

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: 05-26-2017

Auditor Information			
Auditor name: David Will Weir			
Address:			
Email:			
Telephone number:			
Date of facility visit: April 10, 11, and 12, 2017			
Facility Information			
Facility name: Arizona State Prison Complex - Perryville			
Facility physical address: 2105 N. Citrus Road; Goodyear, Arizona 85395			
Facility mailing address: (if different from above) P. O. Box 3000; Goodyear, Arizona 85395			
Facility telephone number: 623-853-0304			
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: Warden Kimberly Currier			
Number of staff assigned to the facility in the last 12 months: 863			
Designed facility capacity: 4311			
Current population of facility: 4011			
Facility security levels/inmate custody levels: Medium, Medium, Close			
Age range of the population: 18-77			
Name of PREA Compliance Manager: Kathy Sweet		Title: Correctional Officer IV, PREA Compliance Manager	
Email address: KSWEET@azcorrections.gov		Telephone number: 623-853-0304	
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, Arizona 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: Michael McCarville		Title: Auditor 3; PREA Coordinator	
Email address: MMCCARVI@azcorrections.gov		Telephone number: 602-771-5798	

AUDIT FINDINGS

NARRATIVE

PREAmerica LLC was retained February 21, 2017 to conduct the PREA Audit for Arizona State Prison Complex – Perryville. The process was started and dates were agreed upon. Notices went up at the facility by February 27, 2017. The Pre-Audit Questionnaire, completed digitally, and accompanied with documents on a flash drive, completed and collected by PREA Coordinator Michael McCarville and PREA Compliance Kathy Sweet, were received by the auditor by March 23. In the weeks leading up to the onsite audit, Auditor Weir and Mr. McCarville exchanged emails and phone calls to clarify and better understand the materials provided. Materials included policies, logs, memos, reports, reviews, rosters, directives, postings, curriculum, and other guidance, evidence, and verification, as needed, addressing each specific standard. The auditor also reviewed information available through on-line sources, and contacted community providers directly.

On April 9, 2017, the PREA America audit team, consisting of PREA Auditor Will Weir and Project Manager Tom Kovach arrived at the facility and participated in an introductory meeting. The meeting was attended by Deputy Warden Carol Ortiz, Associate Deputy Warden Bertha Willis, Correctional Officer IV Robert Brier, Deputy Warden Joshua Karkhoff, Deputy Warden of Operations Norm Twyford, Lt. Renee Lutz, Deputy Warden Wendy Eccles, Deputy Warden Elizabeth Oros, Deputy Warden Yolanda Elliott, PREA Compliance Manager Kathy Sweet, Deputy Warden Cindy Neese, and agency PREA Coordinator Michael McCarville.

The audit team was provided with staff and inmate rosters. 28 speciality staff and administrators were interviewed and 22 random staff, representing all shifts and units. Steve Castillo from Procurement Services was present for much of the facility tour, and Sean Malone, Deputy Inspector General, was also at Perryville during the audit and was interviewed. Perryville's Deputy Warden of Operations, Norm Twyford, was the designee for the Warden.

30 inmates were interviewed privately. Most of these inmates were randomly selected. Inmates interviewed included some who had been identified as alleged victims while incarcerated and others who indicated recognized risk factors for vulnerability to abuse such as LGBTI status or perceived status, prior sexual victimization, and disability. Random selections were also made so as to include inmates from all identified racial/ethnic groups and from each housing unit.

The audit team was given a general, big picture, tour of the facility, then a more detailed tour as they went to each unit to interview inmates and staff. An exit conference was held at the conclusion of the on-site audit on April 12 and was attended by the audit team and ADC PREA Coordinator Michael McCarville, Perryville Deputy Warden of Operations Norm Twyford, PREA Compliance Manager Kathy Sweet, Complex Major Barry Fernandez and CIU Investigator Supervisor Juan Herrera. Also in attendance were representatives from the Units: Elizabeth Oros, Karen Abbott, Carol Ortiz, Bertha Willis, Larry Garner, Joshua Karkhoff, K. J. Johnson, Wendy Eccles and Carol Ortiz. The audit team expressed gratitude for the excellent organizational skills of Mr. McCarville and Ms. Sweet who provided the required information in an easy reference format allowing for a very smooth and orderly pre-audit and desk audit process well in advance of the on-site audit. A facility of this size requires a massive amount of documentation review to get the team up to speed and ready for the onsite work, making these efforts particularly valuable. Mr. McCarville and Ms. Sweet's hard work, skills and dedication continued during the on-site audit, with assistance from Mr. Twyford, every deputy warden/designee, and many others at each unit helping with the tours and locating selected staff and inmates for interviews, ultimately making each part of the on-site audit fall in place without any significant delays or confusion. Facility strengths include well worded PREA policies and the provision of good consistent PREA training for both staff and inmates. Excellent work is being done monitoring for retaliation after allegations are made, and keeping sensitive information confidential. Interviews also indicated significant effort is being made to avoid inmates being placed in segregation. Although the facility showed compliance with all the PREA standards, it can be noted that they do not want to just meet minimum levels of compliance, so they are increasing efforts to make sure first responder duties are better and more fully understood, along with the availability of advocacy services. They have redoubled efforts to have all employee 5 year background checks completed more quickly and are increasing the level of detail provided in investigative documentation.

To put it concisely, Perryville houses some of the most challenging, vulnerable, and mentally ill women in the state, along with some of the most dangerous. Some inmates are completely bedfast and incapacitated. Many inmates are both vulnerable and dangerous. Many have experienced sexual abuse and all manner of trauma in their past. Despite the facility and agency leadership expressing a strong desire to constantly be ever more vigilant and to be able to have the resources to provide more care and protection to the most vulnerable inmates, as well as holding abusers fully accountable, the prison does have reliable uniform operating procedures in place that have included PREA in the staff and inmate culture for a number of years. Many inmates recognize this and describe the majority of staff as being consistently professional and empathetic in their interactions.

Documentation reviewed includes: Pre-Audit Questionnaire; Staff and inmate rosters; ADC Policy Chapter 100; Agency Administration Department Order 125: Sexual Offense Reporting Policy; Sexual Assault Procedures List; Organizational Charts; Contracts: Department Order 106 regarding contract beds and Department Order 606 regarding Internal Inspections Program; ADC Director's Office Memorandum dated August 22, 2014: Employee Assignments and Staffing – Revised; Perryville Priority Posting Chart – Complex wide; Perryville Post Charts; Perryville Officer Staffing Projections Report (with review on March 9, 2017); Priority Posting Charts for each unit; Weekly Status/Hiring Report for Perryville; ADC Department Order Manual Chapter 500: Administrative/Human Services; Department Order 509 and 524: regarding Employee Assignments, Training and Staffing; Annual PREA Staff Meeting Minutes signed by Warden 02-14-2017; examples and samples of Inspections/Tour Reports documenting unannounced rounds; ADC Department Order Manual Chapter 700: Operational Security; Department Order 703: Security/Facility Inspections; Daily Count Sheets; Unit Specific Post Order #35: Minor's Unit Specific Duties; Searches and Contraband Training Lesson Plan; ADC Department Order 708: Searches; ARS 13-1419: Unlawful Sexual Contact; Department Order 810: Management of LGBTI Inmates; Chapter 1100: Inmate Health Services; Department Order 1101: Inmate Access to Health Care; ADC Staff Development Bureau Curriculum and Training Plans; Articulate.com; Training and Acknowledgement documentation of staff training; Department Orders 108, 704, 906, 910 regarding assisting disabled inmates and those needing interpreters; ADA Compliance and Staff Training Curriculum; English and Spanish materials, postings, posters, videos and Inmate Handbooks; Inmate Education and Resource Center Services; Department Orders 125, 602 and 504 regarding applicant Recruitment, Hiring, and Background Investigations; ADC Director's Office Memorandum Instruction #315: Preliminary Background Checks for Contractors; Verification of 5 year background checks being conducted on all staff; ADC Background Questionnaire for Applicants; Arizona Administrative Code Title 2, Chapter 5; documentation of cameras installed since last audit; documented efforts to establish MOU's; MOU's with Southern Arizona Center Against Sexual Assault, Community Alliance Against Family Abuse, Mount Graham Safe House, and Alice's Place, Inc.; Chapter 600: Inspector General; Department Orders 601 and 608: Investigations; Memorandum regarding Honor Health providing SANE Nurse; ADC Criminal Investigations Reports; Staff Misconduct Administrative Inquiry Reports; Certificates of Completion for staff completing Sexual Assault Advocacy Training (with Curriculum); Inmate Orientation to PREA; Inmate Grievance Procedure; ADA Inmate Placement and Orientation; Inmate Orientation Status AIMS Report; Samples of Inmate PREA Training and Acknowledgments; US DOJ/BOP/NIC Investigative Training Curriculum with Certificates of Completion for investigators; Medical Staff Training Spreadsheet with sample Medical Staff Classroom Training Documentation; Memo Regarding SANE Procedures; Perryville Inmate Screening Report; PREA Risk Screening and Retaliation Review (Training Powerpoint); AIMS sample PREA Screening Instruments with Status Codes for Classification; Samples of ADC Inmate Cell Assignment Screenings; List of Inmates Identified as Potential High Risk Sex Abuse Victims and Abusers; Sample Transgender Actions Detail Screen; Inmate Education and Resource Center Services; PREA Hotline Agreement; Verbal Reports Documentation; Employee Handbook; Inmate Grievances; listings of Arizona Rape Crisis Centers; Arizona Coalition to End Sexual and Domestic Violence Sexual and Domestic Violence Services; ADC website; Investigation Reports of Allegations received from other facilities and agencies; Documented examples of First Responder Duties being followed, including non-security responses; Coordinated Response Plan; Inmate Retaliation Reviews; list of Staff Designated with Monitoring for Retaliation; Perryville Retaliation Review Report; General Records Retention Schedule for all Public Bodies Law Enforcement Records; documentation of terminations/resignations; Discipline Chart Introduction Covered Employees with Chart of Disciplinary Sanctions; Mental Health Assessment Form; sample of Shared Medical Information; Consent Forms; Sample of Secondary Mental Health Forms; Incident documentation; Investigative Reports; Sexual Incident Reviews; DOJ Survey of Sexual Violence; Annual Reports; Mission Statement; and Aerial Photograph of facility complex.

DESCRIPTION OF FACILITY CHARACTERISTICS

It is the mission of the Arizona Department of Corrections "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 Arizona State Prison Complex-Perryville, located on a 2 square mile site in the city of Goodyear, Arizona, is a multi-site facility operated by the Arizona Department of Corrections (ADC). Ten separate units are included in the Complex (see list below). There are two main areas of the Complex bisected by a road. Each area has several Units with the East area housing the administration section and support facilities such as maintenance, warehouse and a print shop. Cameras are deployed appropriately in the housing areas and yards to monitor and record inmates and staff.

The description of the 10 Units is as follows:

The Lumley Unit, opened in 1981, has mixed correctional custody inmates with a capacity of 769 inmates in a cell environment. This unit includes housing for close custody and maximum custody inmates and is the reception area for all females in the state. This unit also contains a mental health watch area. The Santa Cruz Unit opened in 1981 and houses medium custody inmates with a capacity of 768 inmates in a cell environment. The San Pedro Unit opened in 1978 and provides minimum custody housing with a capacity of 432 inmates in a cell environment. The San Carlos Unit opened in 2010 also houses is minimum custody residents with a capacity of 1,250 inmates in a dormitory style environment. The Santa Rosa Unit opened in 2004 provides minimum custody housing with a capacity of 390 inmates in a dormitory style environment. The Piestewa Unit opened in 2004 houses minimum custody inmates with a capacity of 260 inmates in a dormitory style environment. The Santa Maria Unit opened in 1982 and is a medium custody unit with a capacity of 384 inmates in a cell environment. There is a Minor's Unit and a Central Detention Unit as well. DCU houses up to 36 inmates in single cells. The In Patient Care Unit houses inmates that need advanced medical care that is not available on the other units. IPC has a capacity of 7 inmates in both a dormitory and cell environment.

All units at ASPC-Perryville utilize inmate workers in a variety of jobs that are needed to assist in the functioning and operation of the facility. Arizona Law requires that all able bodied inmates work. The pay scale for most institutional jobs ranges between 10 cents and 50 cents per hour. The majority of jobs are to be found in the following areas: kitchen work, grounds keeping, maintenance, building porters/janitors, clerks, and recreation aides. The Department has established some limited/specialized contracts with outside entities through Arizona Correctional Industries.

Education Programs include Adult Basic Education (ABE) and GED programs which are available to all inmates at all the units at ASPC-PV. All inmates committed to the Department after July 1, 1997 must be enrolled in the Department's ABE Literacy Program if it has been determined that they are unable to function at the 8th grade level. They must also progress beyond the 8th grade level in order to be eligible to receive anything more than the base pay for any job to which they are assigned. Educational services for inmates with learning disabilities are available. Vocational education programs are available to inmates who qualify through Rio Salado Community College. The Department has a contract with Rio Salado Community College to provide a limited selection of vocational classes to inmates including computers classes.

Each Unit at ASPC-PV provides basic medical and dental care to all of its inmates. Mental health services and psychotropic medications are provided as needed. Substance abuse services are also available in a variety of formats. The most prevalent vehicles utilized to address substance abuse problems are offered via Alcoholics Anonymous, Narcotics Anonymous, and Hazelden Designs for Better Living, Thinking Straight and Substance Abuse Awareness. In addition, the Department contracts with Civigenics Corporation for a Women's Recovery Academy an approximate nine month in-custody treatment program followed by a term of aftercare to assist with re-integration into the community is available. Contracts are also in place for 96 DUI treatment beds. The Maricopa County Department of Health Services provides Health Education to pre-release inmates.

ASPC-Perryville has numerous religious programs supported by three Chaplains and approximately 160 volunteers that donate a number of hours to spiritual programming, educational tutoring, substance abuse programming and creative writing.

SUMMARY OF AUDIT FINDINGS

On April 10-12, 2017, an on-site PREA audit was completed at the Arizona State Prison Complex in Perryville. The facility was found to be in compliance with all the PREA Standards and did not require a Corrective Action Plan. One standard did not apply and the facility exceeded standards in one area.

Number of standards exceeded: 1

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 1

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.

The Pre-Audit Questionnaire and accompanying documentation indicate the agency has zero tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The agency designates an upper-level PREA coordinator. The PREA coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. PREA Coordinator Michael McCarville answers directly to Sean Malone, Deputy Inspector General. Correctional Officer IV, Kathy Sweet, is the on-site PREA compliance Manager and she answers to Norman J. Twyford, DC Correctional Administrator IV. All inmates and staff interviewed indicate a clear understanding of the zero tolerance policy.

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.

N/A for Perryville. The agency (not the facility) contracts with other entities for the confinement of inmates and all these contractors are required to be PREA compliant.

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.

During the audit it was found that the facility and agency have worked together to develop, document, and comply on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates against abuse, taking into account all parts of this standard, including an annual review to see if adjustments are needed. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. According to documentation as well as staff and administrative interviews, there have been no deviations from staffing plan. The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds, which cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds. In calculating adequate staffing levels and determining the need for video monitoring, the agency takes the following into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. The average daily number of inmates is 3968. The the staffing plan was predicated on an average daily number of 3968. Verification of compliance with this standard was based on a review of a great deal of documentation covering staffing planning and reviews, as well as logs showing that unannounced rounds are standard practice during all shifts.

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.

Perryville only had one youthful inmate at the time of the onsite audit and she was interviewed. The facility policy prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared day room or other common space, shower area, or sleeping quarters. Policy also states that the facility will make best efforts to avoid placing juvenile inmates in isolation. Absent exigent circumstances, they will not deny juvenile inmates daily large-muscle exercise and any legally required special education services. Juvenile inmates shall also have access to other programs and work opportunities to the extent possible. Perryville has a Minor's Unit which is a whole building, fully staffed, dedicated to these inmates. In addition to indoor education and exercise areas, there is a dedicated yard with substantial privacy fencing. Documentation reviewed, and interviews conducted, along with the tour of the Minor's Unit indicate full compliance with this standard.

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.

During the onsite audit it was verified that the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates and there have been no exceptions known in the past year. The facility does not permit cross-gender pat-down searches of female inmates either, absent exigent circumstances, and none have been performed in the past 12 months. If exceptions occur, documentation is required. Procedures had been implemented that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Also, this Standard requires staff of the opposite gender to announce themselves when entering an inmate housing unit. The agency has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. None of these searches have occurred and all staff have been trained on this policy. All interviews conducted during the audit, including inmate interviews, verify that no cross gender searches are being performed. Staff agree that if a cross gender search had to occur due to exigent circumstances, they would document. Interviews and observations during the tour also verify that inmates can perform bodily functions without genitals being viewed by staff of the opposite gender.

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

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

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

The agency has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants 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. There have been no exceptions, but if there are, they must be documented. Staff and administrators interviewed indicated an understanding of the importance this standard, and procedures in place so inmates with disabilities and with limited English proficiency can have 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. Inmate interpreters are not being used. Inmates with disabilities who were interviewed indicated that staff help them understand what they need to understand.

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.

During the audit process, policy was verified which prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 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; or Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. Agency policy requires that before it hires any new employees who may have contact with inmates, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. Agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. Agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Interviews with administrators indicated they will give information on substantiated sexual abuse to potential employers upon request, unless advised otherwise by the legal department.

Standard 115.18 Upgrades to facilities and technologies

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

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

The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities, but has installed or updated a video monitoring system since the last PREA audit. Policy requires the sexual safety of inmates to be considered when making modifications and expansions.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

The agency/facility is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct) and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility offers all inmates who experience sexual abuse access to forensic medical examinations without financial cost to the victim. When possible, SANEs and SAFEs conduct the exams, but when they are not available a qualified medical practitioner performs the forensic medical examinations. The facility documents efforts to provide SANEs and SAFEs. The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and documents these efforts. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention,

information, and referrals. Crisis service providers contracted, MOU's reviewed, and investigators interviewed, indicate evidence protocols are understood and followed.

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.

The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to the agency investigators and that these referrals be documented. This policy is published on the agency website. To verify compliance with this standard, the auditor reviewed investigations and interviewed staff and inmates. The auditor also studied the notification, routing and referral processes taken when an allegation is made.

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 agency trains all employees who may have contact with inmates on the following matters: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. All staff employed by the facility, who may have contact with inmates, have been trained in PREA requirements. Between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment, at least annually and when there are changes. The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification, verified by the auditor. Employees interviewed generally remembered receiving each portion of the training and indicated an understanding of the material, as well as a commitment to the well being and safety of inmates.

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 have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency maintains documentation confirming that 512 volunteers/contractors understand the training they have received, which was reviewed by the auditor.

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.

Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. All inmates have received this information at intakes and received comprehensive information within 30 days. Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. Inmate PREA education is available in accessible formats for all inmates including those who are: limited English proficient, deaf, visually impaired, otherwise disabled, and limited in their reading skills. The agency maintains documentation of inmate participation in PREA education sessions. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. These were all reviewed during the on-site audit tour. Interviews with staff and inmates clearly indicate inmates have been trained and state they understand.

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.

The agency performs its own administrative and criminal investigations and investigators have received training in conducting such investigations in confinement settings. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The agency has documented the training and it was reviewed by the audit team.

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.

The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facility. All medical and mental health care practitioners who work regularly at this facility received the training required by agency policy, and it is documented, but they do not conduct forensic medical exams. Medically trained staff interviewed remember their training regarding how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse, and how to report allegations or suspicions.

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.

The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. The policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. Risk assessment is to be conducted using an objective screening instrument, which considers: (1) Whether the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate’s criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate’s own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. The policy requires that the facility reassess each inmate’s risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate’s arrival at the facility, based upon any additional, relevant information received by the facility since the

intake screening. The facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the screening questions related to this section. The agency has 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. Screenings and reassessments are recorded through computer entry by screeners. Random selections of these screenings were provided for the auditor's review. Screeners and inmates interviewed provided additional verification that these screenings are completed appropriately.

Standard 115.42 Use of screening information

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

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

The agency/facility uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The agency/facility makes individualized determinations about how to ensure the safety of each inmate. The agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Lesbian, gay, bisexual, transgender, or intersex inmates will not be placed in dedicated facilities, units, or wings solely on the basis of such identification or status. Interviews indicate screening information has been used appropriately, and protections are in place with limited access to sensitive information.

Standard 115.43 Protective custody

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

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

The agency has a policy prohibiting the placement of 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. There have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months. Policy and procedure assures that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility will document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. However, there have been no instances of programs being limited in this circumstance. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there

is a continuing need for separation from the general population, and will document this review. Information received during interviews conducted by the auditor team verify that these policies are known, in place, and being followed at the facility.

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 agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: 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. The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency has a policy mandating that staff promptly accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and to give these reports promptly to their supervisor who will notify statewide PREA Investigators and to appropriate official(s) for investigation. Staff and inmates are informed of these procedures in writing, in training, verbally, and through signs posted in the facility. Inmates interviewed indicated they remember their options for reporting and that they can get help reporting.

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 agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Agency policy or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Agency policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Agency policy and procedure requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. Department Order 802.09 states: “Staff receiving an Informal Complaint or Formal Grievance at any level that describes activity which may be in violation of the Prison Rape Elimination Act (PREA) . . . shall immediately initiate Department Order #125, Sexual Offense Reporting and notify the shift commander who shall notify the unit Deputy Warden or institution Warden.” Review of policy indicates ADC policy reflects all parts of this PREA standard and interviews indicate administrators understand these policies. Staff and inmates understand inmate rights to file grievances, and how they may be given assistance in this process.

Standard 115.53 Inmate access to outside confidential support services

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

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

The facility provides inmates with access to outside and facility staff 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) for local, state, or national victim advocacy or rape crisis organizations. No inmates are detained solely for immigration purposes. Interviews at the facility indicate the facility is invested in enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored, and about the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. To verify compliance with this standard the auditor reviewed and verified the Memorandum's of Understanding (MOU's) with Southern Arizona Center Against Sexual Assault, Community Alliance Against Family Abuse, Mount Graham Safe House, and Alice's Place, Inc. Alice's Place contact information is listed on PREA postings in every housing unit.

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 agency provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. Information about reporting is publicly distributed in the lobbies and visitation areas, and on the agency website. The auditor has verified that information is publicly available regarding how to report sexual abuse and sexual harassment on behalf of an inmate.

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 agency requires all staff to report immediately and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against inmates or staff who reported such an incident; and, Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and mental health practitioners are required to report sexual abuse and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality when they initiate services. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency will report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Interviews indicate an understanding of this standard and related policies and procedures.

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.

When the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. In the 12 months prior to the onsite audit, the facility has not determined that an inmate was subject to substantial risk of imminent sexual abuse. Interviews with staff indicate a commitment to take immediate action when there are indications of risk of imminent abuse. Most inmates interviewed indicated they feel staff would take steps to protect.

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 agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. This has not happened in the past 12 months prior to the onsite PREA audit. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. The agency or facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 5 of these allegations have been received in the past 12 months and investigated. Verification of compliance with this standard was supported by a review of policy, investigations, and other Pre-

Audit documentation. Also, interviews indicated regular communication between wardens and agency officials to assure compliance with this standard.

Standard 115.64 Staff first responder duties

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

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

The agency has a first responder policy for allegations of sexual abuse. The agency policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report is required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to: request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Staff interviews indicated that staff have a basic understanding of the first responder protocol. Also, investigative documentation, and interviews with inmates who have been considered victims, indicate these protocols are followed.

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.

The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan was reviewed and verified by the auditor.

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.

The agency has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012. This agency maintains the ability to protect inmates from contact with abusers.

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 agency has 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. The agency monitors 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 for at least 90 days. In the case of inmates, such monitoring also includes periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. The agency acts promptly to remedy retaliation and continues to monitor longer 90 days if needed. There have been no instances of retaliation reported in the 12 months prior to the onsite audit. There are 60 upper level staff tasked with monitoring for retaliation in the complex. Inmates interviewed who have been considered alleged victims voiced appreciation for the process of monitoring for retaliation. Exceeding standards, not only do the monitors check for retaliation, but they inquire as to the general wellbeing of the inmate. Even when the inmates did not agree with the outcome of the investigation, they generally expressed that they felt they had been checked on and cared for by the staff who followed up with them.

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.

The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population, and documents these

reviews. Documentation reviewed, and interviews conducted, indicate victims have not been placed in involuntary segregated housing for their protections in the past 12 months.

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.

ADC has a policy related to criminal and administrative agency investigations and these investigations are typically done by agency investigators. Substantiated allegations that appear to be criminal are referred for prosecution. Where sexual abuse is alleged, the agency will use investigators who have received special training in sexual abuse investigations. These investigations will be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. Where the evidence seems to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and will not be determined by the person's status as inmate or staff. The agency will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and documents in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence. The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility or agency is not a basis for terminating an investigation. These policies and procedures were verified through documentation review, review of investigative files and interviews with investigators.

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.

As stated in policy and interviews with administration, as well as the agency investigators, the agency imposes a standard of a "preponderance of the evidence" when determining whether allegations of sexual abuse or sexual harassment are substantiated during administrative investigations.

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 agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. If an outside entity conducts such investigation, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. In the 12 months prior to the onsite audit, there has been 30 such notifications documented. Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or, The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The agency has a policy that all notifications to inmates described under this standard are documented. This documentation was reviewed by the auditor.

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.

As verified by policy review and interviews with the warden's designee, PREA Coordinator, and HR, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. There has been 3 referrals to appropriate authorities during the past 12 months due to resignations or terminations of staff. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

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.

ADC agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the 12 months prior to the onsite audit, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates because there have been no substantiated allegations. The Deputy Warden of Operations and PREA Compliance Manager verify that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

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.

Inmates at Perryville are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or criminal finding, the inmate engaged in inmate-on-inmate sexual abuse. During the 12 months prior to the onsite audit there have been investigations but no substantiated findings of inmate-on-inmate sexual abuse at Perryville. When there are substantiated allegations, sanctions are to be 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 considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse and considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The agency would only discipline inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between inmates, but does not deem such activity to constitute sexual abuse unless it determines that the activity is coerced. Compliance with this standard was verified by a review of policy and in interviews with investigators and the Deputy Warden of Operations.

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.

All inmates at Perryville who have disclosed any prior sexual victimization during a screening pursuant to §115.41 are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening, but this is usually sooner, provided during the booking/intake process. Medical and mental health staff maintain secondary materials documenting compliance with the above required services. Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly protected by policy and practice. 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. Compliance with this standard was verified through a random review of screening documentation and interviews with screeners and mental health professionals. Also, residents interviewed who said they disclosed prior abuse indicated they had been referred to mental health.

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.

Perryville inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders take preliminary steps to protect the victim pursuant to § 115.62 and immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Perryville residents have access to a number of medical services onsite and also have access to services in the metro area. Forensic sexual assault medical exams are conducted at Acute Care Hospital by SANE from Honor Health.

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.

From a review of investigations and related documentation, agency policy, and interviews with administrators, the auditor has verified that the facility offers 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 as required by this PREA Standard. The evaluation and treatment of such victims includes, 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. The facility provides such victims with medical and mental health services consistent with the community level of care. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are 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. The facility documents attempts to conduct mental health evaluations of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

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 Deputy Warden of Operations and the PREA Coordinator verify that the facility, according to policy, conducts a sexual abuse incident review, at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. There have been 17 such reviews completed during the past 12 months. According to policy, the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse incident review team is to include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The review team will: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider 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 facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to this section, and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. These reviews were read by the auditor and included the elements required by these standards.

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.

ADC collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The standardized instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency aggregates the incident-based sexual abuse data at least annually. The agency maintains, reviews, and collects data in reports. The agency reports to the Department of Justice as requested. Interviews with investigators, the PREA Coordinator, the PREA Compliance Manager, the Deputy Warden of Operations, and the Director’s designee indicate all information is available for compilation and review. Record keeping and statistical evaluation appears to be taken seriously by the agency and the various divisions within the agency who collect and provide the information to the PREA Coordinator.

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.

ADC reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: (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 the facility. The annual report includes a comparison of the current year’s data and corrective actions with those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. The agency makes its annual report readily available to the public at least annually through the ADC website. The reports are approved by the agency head. When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted. Compliance with this standard was verified through a review of annual reports and documentation provided during the audit process. Interviews with the state’s PREA Coordinator also indicated ongoing efforts to collect accurate data and to use the data to improve the system through effective processes to protect inmates.

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.

Arizona Department of Corrections policy and procedure ensure that incident-based and aggregate data are securely retained, requiring that aggregated sexual abuse data be made readily available to the public, at least annually, and this is done through the their website, which the audit team found to be user friendly. They have published their policies as well as a variety of reports and statistics readily available at azcorrections.gov. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Compliance with this standard was established through a review of the website, materials provided with the Pre-Audit Questionnaire, and interviews with administrators conducted during the audit.

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.

D. Will Weir

05-26-2017

Auditor Signature

Date