

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

Interim Final Report

Date of Report: May 28, 2016

Auditor Information

Auditor name: Barbara Jo Denison
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Telephone number: 956-566-2578
Date of facility visit: May 17-18, 2016
Date report submitted: May 28, 2016

Facility Information

Name of facility: Arizona State Prison – Phoenix West
Physical address: 3402 W. Cocopah, Phoenix, AZ 85009
 Facility mailing address:
(if different from above) PO Box 18640, Phoenix, AZ 85009
Telephone number: (602) 352-0350

The facility is:

<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
<input type="checkbox"/> Private not for profit		

Facility Type: Jail Prison

Name of facility's Chief Executive Officer: Wayne A. Phillips **Title:** Warden

Number of staff assigned to the facility in the last 12 months: 124

Designed facility capacity: 519

Current population of facility: 498

Facility security levels/inmate custody levels: Minimum

Age range of the population: 20-73

Name of PREA Compliance Manager: LaKenya Moses **Title:** Case Manager
Email address: lmoses@geogroup.com **Telephone number:** (602) 352-0350, ext. 126

Agency Information

Name of agency: The GEO Group, Inc.

Governing authority or parent agency: *(if applicable)*

Physical address: One Park Place, Suite 700, 621 Northwest 53rd Street, Boca Raton, Florida 33487

Mailing address: *(if different from above)* N/A

Telephone number: (561) 999-5827

Agency Chief Executive Officer

Name: George C. Zoley **Title:** Chairman of the Board, CEO and Founder
Email address: gzoley@geogroup.com **Telephone number:** (561) 893-0101

Agency-Wide PREA Coordinator		
Name: Phebia L. Moreland	Title:	Director, Contract Compliance, PREA Coordinator
Email address: pmoreland@geogroup.com	Telephone number:	(561) 999-5827

AUDIT FINDINGS

NARRATIVE:

The PREA on-site audit of the Arizona State Prison-Phoenix West was conducted on May 17-18, 2016 by this Department of Justice Certified PREA Auditor, Barbara Jo Denison. Pre-audit preparation included a thorough review of all policies, procedures, training curriculums, the Pre-Audit Questionnaire and supporting PREA-related documentation provided by the facility to demonstrate compliance to the PREA standards. LaKenya Moses, Case Manager/PREA Compliance Manager and Phebia Moreland, Director, Contract Compliance, GEO PREA Coordinator answered questions during this review period. For each standard, interviews, observations, and review of documentation verified that facility procedures and practices are consistent with the agency's and the client's policies. Prior to the on-site visit, I was supplied with a list of inmates sorted by housing unit, those with special designations and security and non-security staff who were scheduled during the on-site visit. From these lists, I randomly selected staff and inmates to be interviewed during the on-site visit.

On the first day of the audit, an entrance meeting was held with Wayne Phillips, Warden, Phebia Moreland, Director, Contract Compliance, GEO PREA Coordinator, Mike McCarville, Arizona Department of Corrections PREA Coordinator, LaKenya Moses, Case Manager/PREA Compliance Manager, Mary Coonrod, Warden of Programs/Support, Bruce LeValley, Warden of Finance, Dayna LeValley, Health Services Administrator, Percy Robinson, Kitchen Supervisor, and Karen Barber, Administrative Assistant in attendance. At the conclusion of the meeting, Wayne Phillips, Warden, Phebia Moreland, Director, Contract Compliance, GEO PREA Coordinator, Mike McCarville, Arizona Department of Corrections PREA Coordinator and LaKenya Moses, Case Manager/PREA Compliance Manager accompanied me on a tour of the facility.

During the tour, the location of cameras and mirrors, the physical layout, including shower/toilet areas, and placement of PREA posters and information was observed. PREA information was prominently displayed in all housing areas in both English and Spanish in encased bulletin boards. The facility has done an outstanding job of providing continuous PREA education to the inmates neatly displayed in bulletin boards. Signs on the entry doors of all housing units remind female staff to announce their presence when they enter the housing unit.

It was noted during the tour that there appeared to be blind spots in the rear corner of each housing unit. It was recommended that the installation of mirrors in those corners would enhance visibility of that area. In addition, in the back of the kitchen area there appeared to be some blind spots. There is one camera in the kitchen on the front wall facing towards the back of the kitchen that does not capture the area of the kitchen where there is a prep area, ovens and refrigerators/freezers and the entrances to the dry storage room and to the staff and inmate restrooms. It was recommended that the installation of domed mirrors in the back of the kitchen area would increase visibility of those areas. Before the conclusion of the on-site visit, the Warden had submitted an order for 20 mirrors with plans to install two mirrors in each housing area and the remainder in the kitchen.

During the facility tour, I spoke informally to inmates and staff questioning them about their overall knowledge of the agency's zero-tolerance policy and the PREA training that they received. All inmates and staff questioned were cooperative and knowledgeable.

I spoke informally to 13 inmates during the facility tour and formally interviewed 24 inmates, three from each housing unit. Of the 24 inmates interviewed, five were Spanish-speaking interviewed with the assistance of a staff interpreter. At the time of the audit, there were no self-disclosed gay, bisexual, transgender or intersex inmates. There were no inmates that were blind, had low vision, deaf, hard of hearing, had cognitive disabilities or screened at risk for victimization or abusiveness. All inmates interviewed stated that they received the Inmate Handbook upon arrival to the facility and received written PREA material and viewed the PREA video during the orientation process. Inmates interviewed consistently indicated that they felt safe at this facility.

A total of 23 staff members, two contractors, and one volunteer (interviewed by telephone), were interviewed during the course of the audit. Of the 23 staff interviewed, 12 were security staff, four from each shift, and 11 were specialized staff. Several of the specialized staff have multiple roles and were asked multiple questions as they related to the responsibilities of those roles. Staff interviewed were all knowledgeable of their responsibilities of detecting, preventing, responding and reporting sexual abuse and sexual harassment allegations. Staff carry with them a First Responder Card outlining their responsibilities if they are first responders to an allegation of sexual abuse.

All investigations are the responsibility of the ADC Criminal Investigation Unit (CIU), with referrals for prosecution made to the Maricopa County Sheriff’s Office. In the 12 months preceding the audit, the Arizona State Prison-Phoenix West received four allegations of sexual abuse or sexual harassment broken down as follows:

<u>Number Received</u>	<u>Description of Complaint</u>	<u>Investigative Results</u>
3	Staff-On-Inmate Sexual Harassment	All Unfounded
1	Staff-On-Inmate Sexual Abuse	Unfounded

Investigative files were reviewed with the Case Manager/PREA Compliance Manager and found to be well organized and thoroughly documented per agency policy.

At the conclusion of the on-site audit, an exit meeting was held to discuss the audit findings with Wayne Phillips, Warden, Phebia Moreland, Director, Contract Compliance, GEO PREA Coordinator, Mike McCarville, Arizona Department of Corrections PREA Coordinator and LaKenya Moses, Case Manager/PREA Compliance Manager. During the exit meeting, the facility was informed of the process that would follow the on-site visit. The team was complimented on their cooperation prior to the audit and during the on-site visit and their willingness to achieve PREA compliance as a team. It was evident that the facility has worked hard to achieve compliance to all PREA standards.

FACILITY DESCRIPTION:

Then Arizona State Prison – Phoenix West (ASP-Phoenix West) is located at 3402 Cocopah Street, Phoenix, Arizona in the industrial area of Phoenix. The Arizona State Prison – Phoenix West is a private prison operated and managed by the GEO Group Inc. ASP-Phoenix West began operating in 1996 and formerly was an industrial warehouse. GEO assumed operations of the facility during the acquisition from Correctional Services Corporation (CSC) in November 2005. Arizona State Prison – Phoenix West is under contract with the Arizona Department of Corrections (ADC) to provide custody and substance abuse treatment for 500 minimum-security adult male DUI inmates who have demonstrated a need for substance abuse treatment.

The design capacity of the facility is 519 with a population on the first day of the audit of 498. In the past 12 months, there were 568 inmates admitted to the facility with an average length of stay of 2.5 years. The custody level of the population is minimum custody. The facility has 124 employees, 16 Correct Care Solutions (CCS) healthcare contractors and 14 volunteers.

There is one building located inside a secure perimeter fence that sits on 4,739 acres and encompasses 96,200 square feet. The one building houses all offices, services, programs and inmate housing units. Outside buildings include one small storage shed. The perimeter fence is two rows of coiled razor wire at the top. The facility has a digital/pan-tilt camera security system with eight exterior cameras and 24 interior monitored by the main control center officer with recordings retained for up to 25 days. The control center is staffed with two officers on day and swing shifts and one officer on the graveyard shift.

The facility has eight dormitories, all with double bunks, with an adjacent common space dayroom. All eight dorms are located at the back of the facility and run the length of the building. Dorms one through seven house 64 inmates in each for a total of 448 inmates; dorm eight houses 52 inmates. Inmates have free movement between all eight dorms. The shower areas in each dorm allows inmates to shower separately and there are two shower stalls with plastic curtains for additional privacy. There are two urinals with a partial wall on each side and three toilets with partial walls dividing them. A partial wall in half of the restroom entrance allows for privacy in the restroom area.

A special housing unit referred to as "Detention" has nine cells with double-bunks and one single cell that with the capacity for 19 administrative, disciplinary or protective custody beds. Cells in this special housing unit include a toilet and washbasin and one common shower with a curtain covering half of the shower door for privacy. Officers posted in Detention are required to make 30 minute rounds.

ASP-Phoenix West inmates are required to attend and complete specific programming during their incarceration as part of the Earned Incentive Program. Required programming is determined by their individual corrections plan. Part of the corrections plan is the earned incentive program designed to reward positive programming and behavior and choices. There are three phase levels and as established criteria are met, inmates advance. The phase level affects an inmate's job placement, the amount of visitation they receive, the number of telephone calls that can be made and the amount of money that can be spent at the commissary.

Off-site medical services, including SANE exams, are provided by HonorHealth Scottsdale Osborn Medical Center in Scottsdale, AZ. In the event of an incident of sexual abuse, the SANE nurse would come to the facility to exam the inmate.

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

Arizona State Prison – Phoenix West's Mission Statement: "The mission of the Arizona State Prison – Phoenix West is to manage and operate a safe, humane and secure correctional facility that protects the public. In addition, we provide inmates with training, education and treatment programs designed to promote personal growth, individual accountability and responsibility while incarcerated and to carry pro-social values into the community upon release."

Phoenix West is a minimum custody DUI facility designed to integrate the delivery of programs, related services and operations for effective custody and control of inmates entrusted to our care by the Arizona Department of Corrections.

As a member of the criminal justice system and law enforcement community, we have formulated measurable goals and objective relative to public safety that are reviewed at least annually and update as needed."

SUMMARY OF AUDIT FINDINGS:

The following is a summary of the audit findings:

Number of standards exceeded: 3
Number of standards met: 37
Number of standards not met: 0
Non-applicable: 3

§115.11 - Zero tolerance of sexual abuse and sexual harassment

- 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)

GEO policy 5.1.2 is a written plan mandating zero tolerance towards all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting and responding to such conduct. The policy includes definitions of prohibited behaviors and sanctions for those found to participate in these prohibited behaviors (pages 3-5, section B). The Arizona Department of Corrections (ADC) Department Order (DO), 125 is the zero-tolerance policy of the ADC and this facility. Pages 19 & 20 of DO 125 outlines the definitions of prohibited behaviors for inmates and staff. Both policies, upon review, were found, to be comprehensive and clearly covered all aspects of the requirements of this standard and exceeding them.

GEO policy 5.1.2-A, pages 6 & 7, section B, 1-3, outline the responsibilities of the PREA Coordinator and the PREA Compliance Manager. The agency employs an upper-level, agency-wide PREA Coordinator and a facility PREA Compliance Manager as required by this standard. In interview with the agency's PREA Coordinator, at an earlier audit date, and the Case Manager/PREA Compliance Manager, they both stated that they have sufficient time and authority to manage their PREA-related responsibilities.

§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)

Not-applicable Standard

GEO is a private provider and does not contract with other agencies for the confinement of inmates; therefore, this standard is not applicable.

§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)

Based on GEO policy 5.1.2-A, page 7, section C-1, the agency has developed, documented and made its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and uses video monitoring to protect inmates against sexual abuse. The agency took into consideration the physical layout of the facility, the composition of the population and the prevalence of substantiated incidents of sexual abuse and the resources the facility has available to ensure adequate staffing levels in the development of the facility's staffing plan.

The design capacity of the facility is 519 and in the last 12 months, the average daily population was 459. The Arizona Department of Corrections mandates the approved staffing plan be adhered to at all times. The facility covers vacancies of security posts by utilizing overtime. The Warden facilitates a daily department head meeting, which includes the attendance of the on-site ADC Contract Monitor, who reviews the daily staffing rosters to ensure that contract requirements are met.

A *PREA Annual Facility Assessment* is completed by the PREA Compliance Manager and forwarded to the GEO PREA Coordinator and the Corporate Divisional Vice President for review and signature. During this audit period, *PREA Annual Facility Assessments* were completed in October 2014 and October 2015. Both assessments noted no deviations from the staffing plan and no recommendations of any changes to the current staffing levels. In interview with the Warden and with the ADC Contract Monitor, they both stated that in the past 12 months, there have been no deviations to the staffing plan. Both *PREA Annual Facility Assessments* recommended additional cameras and identified the areas that additional camera coverage is needed.

GEO policy 5.1.2-A, page 7, section C-1, f & g and DO 703, section 703.02, 1.1, 1.1.2 state that facility management staff and supervisors will conduct and document unannounced rounds within their respective areas to identify and deter employee sexual abuse and sexual harassment. The facility prohibits staff from alerting other staff of the conduct of such rounds. These rounds are documented on the *ADC Inspection Tour Report* (703.1 form) and in the *Correctional Services Logs*.

Documentation provided for review, review of *Correctional Service Logs* and in interview with staff and inmates, the practice of rounds by facility management staff and mid-level supervisors confirmed numerous rounds being conducted on all three shifts.

§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)
- Not Applicable Standard

Arizona State Prison - Phoenix West does not house youthful inmates; therefore this standard is not applicable.

§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)

Based on review of GEO policy 5.1.2-A, pages 15 & 16 section I and ADC DO 708, page 8 section 708.01, 1.7.1, cross-gender strip searches and cross-gender visual body cavity searches are prohibited except in exigent circumstances. Facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. All searches are documented on the *ASP-Phoenix West Strip Search Log*. Pat searches are to be done by male staff when possible. If a female staff pat searches an inmate, it must be documented in the *Correctional Services Log*.

Staff is not allowed to physically examine a transgender or intersex inmate solely to determine their genital status. These searches are to be performed by a medical practitioner. In the past 12 months, there were no exigent circumstances requiring cross-gender strip searches or cross-gender visual body cavity searches be performed. Arizona State Prison-Phoenix West houses male inmates only, subsection (b) 1-4 of this standard are not applicable to this facility.

In addition to general training provided to all employees, security staff receives training on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates. GEO's training curriculum, *Limits to Cross-Gender Viewing and Searches* was provided for review. Staff signs an *ADC Training Roster* upon completion of this training. Receipt of this training was verified through review of staff training files and confirmed by staff interviews of security staff who reported receiving this training.

The agency has policies and procedures in place that enable inmates to shower, perform bodily functions and change clothing without staff viewing their breast, buttocks or genitalia. Policy requires staff of the opposite gender to announce their presence when they enter inmate housing and restroom areas. DO 125.02, section 1.3 and *Unit Specific Post Order 35*, page 2, section 4.0, provide guidance for female staff requirements for announcing their presence when they enter inmate-housing units.

Attachment D of DO 125, posted in all housing units, serves as an opposite gender staff announcement required by ADC. Signs on entry doors of all housing units remind female staff of the requirement to announce their presence when they enter inmate housing units. Documentation of these announcements is noted in the *Correctional Services Logs*.

The practice of female announcements was observed while touring the facility and 100% of the inmates interviewed confirmed this practice. Inmates shared that they feel they have privacy when they shower, toilet and change clothing when female staff is in their housing units.

§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)

The agency takes appropriate steps to ensure that inmates with disabilities and inmates that are limited English proficient have an opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. GEO's policy 5.1.2-A, page 10, section E and ADC's, DO 108, DO 125.02, DO 704.15, DO 704.16, and DO 906.05 all address the agency/facility responsibilities to provide PREA education to inmates ensuring their understanding of the education they received. Receipt of orientation material and if oral and written translation was provided is entered into the Adult Inmate Management System (AIMS).

The facility has 17 Spanish-speaking staff members who are available to provide interpretation for Spanish-speaking inmates. A contract with Language Line Services, Inc. provides translation of any other languages. The PREA orientation video, *Speaking Up: Discussing Prison Sexual Assault*, the Inmate Handbook which includes the *Sexual Assault Awareness* pamphlet and all posters are provided in both English and Spanish. Inmates with literacy problems or who are visually impaired are read aloud PREA educational materials. The facility has a TTY for deaf inmates or sign language interpretation is used to convey information to them.

The agency prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. According to documentation provided, in the past 12 months, there have been no instances where inmates were used for this purpose.

In interview of five Spanish speaking inmates, they all stated that they received the Inmate Handbook and viewed the *Speaking Up: Discussing Prison Sexual Assault* video in Spanish.

§115.17 – Hiring and Promotion Decisions

X 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)

GEO policy 5.1.2-A, pages 7 & 8, section C, DO 125, page 15, section 125.07, 1.1 & 1.2, and DO 602, interview with the Human Resources Specialist and random review of employee files were used to verify compliance to this standard.

GEO and ADC-Phoenix West do not hire or promote anyone who may have contact with inmates and does not enlist the services of any contractor or volunteer who may have contact with inmates who has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility or other institution who has been convicted of engaging or attempting to engage in sexual activity in confinement settings or in the community. GEO also considers 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.

The agency requires that all applicants and employees who may have contact with inmates have a criminal background check and every five years thereafter in accordance with DO 602. In the past 12 months, there were 32 employee criminal background checks performed and 3 criminal background checks of contractors. Applicants, who answer on their application that they have worked in a confinement setting previously, receive a PREA Verification by Accurate Backgrounds, Inc. For consideration for promotions or transfers, employees complete a *PREA Disclosure and Authorization Form Promotions-PREA Related Positions* and another background check by Accurate Background, Inc. is completed. At the time of annual evaluations, employees complete a *PREA Disclosure and Authorization Form-Annual Performance Evaluation*.

Agency policy requires that criminal background checks be completed on any contractor who may have contact with inmates. Medical staff is contracted employees from Correct Care Solutions (CCS) and CCS conducts background checks on all CCS staff prior to being hired. Background checks are completed on all staff and contractors annually per ADC. Motor vehicle checks are also completed annually.

Agency policy mandates that material omissions regarding sexual misconduct and the provision of materially giving false information are grounds for termination as required by this standard. Employees have a continuing affirmative duty to disclose any sexual misconduct.

GEO will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work.

Employee, volunteer and contractor personnel files were randomly reviewed. The Human Resources Specialist has excellent recordkeeping skills. All files reviewed were complete with background checks up-to-date and all documentation per ADC and GEO policy and the requirements of this standard included in each file. The facility exceeds in the requirements of this standard.

§115.18 – Upgrades to Facilities and Technology

- 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)
- X Not Applicable

GEO policy 5.1.2-A, page 8, section C-3, states that the facility takes into consideration the effect that any new design, acquisitions, expansions or modifications of the physical plant or monitoring technology might have on the facility's ability to protect inmates from sexual abuse. Arizona State Prison-Phoenix West has not acquired any new facilities or made any substantial expansion or modifications of existing facilities or monitoring technology since August 20, 2012; therefore, this standard is not applicable to this facility.

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

According to GEO policy 5.1.2-E, pages 6-10 and Correct Care Solutions (CCS) policy B-05, section F, e-ii, the facility follows a uniform evidence protocol for the collection and preservation of evidence for administrative and criminal investigations of sexual abuse.

It is the responsibility of the ADC Criminal Investigation Unit (CIU) to conduct investigations and to ensure that all evidence is collected and preserved according to evidence protocol established by the Department of Justice. All investigations are conducted in accordance with DO 608, *Criminal Investigations* and DO 601, *Administrative Investigations and Employee Discipline*.

Forensic exams are not performed at the facility. Victims of sexual abuse are referred to HonorHealth Scottsdale Osborn Medical Center for SANE exams at no cost to the inmate. SANE will come to the facility to perform exams. In the past 12 months, there have been no inmates that required SANE exams.

The facility and ADC has made multiple attempts to secure Memorandum of Understandings (MOU) with 18 community agencies willing to provide inmates of ASP-Phoenix West with advocacy services. Those efforts have not been successful and are ongoing. Inmates are given information on how to contact state and national crisis services and are instructed to submit a request to their Correctional Program Officer to speak directly to an advocate. The facility has four qualified victim advocates; Case Manager/PREA Compliance Manager, the Compliance Manager, the Kitchen Supervisor and a Case Manager. Facility Victim Advocates received *PREA Sexual Assault Advocacy* training from the Arizona Coalition to End Sexual and Domestic Violence.

In the past 12 months, there were no incidents that required the use of a victim advocate. In interview with the Case Manager/Victim Advocate, he explained what his responsibilities would be if victim advocacy services are requested.

§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)

GEO policy 5.1.2-A, page 5, section III, A-2, outlines the agency's policy and procedure for investigating and documenting incidents of sexual abuse. According to DO 125, section 125.01, 1.1, all allegations of sexual abuse shall be investigated according to DO 608, *Criminal Investigations* and DO 601, and *Administrative Investigations and Employee Discipline*. The CIU investigator, when notified of an allegation of sexual abuse or sexual harassment, ensures that a *Significant Incident Report (SIR)* is generated. A *Monthly PREA Incident Tracking Log* is used to track all incidents that occur at the facility. In the past 12 months, there were three allegations of sexual harassment and one allegation of sexual abuse. All allegations were determined to be unfounded therefore, none were referred for prosecution.

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

§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)

GEO employees receive training on the agency's zero-tolerance policy for sexual abuse and sexual harassment at pre-service and annually as part of in-service training. GEO policy 5.1.2-A, pages 11 & 12, section F-1, addresses the agency's training requirements.

All ASP-Phoenix West employees, contractors and volunteers receive ADC PREA training (*DCOMT161 2015 PREA Compliance*). DO 125, section 125.08, pages 17-19 outlines the requirements of this training. This training is classroom instruction as part of pre-service training and on-line training annually for all employees and contractors. A GEO *PREA Basic Acknowledgement* form acknowledging receiving and understanding the training they received is signed and filed in their individual training file. Besides general PREA training, all staff receive training on the *Limits of Cross Gender Searches* and sign a *Basic Acknowledgement* form. In review of staff training files, four *Basic Acknowledgement* forms for ADC PREA training were missing in the files. After discussion with the Compliance Manager and the GEO PREA Coordinator, it was decided that since this training is not GEO training and the *Basic Acknowledgement* form is a GEO form, electronic acknowledgement provided at the conclusion of the on-line training would suffice.

The training curriculum was reviewed and found to contain all the requirements of 115.31 (a)-1 of this standard. In the past 12 months, 106 employees have received PREA training. Training records are maintained electronically for each employee. In review of the training records of 16 employees, it was confirmed that staff is receiving the mandated training and acknowledging receiving and understanding this training by electronic acknowledgement provided at the conclusion of the on-line training as well as being documented in the employee's electronic training record.

All staff interviewed acknowledged receiving PREA training annually and were knowledgeable of the zero tolerance policy and of their responsibilities related to the prevention, detection and response to sexual abuse and sexual harassment.

§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)

All volunteers and contractors who have contact with inmates are trained on their responsibilities regarding sexual abuse/harassment prevention, detection and response as outlined in GEO policy 5.1.2-A, page 13, section G-1 and page 14, section H and DO 125, pages 17-19, section 125.08.

Volunteers and contractors are required to complete the same training (*DCOMT161 2015 PREA Compliance*) as all staff at ASP-Phoenix West. Contracted medical staff, in

addition to ADC training, receive PREA training from CCS. In the past 12 months, a total of 14 volunteers and 15 medical contractors have received this training.

Volunteers and contractors sign an *ADC PREA Training Acknowledgement* form and training is documented electronically. One volunteer interviewed by telephone, and two contractors interviewed confirmed receiving the training and were knowledgeable of their responsibilities as outlined in ADC and GEO policies. Volunteer and contractor training records reviewed showed training is completed annually for all volunteers and contractors as required.

§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)

GEO policy 5.1.2-A, page 11, section E-2 and DO 125.02 outlines the agency's/facility's requirements of inmate education. Incoming inmates receive information explaining GEO's and ADC zero-tolerance policies regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

On the day of arrival, all inmates sign a form acknowledging receipt of the Inmate Handbook, which contains the *Sexual Assault Awareness* pamphlet and other PREA information. According to DO 125, page 4, section 1.2 – 1.4, all inmates receive comprehensive PREA education as part of the orientation process that is held once a week for all incoming inmates. Inmates sign a *Arizona State Prison Inmate Acknowledgement* form acknowledging receiving and understanding the PREA training and acknowledging viewing the *Speaking Up: Discussing Prison Sexual Assault* video. They also acknowledge by their signature on the *Inmate Orientation Checklist* form viewing the video. In the past 12 months, 568 inmates received PREA education as part of the orientation process.

Information provided is in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Posters in both English and Spanish were prominently displayed in various locations throughout the facility. In interview with inmates, they acknowledged receiving PREA written material at orientation and viewing the *Speaking Up: Discussing Prison Sexual Assault* and were knowledgeable of the information presented to them.

Review of 12 inmate-training files and their corresponding AIMS screens, documentation and electronic verification in the AIMS of inmate PREA training is being maintained by the facility. All inmates interviewed acknowledged receiving the training and were knowledgeable of the methods of reporting allegations of sexual abuse and

sexual harassment available to them. The facility exceeds in its efforts of providing all inmates with comprehensive PREA education and maintains documentation of completion of this training.

§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)

Based on GEO policy 5.1.2-A, page 13, section F-3, investigators receive specialized training in addition to the general education provided to all employees. This training includes techniques for interviewing sexual abuse victims, proper use of the 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 referral for prosecution.

The ADC Criminal Investigation Unit investigates all PREA allegations. CIU investigators from across the state receive National Institute of Corrections (NIC) *Investigating Sexual Abuse in Confinement Setting* online training. Investigators receive a certificate of completion of this training and the training is documented electronically on their *SOA Employee Training History*.

The CIU Investigator Supervisor was interviewed and acknowledged receiving specialized investigations training and was knowledgeable of his duties in conducting investigations, sexual abuse evidence collection and the evidence required to substantiate a case for administrative action or prosecution referral.

§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)

GEO policy 5.1.2-A, pages 12, and 13, section 2, states that each facility will train all full-time and part-time medical and mental health staff to detect signs of sexual abuse and sexual harassment, preserving physical evidence and responding effectively and professionally to victims of sexual abuse and sexual harassment. Medical and mental health staff receive specialized training in addition to ADC training provided to all staff.

GEO's *Specialized Medical and Mental Health Training* was provided to 15 medical staff and they signed a *PREA Basic Acknowledgement* form verifying receiving and

understanding this training. Healthcare staff also complete CCS training annually which contains specialized medical and mental health training requirements as well as general PREA education. The HSA maintains documentation of completion of all training for CCS employees.

Medical staff do not perform SANE exams. SANE exams are performed by referral to the HonorHealth Scottsdale Osborn Medical Center and performed by SANE on-site.

Medical and mental health staff interviewed verified receiving this training and knew their responsibilities in responding to victims of sexual abuse, proper reporting and how to preserve evidence. Healthcare contractors receive GEO, ADC and CCS training; therefore exceed in the requirements of this 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)

Based on GEO policy 5.1.2-A, pages 8 & 9, section D-1 and DO 811, pages 3 & 4, section 811.02, 1.10, all inmates are assessed during intake at the ADC Alhambra Reception Center within 72 hours for risk of being sexually abused by other inmates or sexually abusive toward other inmates. This information is maintained in the ADC Adult Inmate Management System (AIMS). AIMS is an automated computerized system containing information regarding all inmates confined in the Arizona Department of Corrections. This information follows the inmate as long as they are in the custody of ADC.

Within 30 days of arrival, through AIMS a reassessment is completed and a reassessment is completed anytime there is a referral, request, incident of sexual abuse or receipt of additional information. In the past 12 months, there were 326 inmate reassessments completed. The intake screening at the Alhambra Reception Center is a face-to-face screening and in review of the information contained on the screening form, contains all of the requirements of 115.241 (b) of this standard and considers prior acts of sexual abuse and prior convictions for violent offenses. According to DO 811, section 1.10.4, staff is to keep confidential responses to screening information in order to ensure sensitive information is not exploited to the inmate's detriment. To maintain confidentiality, AIMS screens are accessible to Case Managers, the Warden, Assistant Wardens, the Case Manager/PREA Compliance Manager and ADC Contract Monitors only.

Inmates may not be disciplined for refusing to answer any questions or for not disclosing complete information. In review of 12 inmate files and corresponding AIMS screens, this process is in place and being followed.

§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)

The agency/facility uses information from the risk screening to make housing, bed, work, education and program assignments to keep inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. GEO policy 5.1.2-A, page 10, section 3 and DO 811, page 4, section 1.10.5 explains the use of the screening information.

The AIMS automatically generates points based on the answers provided from the screening questions. A score of 10 points triggers an action alert and the inmate will be referred for an interview to be assessed for being at high risk for victimization or abusiveness. If the review of the inmate recommends he may be a high risk, a referral will be made to the Deputy Warden who will review all information regarding the inmate's screening for the final decision of high risk or not. This process is completed at the ADC Alhambra Reception Center and the inmate is not assigned to a facility until this process is complete. Units of assignments are made taking into consideration of separating potential victims from potential abusers as determined by the screening.

Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in GEO policy 5.1.2-A, page 10, section 3-d. Transgender and intersex inmates are reassessed at least twice per year to review any threats to safety experienced by the inmate as required by this standard and takes into consideration their own views regarding their own safety. Through the AIMS, reviews of a transgender or intersex inmate would automatically be triggered.

Placement of transgender and intersex inmates is made on a case-by-case basis to ensure the health and safety of the inmate. Transgender and intersex inmates would be given the opportunity to shower separately.

The agency does not place LGBTI inmates in housing units solely based on their sexual orientation. At the time of the audit, there were no self-disclosed gay or bisexual, transgender or intersex inmates housed at ASP-Phoenix West.

§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)

According to GEO policy 5.1.1-A, page 16, section J-1 and DO 125, page 4, section 1.4.1.1, involuntary segregated housing may be used only after an assessment of all available housing alternatives has shown that there are no other means of protecting the inmate. If an assessment cannot be made immediately, the inmate may be placed in involuntary segregated housing for no more than 24 hours. Any inmate may voluntarily request removal from protective custody by submitting a written request to the Warden or his designee.

GEO policy 5.1.2-A further states that if involuntary segregated housing is used for the safety of the inmate as a means of separation, it can be used for no more than 30 days and a review will be completed every 30 days to determine whether there is a continuing need for separation from the general population.

On interview with the Warden, he confirmed that in the past 12 months, there were no inmates held in involuntary segregated housing. The Warden stated that if an inmate victim was placed in the Detention unit, it would only be for a short time until an alternative means of protection was found.

§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)

GEO policy 5.1.2-A, page 17-19, outlines reporting methods available to inmates to report allegations of sexual abuse and sexual harassment. The agency/facility provides multiple ways for inmates to privately report sexual abuse and sexual harassment and retaliation by other inmates or staff for reporting. DO 125 address methods of reporting available to inmates and the response of staff upon receipt of these reports.

Inmates are informed through Attachment B or DO 125 that they can call the PREA hotline by dialing 7732. This number accesses the Arizona DOC PREA Coordinator at the ADC's Central Office in Phoenix, AZ, the CIU Investigator, the Inspector General and the Assistant Inspector General. This number was dialed on an inmate telephone in one of the housing units and was found to be accessible to inmates.

The facility provides inmates with one way for inmates to report abuse or harassment to a public or private entity or office by giving them the address of the ADC Inspector General Bureau. DO 125, Attachment ADO 802 provides inmates with the mailing address of the ADC Inspector General Bureau.

DO 802, section 802.09, page 7 outlines procedures for the facility to receive and handle grievances related to sexual abuse and sexual harassment and pages 7 & 8 in section 1.3.1 of DO 802 outline procedures for third party reporting.

Inmates are informed of methods of reporting available to them in the Inmate Handbook and in an ADC *Sexual Assault Awareness* pamphlet that is included in the Inmate Handbook and on posters displayed throughout the facility. The agency's policy mandates that staff accept all reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. Inmates interviewed were aware of the methods available to them to report allegations of sexual abuse and sexual harassment.

Staff can privately report sexual abuse and sexual harassment of inmates in writing or by calling the Employee Hotline or telephoning, emailing or in writing to the GEO PREA Coordinator. Information on staff reporting is available on the GEO website (http://www.geogroup.com/reporting_sexual_abuse_prea), in the Employee Handbook, and in the PREA training curriculum. Staff interviewed were knowledgeable of methods of reporting available to them. All staff interviewed knew the methods of reporting allegations of sexual abuse and sexual harassment available to them.

§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)

In review of GEO policy 5.1.1-A, pages 17 & 18, section K-2, there is a procedure in place for inmates to submit grievances regarding sexual abuse and the agency has procedures in place for dealing with these grievances. All grievances are handled according to DO 802, section 802.9, pages 7 & 8, sections 1.1–1.4. There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. Inmates are informed of the grievance process on page 9 of the Inmate Handbook.

Inmates have a right to submit grievances alleging sexual abuse to someone other than the staff member who is the subject of the complaint. If a third party files a grievance on an inmate's behalf, the alleged victim must agree to have the grievance filed on his behalf. Emergency grievances may be filed if an inmate feels he is at substantial risk of imminent sexual abuse.

The agency does not require an inmate to use any informal grievance process or attempt to resolve with staff an alleged incident of sexual abuse. DO 802 outlines that the Warden or designee issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse if the agency determines that the inmate filed the grievance with malicious intent.

The Case Manager/PREA Compliance Manager receives all copies of grievances relating to sexual abuse or sexual harassment for monitoring purposes. In the past 12 months, ASP-Phoenix West has not received any grievances related to sexual abuse or sexual harassment.

§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)

As stated in GEO policy 5.1.2-A, pages 23 & 24, section 8, inmates are provided with access to outside victim advocates for emotional support. Inmates may contact the Rape, Abuse and Incest National Network (RAINN) at 1-800-656-4673. In addition, inmates have access to other outside advocacy services by access to addresses and telephone numbers of state and national crisis centers. This information is provided by the Arizona State Coalition to End Sexual and Domestic Violence. Inmates are made aware of this information on bulletin board posters and in the Inmate Handbook. Requests for victim advocacy services can be made to the Correctional Program Officers or to the Case Manager/PREA Compliance Manager.

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

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

The Case Manager/PREA Compliance Manager, the Compliance Manager, a Case Manager and the Kitchen Supervisor are trained victim advocates, who upon request can provide victim advocacy services. Facility advocate received training from the Arizona State Coalition to End Sexual and Domestic Violence. Inmates interviewed were aware of the confidential support services available to them and how to access them.

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

§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)

Based on GEO policy 5.1.2-A, page 18, section 3 and DO 125, page 8, section 1.4, 1.4.1.4, the agency has a method to receive third party reports of sexual abuse and sexual harassment. Family members or other individuals may report verbally or in writing any time they have knowledge or suspect an inmate has been sexually abused, sexually harassed, or requires protection. Outside parties can report verbally or in writing to the Criminal Investigations Supervisor of the facility. This information is available on the ADC website at www.azcorrections.gov, under *Constituent Services*. Information for third party reporting is also available on the GEO website at www.geogroup.com.

Inmates interviewed were aware of this reporting method. In the past 12 months, there were no third-party reports of sexual abuse or sexual harassment received by the facility.

§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)

Based on GEO policy 5.1.2-A, pages 18 & 19, section 4, and DO 125 and in review of the employee training curriculum, all staff is to report immediately any knowledge or information regarding an incident of sexual abuse or sexual harassment or any inmate subject to risk of imminent sexual abuse and retaliation or suspected retaliation against inmates or staff. Staff must take all allegations of sexual abuse and sexual harassment seriously. All allegations, including third party and anonymous reports, are immediately reported to supervisors.

GEO policy 5.1.2-A, page 13, section G-2 outlines the responsibilities of volunteers to report and page 14, section H-2, the responsibilities of contractors to report.

Interviews with staff, contractors and volunteers revealed that they are aware of their reporting responsibilities and know not to reveal any information about sexual abuse incidents to anyone other than to the extent necessary.

ASP-Phoenix West houses adult male inmates, none of whom according to their classified level of care are considered vulnerable adults under the State Vulnerable Persons Statute.

§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)

When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. GEO policy 5.1.2-A, page 19, section L-1, DO 125, section 125.02, 1.4, 1.4.1 & 1.4.1.1 and DO 805, page 1, section 805.01, 1.2, address the procedures related to the agency and facility's efforts to protect inmates who may be at risk for sexual abuse.

In interview with the Warden, there were no times in the past 12 months that it was necessary to take immediate action in regards to an inmate being in substantial risk of sexual abuse. Staff interviewed was aware of their responsibilities if they felt an inmate was at risk for sexual abuse.

§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)

GEO policy 5.1.2-A, pages 22 and 23, section 5 and DO 125, section 125.03, page 9, section 1.6, verify that there is a procedure in place if an allegation is received that an inmate was sexually abused while confined at another facility. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the CIU Investigator will notify the head of the facility where the sexual abuse was alleged to have occurred and document that notification was provided. This notification is to occur as soon as possible, but no later than 72 hours of receiving the allegation and should include all actions taken regarding the incident. Copies of this documentation is then forwarded to the Case Manager/PREA Compliance Manager and the PREA Coordinator.

If a report is received from another facility regarding alleged sexual abuse occurring at ASP-Phoenix West, the allegation will be reported and investigated in accordance with PREA standards. ADC policy and protocol requires staff to follow the facility's Coordinated Response Plan and notify ADC CIU who will notify the other facility.

In interview with the Warden, in the past 12 months there have been no reports of allegations of sexual abuse received from other facilities that were alleged to have

occurred at ASP-Phoenix West and no reports of allegations received of sexual abuse that occurred while confined at other facilities.

§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)

GEO policy 5.1.2-A, pages 19 & 20, section III, L-2 and DO 125, section 125.03, pages 4 & 5, were used to verify compliance to this standard. Upon learning that an inmate was sexually abused, the first security staff member to respond to the report is required to separate the alleged victim and the abuser, immediately notify the supervisor, preserve and protect the crime scene, not let the victim and abuser take any actions that could destroy physical evidence and not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident.

If the first staff responder is not a security staff member, the responder is required to request the alleged victim not take any actions that could destroy the evidence and notify security staff immediately. All staff carry with them a First Responder Card, which reminds them of the actions to take in response to an allegation of sexual abuse.

Security and non-security staff interviewed were knowledgeable of the policy and the practice to follow if they were the first responder to an allegation of sexual abuse or sexual harassment. They reported that they knew that the alleged victim and abuser must be separated and how to preserve the crime scene and the physical evidence until the CIU investigator arrives. In the past 12 months, there were no PREA incidents that required implementing first responder duties.

§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)

GEO policy 5.1.2-A, pages 5 & 6, section A-4 and DO 125 in its entirety, verify that there is a plan in place to coordinate actions to be taken in response to an incident of sexual abuse. The facility's Coordinated Response plan was provided for review and it clearly defines the roles and responsibilities of each person involved and the procedures to be followed in detail as well as notifications required to be made.

Part of the response plan is the requirement of filling out an *ADC Sexual Assault Procedures Checklist* and an *ASP-Phoenix West PREA Incident Checklist* to ensure that all steps of the plan are carried out and proper notifications are made.

Staff interviewed confirmed that they are knowledgeable of the plan and the necessary actions to be taken in response to an allegation of sexual abuse and sexual harassment.

§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)

Based on GEO policy 5.1.2-A, page 5, section A-3, GEO shall not enter into or renew any collective bargaining agreement or other agreement that limits a facility's ability to remove alleged employee sexual abusers from contact with inmates of GEO facilities or program pending the outcome an investigation.

ASP-Phoenix West does not have a collective bargaining unit. GEO would not enter into any collective bargaining agreement at any of its facilities that would limit the facility's ability to remove an alleged sexual abuser from contact with inmates pending the outcome of an allegation.

In the past 12 months, there have not been any incidents where staff had to be separated from an inmate.

§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)

GEO policy 5.1.2-A, pages 24 & 25, section 2 and DO 811, page 5, section 125.01, 1.4 and DO 811, page 5, section 1.10.6 were used to verify compliance to this standard. Inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected from retaliation from other inmates and staff. 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 who fear retaliation will be protection measures used per agency and ADC policy.

Monitoring for retaliation is conducted by the Case Manager/PREA Compliance Manager, the two Assistant Wardens and a Captain with the first monitoring meeting after 10 days and every 30 days following for a minimum of 90 days, or longer if there is a continuing need.

Monitoring for retaliation is documented in the Arizona Inmate Management System (AIMS) by the Case Manager/PREA Compliance Manager. In the past 12 months, there were no retaliation monitoring required. In interview with the Captain and the Case Manager/PREA Compliance Manager, they were knowledgeable of the procedure for monitoring and documenting retaliation.

§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)

The agency and facility prohibits inmates who have alleged sexual abuse to be placed in involuntary segregated housing. If segregated housing were used, the same provisions as outlined in GEO policy 5.1.2-A, page 22, section 6 and DO 125, page 4, section 125.02, 1.4.1.1 would apply. Any use of segregated housing to protect an inmate who alleged to have suffered sexual abuse will be subject to the requirements of standard 115.43.

On interview with the Warden and staff assigned to restrictive housing, they revealed that involuntary segregated housing has not been used for this purpose in the past 12 months. The Warden stated that if it were necessary to put an inmate in the Detention unit for protection following an allegation of sexual abuse, there would be weekly reviews of the inmate, which would include the ADC Contract Monitor in attendance.

§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)

An investigation is completed for all allegations of sexual abuse and sexual harassment at Arizona State Prison-Phoenix West, including third-party and anonymous reports. The agency's policy governing administrative and criminal investigation of sexual abuse is outlined in GEO policy 5.1.2-E, pages 4-6, section III-B.

All allegations of sexual abuse and sexual harassment are investigated by the ADC CIU. DO 608 outlines investigations involving inmates and DO 601 outlines investigations involving staff. The facility refers all allegations of sexual abuse and sexual harassment to the ADC Criminal Investigation Unit for investigation. A *Serious Incident Report* is completed for all allegations of sexual abuse and all allegations are tracked on the *Monthly PREA Incident Tracking Log*.

The facility shall cooperate with outside investigators and remain informed of the progress of the investigation through communication with outside investigators. A criminal investigation shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence.

The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. An inmate who alleges sexual abuse is not required to submit to a polygraph examination. The agency/facility retains in the Arizona State Library, Archives and Public Records all written reports pertaining to administrative investigations of sexual abuse and sexual harassment for as long as the alleged abuser is incarcerated or staff member is employed by the agency plus five years, in accordance with the ADC Retention Schedule.

Since August 20, 2012, there were no allegations that were referred for prosecution. The Maricopa County Sheriff's Office would prosecute if warranted. There were three allegations of sexual harassment and one allegation of sexual abuse reported in the last 12 months all determined by the CIU Investigator to be unfounded.

The CIU Supervisor was interviewed and he reviewed the process of administrative and criminal investigations. Investigative files were reviewed with the Case Manager/PREA Compliance Manager. All files were well documented and complete. Proper notifications are being made and all allegations are being investigated according to the requirements of ADC, GEO and this 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)

According to GEO policy 5.1.2-E, page 6, section III, B-2-d and DO 125, page 14, section 1.12.1, the facility shall impose no standard higher than the preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. ADC CIU Investigators conduct all investigations. None of the allegations investigated in the past 12 months were found substantiated.

When the CIU Supervisor was interviewed and asked what standard of evidence was used in determining if an allegation is substantiated, he confirmed the agency/client policy.

§115.73 – Reporting to Inmate

- 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)

Based on GEO policy 5.1.2-E, pages 10 & 11, section K and DO 608, pages 7 & 8, sections 1.3 - 1.3.4, the facility ensures that proper notification be given to inmates as to the outcome of the investigation of sexual abuse and sexual harassment allegations if the outcome of the investigation proved to be substantiated, unsubstantiated or unfounded. The ADC CIU Investigator provides a *Notice of Outcome* to inmates through regular mail or verbally and notes this action on their case closure.

Following the completion of an investigation that an employee has committed sexual abuse against an inmate, the facility is required to inform the inmate of the outcome of the investigation, unless the facility has determined that the allegation was unfounded. Following an inmate's allegation that he was sexually abused by another inmate, the agency shall inform the inmate of the outcome of the investigation. The facility's obligation to notify the inmate will terminate if the inmate is released from custody.

In interview with the Warden, the CIU Supervisor and the Case Manager/PREA Compliance Manager and in review of investigative files, this process is in place and notifications are being made as required by policy. In the past 12 months, there were no notifications to inmates required.

§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)

Based on review GEO policy 5.1.2-A, page 10 & 11, section III, L and DO 125, page 14, section 1.12, staff shall be subject to disciplinary action up to and including termination for violating the agency/facility sexual abuse policies.

Staff is made aware of the zero-tolerance policy and the penalties for violating that policy in the Employee Handbook.

If a staff member violates the agency's zero-tolerance policy, he/she will be investigated and disciplined in accordance of DO 601. In the past 12 months, there have been no staff who have violated agency sexual abuse and sexual harassment policies.

§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)

GEO policy 5.1.2-E, page 12, section 3, and DO 125, page 1, section 125.01, 1.2.1.1. and page 2, section 1.2.3 & 1.2.4 state that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies and licensing boards, unless the activity was clearly not criminal.

In interview with the Warden, there have been no incidences of sexual abuse by contractors or volunteers in the past 12 months. If a violation were to occur, appropriate remedial actions would be taken and the volunteer or contractor would be prohibited from further contact with inmates.

§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)

As per GEO policy 5.1.2-E, pages 11 & 12, section L-2 and DO 125, pages 2 & 3, section 125.01, 1.3, inmates found guilty of engaging in sexual abuse involving other inmates shall be subject to formal disciplinary sanctions. Disciplining an inmate for engaging in sexual activity with an employee is prohibited unless the employee did not consent to the contact.

The disciplinary process may consider whether an individual's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Sanctions will be commensurate with the nature and circumstances of the abuse, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The facility has an Earned Incentive Program designed with three phases. Violation of the zero-tolerance policy impacts an inmates phase level.

DO 803, pages 14 & 15, section 803.08, 1.1-1.7 outline the penalties for sexual misconduct by inmates. DO 125, page 11, section 125.05, section 1.4 states that mental health services will be offered to all inmate-on-inmate abusers within 60 days.

In the past 12 months, there were no reported incidents of inmate-on-inmate sexual abuse that occurred at the facility.

§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)

Upon intake, mental health staff will see any inmate who is assessed to be at risk for sexual victimization or abusiveness or who has previously experienced prior sexual victimization or previously perpetrated sexual abuse. GEO policy 5.1.2-A, pages 9 & 10, section D-2 and DO 125, page 11, section 125.05, 1.1 & 1.2 outline the requirement of referrals to mental health.

During the initial intake assessment, any inmate who has experienced prior sexual victimization, whether in an institution setting or in the community or any inmate who has perpetrated sexual abuse in an institution setting or the community will be referred to mental health and see a mental health practitioner within 14 days of arrival to the facility. Medical and mental health staff obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institution setting as stated in GEO policy 5.1.2-A, page 9, section 2-d and DO 125, page 9, section 125.04, 1.1.4, 1.1.4.1.1.

Any information related to sexual victimization or abusiveness in an institutional setting is limited only to medical and mental health practitioners and other employees as necessary to inform about treatment plans, security and management decisions or otherwise required by federal, state or local law.

§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)

GEO policy 5.1.2-A, page 22, section 7 and DO 125, section 125.04, page 9, section 1.1 and page 10, section 1.1.4.4 & 1.1.4.5 were used to verify compliance to this standard. Policies mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. The evaluation and treatment should include follow-up services, treatment plans and, if necessary, referrals for continued care following a transfer or release.

Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. SANE exams will be performed by HonorHealth Scottsdale Osborn Medical Center SANE on site. All services are provided without cost to the victim.

Interview with the Health Services Administrator and the Psychologist confirmed this practice and the requirements of this standard. In the past 12 months, there has been no access to emergency medical and mental health services required.

§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)

GEO policy 5.1.2-A, page 23, section L-7 and DO#125, section 125.04, page 9, section 1.1 and page 10, section 1.1.4.4 & 1.1.4.5, mandate that victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention. CCS policy B-05 outlines the responsibilities for medical and mental health interventions.

Victims will be offered information about sexually transmitted infections prophylaxis where medically appropriate. SANE exams will be performed by HonorHealth Scottsdale Osborn Medical Center SANE performed at ASP-Phoenix-West. All services are provided without cost to the victim regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Subsections (d) and (e) of this standard are not applicable to this facility as ASP-Phoenix West does not house female inmates.

In interview with the Health Services Administrator and the Psychologist, they confirmed they are knowledgeable with the requirements of this standard. In the past 12 months, no inmates required ongoing medical or mental health treatment due to being victimized by sexual abuse.

§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)

Based on GEO policy 5.1.2-A, page 25, section M-3 and DO 125, pages 14 & 15, section 125.06, 1.13.1, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation within 30 days in which the allegation has been determined to be substantiated or unsubstantiated.

The Incident Review Team consists of the Case Manager/PREA Compliance Manager, a Captain, and the two Assistant Wardens. The Incident Review Team considers whether the incident was motivated by race, ethnicity, gender identity, perceived status or gang affiliation. The team examines the area where the incident was alleged to have occurred and assesses whether physical barriers in the area, whether monitoring technology should be deployed or augmented and whether the staffing levels at the time of the incident were adequate. A *Sexual Abuse Incident Review* form (125-2) is used to document the incident review and upon completion is forwarded to the Warden for his review and signature and to the Assistant Warden/PREA Compliance Manager who forwards the form to the Inspection General and the GEO PREA Coordinator.

The Incident Review Team makes recommendations based on their review of the incident and the facility shall implement the recommendations for improvement, if any, or shall document its reasons for not doing so.

In the past 12 months, there have been no Incident Reviews required. All allegations investigated were determined to be unfounded.

§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)

The facility will collect data related to sexual abuse and this data is aggregated at least annually according to GEO policy 5.1.2-A, page 25, section III, N-1. It is the responsibility of the Assistant Warden/PREA Compliance Manager to compile data collected on sexual activity, sexual harassment and sexual abuse incidents and forward this information to the GEO PREA Coordinator on a monthly basis using the *Monthly PREA Incident Tracking Log* (attachment D of policy 5.1.2-A) as well as *PREA Incident Report Survey* forms for all reported allegations. DO 125, page 16 & 17, section 125.08 states that the Inspector General will track all information on sexual assaults and semi-annually provides written reports to the Director and Deputy Director outlining incidents of sexual abuse. The facility provides such data from the previous calendar year to the Department of Justice no later than June 30, when requested.

§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)

According to GEO policy 5.1.2-A, page 25, section N-2, and on interview with the Assistant Warden/PREA Compliance Manager, GEO reviews all data collected in order to assess and improve the effectiveness of its sexual abuse prevention and intervention program. The GEO PREA Coordinator prepares an annual report that includes findings and corrective actions taken for each GEO facility. The annual report includes a comparison of the current year's data and corrective action with those from prior years for each facility and as an agency as a whole. The most current report, completed in May 2015, is available on GEO's website (www.geogroup.com).

The Arizona Department of Corrections also prepares an annual report of sexual abuse statistics for their facilities. That report is available to the public on the Arizona Department of Corrections website at www.azcorrections.gov. Before making aggregated sexual abuse data publicly available, all personal identifiers are redacted.

§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)

Per policy 5.1.2-A, page 26, section N-2, all data collected is securely retained for 10 years or longer as required by state statute. DO 103 pages 6 & 7, section 103.04 and pages 8-9, section 103.05 provides guidance for the control and management of all ADC records. Before making aggregated sexual abuse data publicly available on the GEO and ADC websites, all personal identifiers are redacted.

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

X 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.

Barbara Jo Denison
Auditor Signature

May 28, 2016
Date