

ASPC Phoenix Pre-audit questionnaire.

PREA Training curriculum for FY 16 & 17, employee handbook.

The interviews of random inmates, random CO staff & PREA Compliance Mgr.

Standard 115.52 Exhaustion of administrative remedies

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

- Does Not Meet Standard (requires corrective action)

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

The ADOC has an inmate grievance process that meets the requirements of PREA. The process allows the inmate to file an written complaint/grievance at any time about sexual abuse or on any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary.

By policy, the inmate is not required to use an informal grievance process nor refer any grievance to the staff member who is the subject of the complaint. The facility will not refer the grievance to the staff member who is the subject of the complaint. There is no time limit for the filing of a sexual abuse or sexual harassment grievance.

In the past 12 months, there were zero grievances filed concerning sexual abuse or harassment. If any were received, the grievance would be completed within 90 days and the inmate would be notified of the decision. DOC policy allows third party assistance to inmates in the grievance process. If the inmate declines assistance of a third party, that decision to decline assistance would be documented. No assistance has been requested.

Emergency grievances are permitted in reporting a grievance concerning sexual abuse/harassment. If received, the grievance is immediately addressed. AZDOC policy requires that a response to an emergency grievance must be completed within 48 hours and a final decision must be made within 5 calendar days. Policy does limit any sanctions to an inmate who filed the grievance in bad faith. In the past 12 months, there were zero emergency grievances filed concerning sexual abuse or harassment. The process is well defined in the inmate handbook and would be used by the inmate if necessary.

Policies and other evidence reviewed:

DO 802.09, pg 7-8.

ASPC Phoenix Pre-audit questionnaire.

Inmate handbooks.

There was one inmate interviewed at the facility who reported a sexual abuse.

Standard 115.53 Inmate access to outside confidential support services

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

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

corrective actions taken by the facility.

The facility maintains a list of service providers associated with the Arizona State Coalition to End Sexual and Domestic Violence and they also have three ASPC staff that are certified to provide advocate services to the inmates. The ASPC Phoenix advocate service includes in-person support services to the victim through the forensic medical exam process as well as the investigatory interview process and at no charge to the inmate. The inmate handbook also tells the inmate how to obtain confidential access to outside victim advocates.

The facility also informs the inmates of the limits to confidentiality and does provide for reasonable confidential communication between the inmate and the provider.

The facility does not hold inmates for civil immigration purposes.

Policies and other evidence reviewed:

DO 125, pg 11.

DO 914, pg 2-10.

DO 915, pg 8-10.

ASPC Phoenix Pre-audit questionnaire.

Inmate handbooks

List of State wide advocate centers.

Interview of Random inmates & and an inmate who reported a sexual abuse.

Standard 115.54 Third-party reporting

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

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

The ADOC has a Constituent Services website (corrections.az.gov) for third party reporting of inmate sexual abuse and harassment. The website provides information on how to report allegations and contains all ADOC policies.

Inmates may also write to the ADOC Inspector General Bureau in regard to any sexual abuse or harassment.

Policies and other evidence reviewed:

DO 125.03. pg 8.

Inmate Handbooks.

ASPC Phoenix Pre-audit questionnaire.

Standard 115.61 Staff and agency reporting duties

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

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

The ADOC has policies that require all staff to immediately report any incident of sexual abuse/harassment and retaliation against inmates or staff. The policies also address the need to maintain confidentiality. In the interview process, the staff displayed excellent knowledge of the reporting process.

Senior management staff has been assigned the task to monitor possible retaliation and the monitoring must be recorded. The staff are required to maintain confidentiality of all reports except for those in the need to know.

All ASPC Phoenix staff including medical and mental staff are required to report all sexual abuse allegations. Medical/Mental Health staff inform the inmate of their duty to report. The facility reports all allegations to the ADOC CIU.

All staff are informed of the importance of confidentiality being maintained in the reporting process. No inmate is under the age of 18 at ASPC Phoenix.

Policies and other evidence reviewed:

DO125.01, pg 3-3, 6.

DO125.03, pg 4 & 6.

DO125.04, pg 9-10

DO125.09, pg 17.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Warden, random staff, medical/mental health staff, & PREA Coordinator.

Standard 115.62 Agency protection duties

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

- Does Not Meet Standard (requires corrective action)

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

Policies require all ASPC Phoenix staff to immediately take steps to protect an inmate who is the subject of imminent sexual abuse. There has been zero incidents of this action being required in the past 12 months.

Policies and other evidence reviewed:

DO 805.01, 1.2., pg 1.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Warden, Agency Head designee, and random CO staff.

Standard 115.63 Reporting to other confinement facilities

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

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

The ASPC Phoenix has a policy that requires notification of another facility when they learn that an inmate had been sexually abused at that other facility. If a report is received, a Significant Incident Report (SIR) would be completed and sent to the Warden, CIU (for investigation), and the AZ PREA Coordinator within a 72 hour period. The incident would be investigated, proper action taken and the other facility would be notified.

In the past 12 months, the ASPC Phoenix received 14 allegations of sexual abuse that an inmate received at another facility.

ASPC Phoenix also received one allegations of sexual abuse that happened at the ASPC from other facilities.

Policies and other evidence reviewed:

ADOC DO125.03, pg 9.

DO 608.02, pg 9.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Agency Head designee & Warden.

Standard 115.64 Staff first responder duties

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

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

AZDOC policies address the first-responder duties required in the PREA standard. Practices to these policies were verified by the responses from the staff being questioned in the interview process. All ASPC Phoenix staff are provided training on the 4 actions required in the event of a sexual abuse. This would include all security and non-security staff that might be a first responder. The non-security staff person would ensure that the alleged victim not take any action that might destroy physical evidence and then notify security staff.

The security staff interviewed were well informed on the actions required in the event of a sexual abuse/harassment report from an inmate. The CO staff carried their first responder cards which listed the steps to be taken in response to any sexual abuse or harassment incident.

In the past 12 months, 8 allegations of sexual abuse from an inmate were recorded. Six of these involved security staff who were first responders, two responders were non-security staff, and one occurred within a time frame that allowed for the collection of physical evidence.

Seven of these reports were reviewed by the auditor and the reports indicated that the staff followed the correct procedures required by PREA.

Policies and other evidence reviewed:

DO125.03, pg 4-6.

DO 125.04. pg 9.

ASPC Phoenix Pre-audit questionnaire.

Interviews with random CO staff. There was one inmate interviewed who reported a sexual abuse.

Standard 115.65 Coordinated response

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

A written institutional plan for a coordinated response to any incident of sexual abuse was available at ASPC Phoenix. The facility has site adopted ADOC Policy DO125 to address the coordinated response requirements. The plan addresses the ASPC local requirements and meets the requirements of PREA.

The plan provides for the coordination of first responder staff, the PREA Compliance Manager, control center, medical and mental health staff, CIU investigators, the victim advocate/inmate victim representative, and the facility management staff. The plan meets the requirements of both the ASPC and PREA.

Policies and other evidence reviewed:

ADOC DO 125, pg 1-21.

ASPC Phoenix Response Plan (updated October 12, 2016).

ASPC Phoenix Pre-audit questionnaire.

Interviews with Warden.

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

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

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

Not applicable.

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

Policies and other evidence reviewed:

ASPC Phoenix Pre-Audit Questionnaire.

Standard 115.67 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The ASPC Phoenix has policies that protect inmates and staff who report sexual abuse/harassment from retaliation.

In the event retaliation is reported, AZ policies provide for a Special Review Teams (SRT) to review and monitor all incidents of retaliation. The teams consist of the Captain, COIV, and a COIII at each Unit.

Any monitoring required will be promptly conducted for a minimum of 90 days or longer if needed. The facility would employ a variety of methods such as housing change, removal of abuser, or other means to protect the inmate or staff victim.

This policy would also protect anyone who assisted in any investigation. The policies require periodic status checks designed to protect an individual from retaliation.

The ASPC reported no instances of retaliation in the past 12 months.

Policies and other evidence reviewed:

DO125.01, pg 3.

DO 811.02, pg 5.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Agency Head designee, Warden, & SRT member. There was one inmate who reported sexual abuse and no abuse victims in segregation to interview.

Standard 115.68 Post-allegation protective custody

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

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

ADOC has policies that govern the use of involuntary inmate segregation for the purpose of protecting an inmate abuse victim. None are placed in segregated housing involuntary without an assessment of all available alternatives. These policies meet the PREA requirements.

The ASPC Phoenix reported that no inmates who reported sexual abuse were held in involuntary segregation in the past 12 months.

Policies also dictate if an involuntary segregated assignment is made, the facility affords each inmate a review every 30 days and the inmate programs would be continued to the extent possible. This was verified in the interview process.

Policies and other evidence reviewed:

DO125.02, pg 4.

DO125.06, pg 11.

DO 804.01, pg 2-4.

DO 805 .01, pg 1.

DO 805.08, pg 9.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Warden & Segregation unit staff. There were no inmates in involuntary segregation.

Standard 115.71 Criminal and administrative agency investigations

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

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

Per ADOC policy, the ADOC CIU and AIU will conduct all investigations. 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 six CIU staff assigned to ASPC-Phoenix have been trained to meet PREA standards. The staff are State approved Law Enforcement officials and will promptly and thoroughly investigate each allegation.

Administrative Investigations are conducted by the AZ AIU unit within the Inspector General's office. No cases of their involvement were reported.

The CIU Investigator interviewed was professional and very knowledgeable. He indicated their investigative process was thorough by collecting all evidence, interviewing witnesses, perpetrators, victims, etc. Reports are documented and cases are referred for prosecution if necessary. The credibility of the person being interviewed shall be assessed on an individual basis. Polygraph tests for PREA cases are not authorized.

The facility reported zero substantiated allegations that were referred for prosecution since the last audit.

Policies require written reports to be developed and retained per PREA and ADOC requirements. Should a victim or abuser (staff or inmate) resign or be transferred to another facility, the case will continue to be investigated.

Policies and other evidence reviewed:

DO125.01, pg 3.

DO125.06, pg 12.

DO 501.01, pg 1-3.

DO601, pg 1-25.

DO 608.pg 1-10

ASPC Phoenix Pre-audit questionnaire.

Investigator training certificates from NIC.

Interview with investigative staff & one inmate who reported a sexual abuse.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

The ADOC policy and the CIU investigator interviewed indicated they use the preponderance of the evidence as a standard for determining the substantiation of a case.

Policies and other evidence reviewed:

AZDOC DO 125.06, 1.12.1. pg 14.

ASPC Phoenix Pre-audit questionnaire.

Interview with investigative staff.

Standard 115.73 Reporting to inmates

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The ADOC has a policy that requires that the inmate be informed of the outcome of the investigation of all sexual abuse complaints that the inmate has filed. The ADOC CIU conducts all investigations.

In the past 12 months, eight allegations of abuse from inmates were investigated. All were completed and the inmates were advised of the results. The reports were documented.

There were zero substantiated, three unsubstantiated, and five unfounded complaints in the past 12 months.

Should there be a complaint against staff, the inmate would be advised as to staff relocation, no longer employed, or whether the staff member has been indicted or convicted.

Policies and other evidence reviewed:

DO 608.08, pg 7.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Warden, investigative staff, and one inmate who reported a sexual abuse.

Standard 115.76 Disciplinary sanctions for staff

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

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

The ASPC Phoenix has disciplinary sanctions for staff up to and including termination for violating sexual abuse/harassment policies. In the past 12 months, the facility had zero cases where an employee was terminated for sexual abuse of an inmate.

The facility also has policies for staff that are being investigated for unlawful sexual acts and harassment short of criminal actions that require management review and appropriate action. The ASPC had no staff disciplined or terminated for violation of these policies in the past 12 months.

All terminations or resignations of staff who violate the DOC sexual abuse policy shall be reported to law

enforcement unless the action was clearly considered not criminal. No staff have been reported in the past 12 months.

Policies and other evidence reviewed:

DO 125.01, pg 2.

DO 125.06, pg 13-14.

DO 501.01, pg 1-2.

DO 601 Attachment C.

ASPC Phoenix Pre-audit questionnaire.

Standard 115.77 Corrective action for contractors and volunteers

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

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

ASPC Phoenix has disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. Any contractor or volunteer who engages in sexual abuse shall be reported to law enforcement, their relevant licensing bodies, and prohibited from contact with inmates, if their action was considered criminal. If considered sexual harassment, the facility will take appropriate remedial actions.

The facility reported zero cases where a contractor employee was terminated or reported to law enforcement for engaging in sexual abuse of inmates.

Policies and other evidence reviewed:

DO 125.01, pg 1-2 & DO125.03, pg 6.

DO125.06, pg 12.

DO 204.08, pg 5-6.

DO 205, pg 1-6.

ASPC Phoenix Pre-audit questionnaire & Interview with Warden.

Standard 115.78 Disciplinary sanctions for inmates

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

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

The ASPC has a formal disciplinary process that includes sanctions following a administrative finding of inmate-on-inmate sexual abuse. These sanctions are commensurate with the inmate's disciplinary and mental health history and comparable to other inmate sanctions. Therapy, counseling sessions, etc., are offered to the inmate. Treatment is also offered to those found guilty.

Policies state that inmates are disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Inmates who knowingly and intentionally make false accusations about a sexual abuse are subject to disciplinary actions.

The ADOC does not permit sexual activity between inmates.

The facility reported zero cases of administrative or criminal findings of guilt for inmate-on-inmate sexual abuse in the past 12 months.

Policies and other evidence reviewed:

DO 125.01, pg 2-3.

DO125.05, pg 11.

DO923, pg 1-4.

DO801.02, pg 2-3.

DO803.08, pg 14-15.

DO809, pg 1-5.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Warden and Medical/Mental Health staff.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

AZDOC policies require that all inmates (100%) who disclosed prior sexual victimization during initial screening be offered a follow-up meeting with medical and mental health. The meeting is required within 14 days of the initial screening. The same policy also applies to inmates who perpetrated sexual abuse.

Medical/MH maintain secondary forms such as MH Assessment forms, screening forms, etc.

Documentation is securely maintained by Med/MH staff.

Information found is strictly limited to medical, mental health, and facility management staff. The information provided to management staff is required to develop treatment plans, where to house, program assignments, etc.

Informed consent is obtained by Med/MH staff.

Policies and other evidence reviewed:

DO 125.04, pg 9.

DO 125.05, pg 11.

DO 1104, pg 1.

ASPC Phoenix Pre-audit questionnaire.

Medical Informed Consent Form, 1103-18.

Interviews with Risk Screening staff & Medical/Mental Health staff.

Standard 115.82 Access to emergency medical and mental health services

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

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

corrective actions taken by the facility.

The medical program at ASPC Phoenix is staffed 24 hours per day, 7 days per week. All inmates who report to be sexual abused have immediate & unimpeded access to medical treatment & crisis intervention services which is provided by the medical/MH staff according to their professional judgement.

Secondary material are maintained by medical/MH to document these services were provided in a timely manner.

The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, receiving information about any disease, and at no cost to the inmate regardless of guilt.

Security first responders are also trained to protect any inmate victim and make contact with medical.

Policies and other evidence reviewed:

DO 125.03, pg 5-6.

DO 125.04, pg 8-10.

DO125.05, pg 11.

DO 608.08, pg 7.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Medical/Mental Health staff, security staff and one inmate who reported a sexual abuse.

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

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

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

ASPC Phoenix provides medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse. ASPC Phoenix is a female and male inmate facility.

The inmate victims of a sexual abuse are offered tests for sexually transmitted disease as medically

appropriate. These services are at no cost to the inmate. Inmate abusers are also offered mental health evaluations and treatment when deemed appropriate by MH within a 60 day of learning of the abuse.

Female inmates who might be victims are offered pregnancy tests and all lawful pregnancy-related medical services.

Policies and other evidence reviewed:
DO 125.04, pg 9-11.

DO 608.08, pg 7.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Medical/Mental Health staff & an inmate who reported sexual abuse.

Standard 115.86 Sexual abuse incident reviews

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

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

The ADOC policies require that all incidents of sexual abuse are thoroughly reviewed by incident review teams at each Unit.

The team includes the Deputy Warden, Chief of Security, COIV, PREA Compliance Manager, with input from the Investigator, Medical/MH and a line Supervisor from each of the three Units. Reports are developed about the incident and then reviewed by the Warden and ADOC PREA Coordinator. The team is required to review and make recommendations for improvements within 30 days of the incident. The team's recommendation shall be implemented by the facility or state reasons for not doing so.

The facility reported three sexual abuse investigations followed by a incident review report were required in the past 12 months.

Policies and other evidence reviewed:
DO 125.06, 1.13, pg 14-15.

ASPC Phoenix Pre-audit questionnaire.

Interviews with Warden, PREA Compliance Manager, & members of incident review team.

Standard 115.87 Data collection

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

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

The AZDOC requires the Inspector General to provide a semi-annual report to the DOC Director detailing each sexual abuse and harassment incident that occurred in all AZDOC facilities. This data is aggregated annually in a public report and is available on the web (corrections.az.gov). The process meets the requirement of PREA.

Policies and other evidence reviewed:

DO 125.08, pg 16-17.

DO 105, pg 1-10.

ASPC Phoenix Pre-audit questionnaire.

ADC PREA Allegations & Collection Instrument definitions.

ADC Sexual Assault Procedure Checklist, Form 125-1

Standard 115.88 Data review for corrective action

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

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

The ADOC collects sexual abuse data from all facilities and aggregates into an annual report. The 2015 report is available on the web at azcorrections.gov. The 2015 report compares data to the 2012, 2013, 2014, and 2015 reports. The reports provide an analysis and corrective actions implemented.

The reports are approved by the Director of the Arizona DOC. The 2015 AZ PREA Report was reviewed by the auditor.

Policies and other evidence reviewed:

DO 201, pg 2-3.

ASPC Phoenix Pre-audit questionnaire.

Director approved 2015 Annual Report

2015 AZDOC Annual PREA Report with data comparisons to 2012, 2013, & 2014 Reports

ADC 2015 Sexual Assault Incident Reviews Report.

Interviews with Agency Head designee, PREA Coordinator, PREA Compliance Manager.

Standard 115.89 Data storage, publication, and destruction

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

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

The ADOC Inspector General's office collects and securely retains sexual offense data for a period of at least 109 years according to State Records Retention schedules. This data is compiled from reports of all its facilities. This information is a public document and is readily available to the public on corrections.az.gov. Per DO 201, pg 7, personal identifiers are redacted from the documents.

Policies and other evidence reviewed:

DO 125.06, pg 12.

DO 103, pg 1-12.

DO 201, pg 1-7.

Interviews with PREA Coordinator.

ASPC Phoenix Pre-audit questionnaire.

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.



21 November, 2016

Auditor Signature

Date